
# TALKING HOPE REPORT

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September 2019


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# EXECUTIVE SUMMARY

**Introduction and Background**

This project set out to consider whether and how the concept of hope might help to promote better futures for young people considered to be vulnerable and at high risk. Further, the intention was to explore the factors identified as important by young people, and the staff who support them, to achieving hope.

Secure care is a service option for children and young people in Scotland who are identified as being at particularly high risk. It is part of a continuum of welfare supports and services which exist to reduce risk and improve the wellbeing outcomes of young people. Whilst part of a continuum, secure care is particularly contentious because it involves the restriction of liberty of young people who are considered to present a significant risk of harm to themselves and/or others.

There is a high prevalence of adverse life circumstances and physical and particularly mental health support needs amongst children and young people in secure care. There is considerable skill for staff involved in attempts to promote hope through facilitating agency, autonomy and personal growth, whilst at the same time ensuring the safety and immediate physical wellbeing of everyone involved.

Prior to this project, young people's transitions were identified by the secure care national project in Scotland as a point at which attention needs to be paid to hope, by young people and practitioners. Further, particular risks are often faced by this population on return to the community they came from, which may involve reconnecting with sources of former trauma, adversity, poverty and stigma.

The ultimate aim of this research has been to improve the health, wellbeing and quality of life for young people who too often fall through the cracks in their transitions in and out of secure care and into adulthood through encouraging hope, making the case for relevant conversations and developing tools to enable young people and adults to build and sustain hope.

**Aims and approach**

The initial focus was to develop an approach to facilitating hopeful conversations with and about young people identified as being high risk, as the basis for promoting strengths based relational practice. The later focus was to develop a dynamic and innovative framework for transitions to maintain hope during what are often destabilising moments in young people's transitions into and out of secure care.

Our researcher spent a lot of time in the secure care centre, getting to know young people and staff, gaining an understanding of ways of working and life in secure care not usually accessible to research. This enabled development of creative methods of engaging with the young people. The researcher also visited staff in community based settings and was able to conduct diverse interviews and group conversations.

This project set out to investigate hope in high risk situations through applying an appreciative lens. The project conversations were framed with the aim of eliciting and building on the strengths of participants, with a view to envisioning a shared sense of purpose and a positive future.

**Learning about views of hope**

We found hope to be dynamic in nature, subject to fluctuations even in the most hopeful individuals. Young people were often hesitant about defining hope, with varied capacities to articulate hopes and wishes.

In the Good Shepherd Centre, hope was already embedded as an outcome before this project. Some longer standing members of centre staff recalled that they didn't have an explicit focus on hope when the centre first opened. They identified that formalising and naming it as part of their framework had been helpful.

In discussion with community based teams we found that hope could result in different conversations. It wasn't that practitioners didn't already have hope, or that they didn't already work to find ways of engaging young people in thinking about a better future. However, worries about risks for young people were often more to the forefront of their thinking.

Experiences of hope correlated with specific social, relational and material factors among the young people who participated in our research, prompting us to develop a conceptual model that put these concepts into relationship with one another. We took the national wellbeing policy for children and young people into consideration.

For young people, the presence of at least one trusting relationship seemed foundational and necessary to enable other aspects of hope to emerge. Family relationships could be a source of complexity, but this did not necessarily diminish connection to family. Relationships with friends were viewed as important to almost all of the young people we spoke to. Several young people identified that reconnecting with friends was something they had to consider carefully.

Finding purpose and links to voice and agency underpin SHANARRI in general. Discovering 'purpose' (conceived as something they care about and think is worth doing, specific to each young person) and beginning to conceive of a better life for themselves are often important starting points to being able to reduce risk taking behaviours for young people. There were clear connections between thinking positively about the future and agency or making things happen and finding a voice.

Health and wellbeing were strongly linked to hope by young people, with emphasis on the importance of mental health and associations with self-esteem and self-worth. Several young people expressed the view that the mental health of young people is an area requiring more attention and resource.

The material factors young people identified as impacting on their ability to have hope (such as a job, a home/flat, money) were not unreasonable aspirations.

**Organisational structures and cultures, and support to staff**

We provide an outline sketch of each of the three organisations which were partners in the project, which were East Ayrshire Council, Ayrshire and Arran Child and Adolescent Mental Health Service (CAMHS) and the Good Shepherd Centre. We consider the support and supervision for staff available across the three services.

We consider practitioner and manager perspectives from all three agencies as to how they negotiate and cope with sometimes extremely high levels of risk associated with the young people they work with. While practitioners worry about these risks, there is at the same time concern to maximise opportunities for the young person, and to enable them to have some control over their own life. We also consider here how practitioner feelings of hope and hopelessness interact with assessments of risk and need, and how these factors interplay in making decisions about young people.

**Relationships in practice, working together and transitions**

Key factors were identified as impacting on hope for young people in secure care, as follows:

- the importance of practice-based relationships
- the role of interagency collaboration in further maintaining hope for practitioners as a precondition for promoting hope amongst young people
- how these factors interact with transitions for young people.

There were two key ways in which time was seen as important in supporting relationships that build hope. These were time spent within encounters and also relationships which endure over time. The concept of 'stickability' was promoted by staff as meaning being there for the young person, 'no matter what.'

A key theme discussed by practitioners was the importance of relationships between agencies and the need for ongoing dialogue between them. Trusting relationships were identified as the basis for working through disagreements. Another key theme was the importance of shared responsibility between agencies in work involving high levels of risk. This was often linked to reduced anxiety and increased hope.

Within East Ayrshire HSCP there was considerable discussion about the whole system approach being adopted as a national strategy of joining up services for young people at risk of entering the criminal justice system, with many examples of impact. This was a work in progress with a range of options needed to ensure that responsive support could be available for the most traumatised young people.

**Transitions and secure care**

Admission to secure care means loss of liberty for a child. This is the key issue which makes it a contentious and often emotive subject. However, it was by no means universally the case that admission to secure was viewed as a time of failure or hopelessness. Rather, the way admissions happened could have a significant bearing on the settling in process and how engagement with others developed.

There were significant concerns about the implications for young people when transitions out of secure care are not well managed. For all young people who have been in secure care, careful planning is required in thinking through return to a community which may have negative and positive associations for the young person. This could involve complexities in terms of relationships with family and/or friends, reputation in the community and the material conditions of life.

Transitions to adult services were often seen as a challenge, with several references to transfers to adult mental health services. Examples were provided where more flexible, adaptive approaches resulted in improved outcomes.

While the main focus is to explore possibilities for promoting more hopeful conversations with young people, associated service records were also of interest. Formal planning documentation or records provide an opportunity to ensure that the voice of the young person is both heard and taken into account in decision-making. Space to discuss recording provided an opportunity to reflect on this often overlooked area of practice

**Conclusion**

Talking Hope explored new territory in the range of perspectives and experiences it engaged, and in its explicit focus on the role of hope in services that work with vulnerable young people. We found that young people were able to express a sense of purpose, and find feelings of agency, by finding a cause that they care about and to think about engaging reciprocally with their society and their community.

Just as young people identify relational factors as fundamental to their ability to find hope, so practitioners identified that effective support and supervision from colleagues and managers (and young people), where available, was what enabled them to get up in the morning and do their job. This is important given evidence that supervision is heavily dependent on organisational context.

All agencies can benefit from opportunities for dialogue and increasing their focus on hope. Continuing this dialogue will be important in navigating one of the most complex aspects of secure care, which concerns diverse understandings of risk. A shared understanding is a prerequisite for ensuring the continued improvement in outcomes for young people, the staff who support them and wider society.

The report shows how our partners drew upon the resources of other agencies as part of a move towards a Whole System Approach, and how this diversifying of knowledge and resources helped them work together to share risk, and maintain hope. While these community connections are components of effective transitions, the need for diverse and specific placements needs continued efforts.

It is our intention to continue the work on Talking Hope by extending the work out to other agencies working with young people identified at high risk. This would involve dissemination and testing of the Hope Framework.

Across Scotland there is a current focus on ‘kindness’, ‘love’ and more broadly emotion in social policy. Based on our findings, we think ‘hope’ should be added to the agenda as it helps to change the conversation in helpful ways. Further, making time for attentive, respectful conversations with young people and between practitioners challenges assumptions, enables shared purpose and recognition of the contribution that everyone can make. This also allows hope to flourish.

*In studying hope, so too have I observed the spectrum of human strength. This reminds me of the rainbow that frequently is used as a symbol of hope. A rainbow is a prism that sends shards of multicoloured light in various directions. It lifts our spirits and makes us think of what is possible. Hope is the same - a personal rainbow of the mind*
*(Snyder, 2002, p249)*

# PART ONE

## INTRODUCTION AND BACKGROUND

This project set out to consider whether and how the concept of hope might help to promote better futures for young people who are considered to be vulnerable and at high risk. Further, the intention was to explore the factors identified as important by young people, and the staff who support them, to achieving hope. Hope theory centres round the notion that hope involves goals, emotions, and perceived pathways to achieve those goals (Snyder, 2002). Hope is conceived as a coping strategy, and a guard against despair. While the material factors required for a good life make an important contribution to hope, they are insufficient on their own for the avoidance of despair (Sagan 1987). Given the linking of hope to goal setting, (Snyder, 2002) we wanted to explore how hope could align with and add value to the national framework for promoting the wellbeing of children and young people through GIRFEC (Getting it Right for Every Child) (Snyder, 2002). This project had a particular focus on young people at risk of entering, or already resident in secure care centres.

Secure care is a service option for children and young people in Scotland who are identified as being at particularly high risk. Secure care is part of a continuum of welfare supports and services that exist to reduce risk and improve the wellbeing outcomes of children and young people. There are five secure care centers in Scotland, four of which are third sector, with the fifth owned by Edinburgh city council (find a detailed account in the section on organisational structure). Secure care is particularly contentious because it involves the restriction of liberty of young people who are considered to present a significant risk of harm to themselves and/or others. It is also a costly option at a time of financial constraint. We know that the world of human services generally can be complex and messy, and that diverse perspectives, policy drivers, and interests can collide and combine in equal measure (Miller forthcoming). The role of dialogue and relationships is critical in ensuring that amidst such complexity, the wellbeing outcomes of the young people involved remain paramount. In aiming to support and maintain the mental health and wellbeing of young people going through secure care, it was recognised from the outset that it was important to include key community-based agencies in this project (Coates 2017) alongside the voices of young people and secure care staff.

There has been limited research into the needs and experiences of young people who are in, and on the edges of, secure care in Scotland; in common with young people deemed to be 'high risk' elsewhere (Souverein et al 2013). When concerns about managing and containing actual or perceived risks relating to young people's behaviours become the predominant concern, behaviour can be misinterpreted. As a result we know that young people may not be listened to and may not get the right support when they need it. In this context young people can feel stigmatised and misunderstood (Gough 2016). Some, reflecting back on their experience of services, describe lost opportunities where professionals might have better helped them to understand and articulate their needs, and build resilience and hope (Gough 2016).

Working effectively with these children requires significant skill. There is a high prevalence of adverse life circumstances, physical and particularly mental health support needs amongst children and young people in secure care (Khan 2010). In Scotland trauma-informed approaches increasingly acknowledge the impact of childhood adversity and trauma (NES 2017). This promotes understanding of how relational practice can support young people to make sense of past traumatic experiences and develop coping strategies which promote their wellbeing (Levenson et al 2014). Often this, in turn, helps to improve treatment responsiveness (Greenwald et al 2012). If young people are to be effectively supported to recover from trauma: the staff who support them, in turn, need regular trauma informed support and supervision (Treisman 2016). This project therefore set out to explore means of engaging both with young people with experience of secure care, and the staff who support them, on the theme of hope. It is to be hoped that improved understanding of their views can influence decision-making and ultimately, improve outcomes.

## WHY FOCUS ON HOPE AND LINKS TO AGENCY

The concept of agency is important in considering hope (Snyder 2002). This is partly because risk management within services can tend towards being professionally led and can involve monitoring, control, segregation, restrictions, and containment (Boardman and Roberts 2014). The challenge is to find ways of promoting the wellbeing of young people who have engaged in harmful behaviours in the context of continued concern about risk. Given that hopelessness is associated with harmful behaviours amongst young people (Bolland 2003), the emphasis therefore is on hope. Through identifying life goals (Snyder 2002) and positive relationships (Yarcheski et al 2011); we can promote this focus on hope and its association with self-identity and wellbeing (Snyder 2002).

There is considerable skill for staff involved in attempts to promote hope through facilitating agency, autonomy, and personal growth; whilst at the same time ensuring the safety and immediate physical wellbeing of everyone involved (Boardman and Roberts 2014). The need for effective support for care staff who work with young people at high risk is well known (Harder et al 2016). This project therefore set out to consider perceptions of both hope and risk amongst young people and practitioners and further, how acknowledgment of risk can sit alongside hope, rather than eclipsing it.

## WHY HOPE IN TRANSITIONS

Prior to this project young people's transitions were identified by the secure care national project in Scotland as a point at which attention needs to be paid to hope; by young people, and the practitioners involved in their care (Gough 2016). Particular risks are often faced by this population on return to the community they came from, which may involve reconnecting with sources of former trauma, adversity, poverty, and stigma. These complicating factors make the need to focus on the transitions in and out of the community all the more necessary (Scottish Gov 2011; Ofsted 2010). The feedback from diverse stakeholders at our first event in the Good Shepherd Centre (in October 2018) overwhelmingly confirmed the need to focus on transitions.

There are also transitions occurring within transitions, with some young people being faced with not only leaving care or transitioning from child to adult services, but also having to internally navigate their own development through adolescence into early adulthood. The literature on leaving care and the transition to adulthood for young people who have been through the care system is extensive, with emphasis on poor outcomes for young people who grow up in care (Mann-Feder & Goyette 2018: 2).

Whilst efforts have been made to introduce more gradual transitions for young people moving in and out of secure care, the nature of secure care itself as a form of crisis intervention often means that gradual moves into secure care are difficult to achieve. Conversely, given that no child's liberty should be removed for longer than necessary, court or children's hearing decisions can result in a placement ending abruptly. As Stein (2004, 2005) points out this context can result in young people being subject to transitions that are both compressed and accelerated.

For many young people leaving care, their ability to become self-sufficient will require long-term emotional and financial support. This allows them to develop and become comfortable with a self-identity before they become burdened or overwhelmed by adult responsibilities (Mann-Feder & Goyette 2018: 3). The challenge to policy makers and service providers, as Arnett (2007:160) points it, is to think of creative ways to support young people to see adulthood "as the age of possibility" and a time of renewed hope. To achieve this, there is recognition of the fundamental importance of building trust and relationships, which evidence shows are essential elements in supporting desistance (both from self-harming and offending behaviours) (Stein 2005, Tweddle 2007).

## APPLYING AN APPRECIATIVE LENS

This project set out to investigate the subject of hope in high-risk situations through applying an appreciative lens. Conversations were framed with the aim of eliciting and building on the strengths of participants, with a view to envisioning a shared sense of purpose and a positive future. There was an intention from the outset not only to inquire about hope, but also to encourage hope at the same time. Challenges and barriers can and should also be surfaced, acknowledged, and accounted for in this process. However, the process of inquiry should not become itself part of an existing problematic way of thinking (Cooperrider and Godwin 2011). In this way, images of a shared, positive future can leverage organisational strengths, aiming to build collective meaningfulness and purpose (Cooperrider and Godwin 2011). This project adopted an appreciative lens in working with diverse organisations, and we intentionally highlight examples in this report of where things worked well for young people, and for staff, as a means of sharing good practice.

## AIMS AND OBJECTIVES

The ultimate aim of this research has been to improve the health, wellbeing, and quality of life for young people who too often fall through the cracks in their transitions in and out of secure care, and into adulthood. This will be achieved through encouraging hope, making the case for relevant conversations, and developing tools to enable young people and adults to build and sustain hope. The research has consisted of two phases so far.

The focus of the first phase was to develop an approach to facilitating more hopeful conversations with and about young people identified as being high risk. This forms the basis for promoting strengths based relational practice, which aligns with GIRFEC (Aldgate and Rose 2008), the requirements of the Children and Young People (Scotland) Act 2014, and the new Mental Health Strategy (SG 2017).

The focus of phase two was to develop a dynamic and innovative hope framework for transitions to maintain hope during what are often destabilising and uncertain moments in young people's transitions into and out of secure care.

***Objectives:***

1.To engage with young people with current and previous experience of secure care transitions; to understand their hopes, fears, and experiences and include these in a new Hope Framework for Transitions

2.To explore hope from the perspectives of staff in key agencies (specifically East Ayrshire Health and Social Care Partnership, Ayrshire and Arran CAMHS, and the Good Shepherd Centre) and capture this in the Hope Framework for Transitions

3.To explore the contribution of dialogue and safe conversational spaces, both physical and emotional, to igniting and maintaining hope for all partners, especially during times of decision-making, transition or uncertainty.

4.To engage with both young people and practitioners on the theme of recording around transitions, to assess the impact of records on hope, and identify possible areas for improvement.

5.To capture this learning in diverse formats and build it into a hope framework including practical and engaging materials for transitions to be disseminated and shared with key partners and the workforce

# PART TWO

## USING MIXED METHODS

### PHASE 1

***Collaboration and Participation***

Working collaboratively was central to our approach through the design, testing, and evaluation phases of our project. Considerable effort was made to meaningfully involve young people and project partners in each stage. We adapted our methods and approach around the needs of young people as the project aims developed and included our partners in decision making around the priorities and objectives of the project through monthly partner meetings. We now provide more detail on the specific methods employed to understand the experiences of our young and partner participants.

***Creative Ethno-methods***

The focus in Phase 1 was to develop an approach and methodology that would open up conversations about hope with young people resident within the Good Shepherd Centre. There have been few studies that have sought to explore the lived experiences of young people in secure care using qualitative, conversational, or ethnographic methods (Fulcher and Moran 2013; Ofsted 2009; O'Neil 2001; Emond 2000). In an attempt to build trust and relationships with young people before broaching the topic of hope in conversation, our research associate spent a significant amount of time at the Good Shepherd Centre: building relationships with young people through participating in a variety of classroom and everyday activities. They had the privilege to witness many informal, yet significant, moments and conversations among young people and staff. This interaction contributed to a more nuanced and complete picture of secure care, and those who live and work there. These early experiences of spending time at the Good Shepherd Centre provided a learning opportunity for us as researchers to think through how to structure our inquiry and to consider how conversational approaches might be supplemented by an ethnomethodological approach, to explore the subtle challenges and opportunities for hope in secure care.

### PHASE 2

***Multi-Perspective Conversations and Emotional Touchpoints***

In Phase 2 our focus shifted to understanding key points in young people's transitions in and out of secure care. Consequently, we shifted towards semi-structured group conversations with our partners, guided by prompts. This enabled us to explore transitions from multiple perspectives – young people in care and with care experience, CAMHS practitioners, secure care staff, and local authority staff. We developed an approach to allow for different experiences and feelings, including hope around transitions to be explored, exchanged, and understood. We amended an existing tool known as emotional touch points, which fits well with the objective of exploring transitions in secure care. This involves working with individuals or groups to consider printed cards, each naming one emotion, against touch points, or identified points in the journey through care, such as admissions.

Each of these conversations were guided by Exploratory Talk Principles (Dawes and Mercer 2008), which were agreed with participants at the outset of the conversations:

1.Everyone listens actively

2.People ask questions

3.People share relevant information

4.Ideas may be challenged

5.Reasons are given for challenges

6.Contributions build on what has gone before

7.Everyone is encouraged to contribute

8.Ideas and opinions treated with respect

9.There is an atmosphere of trust

10.There is a sense of shared purpose

11.The group seeks agreement for joint decisions

An Exploratory Talk approach facilitates participants to be honest about areas of uncertainty in a safe forum, enables assumptions to be challenged, and issues aired. Attention is paid to language and to avoidance of over-prescription and preconceptions. The specific themes we explored in these conversations included:

1.Mapping out key points in young people's transitions into and out of secure care that have the potential to influence decision-making, the direction of the journey, and the role of services in this

2.Mapping out feelings including hope and hopelessness at these key points, from multiple perspectives

3.Identifying barriers to igniting and maintaining hope

4.Identifying enablers to igniting and maintaining hope

5.Monitoring and capturing the use and impact of language around hope and transitions from diverse perspectives

## INTERVIEWS WITH YOUNG PEOPLE IN SECURE CARE AND WITH CARE EXPERIENCE

Another priority area throughout both Phase 1 and Phase 2 was the perceptions and experiences of hope among young people currently in secure care. We know that there have been few studies focused on the lived experiences of young people in secure care settings in the UK, and that a lack of agency and voice exacerbates the sense of hopelessness for these young people (Gough, 2016; Gough, 2017). Through spending time at the GSC we aimed to develop nuanced and personalised understandings of hope in the context of secure care. (For details of methods see Appendix 1).

### *Ethics*

Ethical considerations were paramount in this research, given the unique vulnerability of our youth participants. We obtained ethical approval from the University of Strathclyde's research ethics committee, and the vulnerability of each individual who expressed interest in participating was reviewed in collaboration with staff in the Good Shepherd Centre. The researcher, on average, spent at least one day a week in the Centre; building relationships with young people and staff during phase one and to get to know young people more recently admitted. Information was then supplied to all potential participants considered stable enough to participate, and their consent sought.

Young people's involvement was on their own terms, and they were given the opportunity to withdraw from the project at any time without giving a reason. Several young people opted in and out of pre-arranged meetings, often mirroring fluctuations in their wellbeing. The methodological approach of spending time in the GSC meant that the researcher was able to be flexible and respond to changing arrangements and adapt in response to young people's fluctuations in mood and circumstances. This also meant that a few young people were able to participate in the project over many months.

Throughout the research we were guided by the expertise and codes of conduct of the GSC. This helped to ensure both the safety of our researcher and our participants, as well as to manage any risk, distress, or potentially harmful situations as they arose.

# PART THREE
## INITIAL LEARNING ABOUT CAPTURING THE VOICE OF YOUNG PEOPLE

The approach adopted aligned with one of our concerns from the outset: how to avoid replicating dominant methodologies targeted at 'at-risk' young people, which can risk amplifying limited portrayals of young people in secure care. To get around potentially limiting or determinative characterisations we tried to think creatively about approaches that might allow these young people to be research subjects and agents in their own right. Picking up on some of the best practice we witnessed around the young people, we continually asked the methodological questions. How can individual capacities be unearthed, shared, witnessed, and understood with sensitivity and compassion? How might it be difficult for these young people to speak about hope? How can research create both a space for expression and help create a climate of possibility?

Significantly, many of the most important moments in our process of understanding hope from different perspectives emerged entirely unprompted. Young people did not always feel comfortable speaking about their experiences when prompted directly through traditional conversational methods, particularly when being recorded. One example occurred when facilitating our first conversation with young people at the GSC, following an initial process of explaining the project and obtaining their informed consent. As soon as the recorder appeared, half of the group decided to withhold their contributions until it was switched off. One young person opted instead to slip a note to the researcher, on which they had written a response to one of the questions:

> "I feel like I'm trapped in my own mind, and now I feel like I'm trapped in here."

When asking these young people about their reluctance to be recorded, it seemed there was a general fear of anything they might say being used against them. This is a topic that we will revisit later in our discussion of the importance of language and recording.

Hope seemed to be a challenging topic for young people in secure care to reflect on. Many appeared uncomfortable when first asked about hope and what it meant to them. Further complicating this were group dynamics; young people appeared self-conscious speaking openly in front of each other about something as intimate as hope. This seemed to be both out of a concern for being made fun of if they exposed themselves, and a concern for upsetting each other if they were to broach off-limit topics.

In response to this, we carefully considered the participatory activities we used to engage young people on the topic of hope and made an effort in each activity to meet them halfway. These activities included a language and representations workshop, where young people considered how they are being represented in relevant literature and reports on young people and secure care. We also made participatory videos in which young people took the lead in questioning staff at the GSC about their hopes, flipping the power dynamics around. Perhaps demonstrating a need to check for authenticity: one of the questions the young people wanted to ask staff was what brought them into working in secure care? Other questions included what they would say to young people who had lost hope and what gave them hope in their own life.

One of the most successful activities and outputs of Phase 1 was the creation of in-depth video interviews with young people. Here they spoke openly and honestly with us about how they feel, what they hope for, what they've been through, and what they think about the care that's been provided to them. Before making these videos, young people were advised that they might be shared with an audience of practitioners and policy makers. For some this seemed to be interpreted as giving them a platform to speak honestly, perhaps allowing them to say things that they might not have shared in other settings. Our intention was to maintain a strengths-based approach towards exploring hope, whilst allowing young people to engage with this topic on their own terms. This topic was explored in creative, non-extractive ways that suited their unique needs – that preserved their right to unexamined inner lives in research contexts.

# PART FOUR
## INITIAL LEARNING ABOUT HOPE

The GSC had incorporated Hope into their wellbeing framework from 2014, investing a great deal of time and energy in the process. However, in general the concept of hope is not a familiar one in most services. It seemed from what people told us that hope is one of those many taken for granted words, often used without much thought. From the outset of this project we engaged with young people and staff about their views on hope. Initially it was not uncommon for people to appear uncomfortable when asked: "what does hope mean to you?" This was true for both young people and staff. We start here by considering the views of young people in secure care on hope and its meaning, before going on to consider parallel perspectives from staff. While we return to the theme of hope throughout this report, this section considers specifically how people conceived of hope in its own right.

### PERSPECTIVES ON HOPE FROM YOUNG PEOPLE IN SECURE CARE

Here we mainly reflect on early phase 1 video interviews with young people in the GSC, reflecting the fluctuating nature of hope. The interviews, as can be seen below, reflected the fluctuating nature of hope.

***Hopelessness and hope***

Two young people described their journeys from hopelessness to hope. One young person recounted the lowest point in their journey, which involved trying to end their own life, and the progress made since then. Crucially they identified the importance of 'speaking to other people' as an alternative to hopelessness. Slightly later in the project another young person described their own journey from hopelessness during their time at the GSC, which had given them hope:

***What does hope mean to you?***

> "Here basically. I had heehaw hope when I came here. I came in here not willing to take any help. I was angry with all the staff, all the staff were doing my head in. And then I came here and I found the real meaning of hope. I had hope for my future and I had hope for the morra… So now I've got the hope to get to future, the future of my life that I've been needing for years now. I'm ready to turn the next page into a new chapter"

Five of the eight young people who were involved in the video interviews in phase 1 included "don't know" as part of their response to the question 'what is hope?' One young person only said those two words, while all of the others attempted to give a definition. Six of the young people talked about wishing, wanting, or looking forward to something. One described it more generally as 'a feeling, an emotion.' For several young people, there was a linking of hope with agency. That is to say hope was required in order to make something that mattered to them happen, and a sense of being able to make something happen was in turn linked to hope.

> "Wishing… Could come true or not. If you put your mind to it, you can get it."

> "Don't know. Different for everyone, wanting something to happen."

> "If you don't hope for something, don't know, you won't achieve it."

As the project work developed (in the context of the growing trust and understanding between the researcher and the young participants) more developed and specific linkage of hope to agency emerged. This young person responds to the question about hope for their future to an ambition to improve mental health services for their peers:

"…I was trying while I was in here to join the mental health commission to make the mental health services for young folk better."

"Wishing and hoping"

Given the tendency for young people to mention wishing or wanting things in relation to hope, we also asked seven young people in video interviews what they would choose if they were given three wishes. The young people in general were less likely to respond by saying "I don't know" than was the case with regard to defining hope. However, there was still some uncertainty in response to this question:

Young person: I don't know,
Interviewer: What would wish number one be?
Young person: I don't really know

"My biggest wish is to go home, and my biggest second wish is to have loads of lego, and my third wish is…"

"I would wish to leave here. I would wish to have all sorts of money so I could buy all sorts of shoes. I'd wish to, and what else would I wish…. I can only come up with two wishes."

The second wish for both of these young people involved modest material aspirations. The other four young people were able to identify three wishes each as follows:

"If I had three wishes they'd be loads of money, good life, happy family."

"My three wishes would be, um, to get out back to my Mum's and to see my sisters again."

"Wish number one would be to have a good future, wish number two would be to cure cancer, wish number three would be to have world peace."

"If I had three wishes, my three wishes would be to make my Mum happy so [she] has a good job and to never come into secure again because it's pretty boring. And to have a good job and a home and all."

Much of what young people identified as giving them hope is relational. Many of the other factors concerned what might be described as the building blocks of adult life; a job, a home, a family, and some sense of stability, security, and normality.

We found hope to be dynamic in nature, subject to fluctuations even in the most hopeful individuals. A young person's apparent level of hope could vary week to week, depending on circumstances. Sometimes a family member would have recently visited and it might not have gone to plan, negatively impacting that young person's sense of hope. But on another day, that young person may have watched a documentary that inspired them and that gave them an idea of something they might want to do for a future job. Similarly, for staff, hope could fluctuate depending on the wellbeing of the young people they supported, as much as on their own circumstances and wellbeing.

It was notable that several young people included references to helping others in their responses to being asked about hope and their wishes. These examples included activities or employment aspirations that would help other young people in care, as well as people experiencing mental ill health and older people requiring care:

"See if I was working with the elderly and I was doing a good job; I would feel good I was making their lives better."

The wish to cure cancer could similarly be considered as stemming from a desire to help others. This pattern was repeated in later conversations, demonstrating a need not just for human connection but to 'give something back.'

## PERSPECTIVES FROM STAFF

There were diverse responses to defining hope from the adults we spoke to. We asked stakeholders who attended our workshop at the CYCJ conference in June 2019 'what does hope mean to you?' The variety of responses is notable and is included in an appendix to this report.

Several adults directly involved in the project said that they were uncomfortable with the word 'hope' in the context of services, because they felt it had religious overtones. Some welcomed the concept, either because they could see it fitting with more strengths-based ways of working with young people, or in the case of the GSC, because it was already explicit in their organisational ethos. Others, although not used to thinking about hope in the context of their work, were open to considering its possibilities and limitations.

***Hope in practice: Hope can make people think differently***

In our discussions with the East Ayrshire and CAMHS teams we found that bringing in a project about hope could result in different conversations. It wasn't that practitioners didn't already have hope, but it was not uncommon for practitioners (from both East Ayrshire and CAMHS) to tell us that hopelessness was more familiar to them than hope. Similarly, it was not that they didn't already work to find ways of engaging young people in thinking about a better future; more that worries about risks for young people were often more to the forefront of their thinking. Because the concept of hope was unfamiliar, we found that making it explicit sometimes resulted in thinking differently.

One member of the intensive treatment team joined a discussion with their colleagues about the project. They had been thinking about it before they came into the room:

> "Even things we do at the weekend, because I am thinking hope! What am I going to say?... And hey! I've got stuff to say. We're going walking this week. When we work weekends, I think that is offering hope because you're offering normality and the opportunity to relax. So we don't talk about hope but we do deal a lot with hopelessness."

As the conversations continued, practitioners did relate their experiences and perspectives both to hopelessness and hope. This could still be tentative at times:

> "And keeping that bit of hope, if we're calling it hope, going for them."

It was also useful to think about hope in the context of young people's journeys, where there were often patterns of both forward and backwards steps with regard to progress and moving towards a better life. Just as hope and hopelessness sit alongside each other, so do successes and what might generally be perceived of as failures:

> "One young person is back in prison, but the engagement is better and there are less and less incidents of self-harming, the incidents are less serious, etc. So it's about looking at it like that and hope coming from what could be perceived as a failure is really important as well."

***Working with hope as an outcome***

In the GSC hope was already embedded as an outcome before this project started. The organisation has linked hope as an additional outcome alongside the national indicators associated with the policy 'Getting it Right for Every Child' which is intended to improve children's wellbeing in Scotland.


Diagram 1: GIRFEC and SHANARRI indicators

Some of the longer-standing members of staff recalled that they didn't have an explicit focus on hope when the centre first opened. They commented that formalising and naming it as part of their framework had been helpful:

> "I think xxx is right. Xxx and myself have been here since the centre opened and we didn't have a name for it but we did all that. We didn't know hope was part of a framework and we have now formalised it. Having a name for it and a vision has certainly helped."

Good Shepherd staff are familiar with talking to young people about hope. They commented not only that the concept can feel unfamiliar to young people at first, but also that hope can be absent sometimes:

> "When we ask [young people] what is your hope? They have no hope, sometimes even struggle to understand the meaning of hope."

## CONCEPTUAL MODEL

Whilst interested in staff views on hope alongside the view of young people, the primary focus here is hope and young people at risk. We found that experiences of hope correlated with specific social, relational, and material factors among the young people. This prompted us to develop a conceptual model that put these concepts into relationship with one another. We have taken the national wellbeing policy for children and young people into consideration.

Our model (diagram 2) is novel in that it looks at the interrelations among the different components found to correlate with hope. The distance between hope and hopelessness in this conceptualisation fluctuates depending on the interactions and momentum generated among internal and external factors.

In the following section we consider each component of the framework in turn. Each subsection includes references to relevant SHANARRI indicators, highlighted in bold; so that we can consider some of the nuances associated with this specific population of children in relation to national policy.

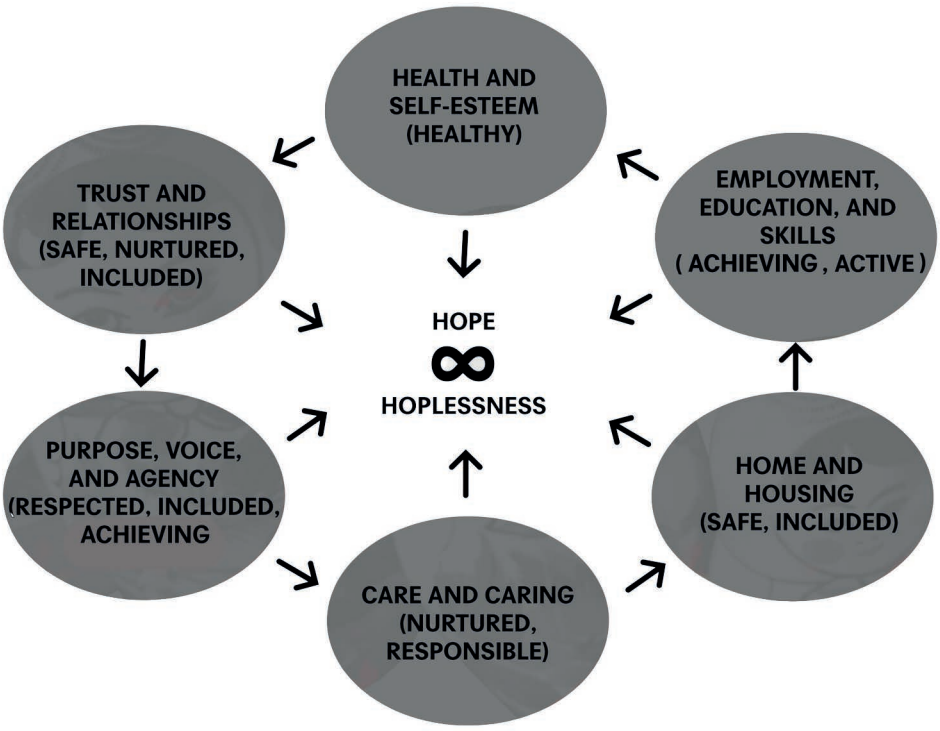



Diagram 2: Components of Hope

## TRUST AND RELATIONSHIPS

As identified already the importance of relationships was repeatedly emphasised by young people, associated with meaningful connections with and **inclusion** by family and/or friends. The establishment of strong, reliable, non-contingent, and trusting relationship(s) with adults was a key element identified by young people as a source of hope, and arguably emotional **safety**. The presence of at least one trusting, **nurturing** relationship seemed foundational and necessary for other aspects of hope to emerge.

The quality and functionality of relationships between young people in secure care and their families varied considerably. One young person viewed their relationships with their family in general, and their mother in particular, as their key priority. They commented:

> "Family helps you hope for your future."

Starting from this position, they identified the importance of secure care staff's role in maintaining relationships with their family, which they compared favourably to previous placements:

> "I've always said you know life is bad when secure is the most best placement you have been in, because in here they keep my mum up to date, they send mail out to my mum every week with a weekly up date... And if there is any major incidents, they phone my mum."

Another young person described a key turning point in their journey with mental health services and secure care as a visit from their parents who told them 'you have to accept yourself'. Family relationships could be a source of complexity in some young people's lives, but this did not necessarily diminish their connection to family:

> "I'm a carer for my mum. Like I used to be a carer for my mum. But since I've been put in this place, social work said it was too much stress on me, like I was stressing and all that and I was worrying when I should have had a better childhood. But I chose to do that."

For several participants who are currently resident in secure care, parental alcohol and/or substance misuse was a significant concern. One young person linked their mother's ability to manage her alcohol consumption with their own feelings of hope and future potential to refrain from using cannabis, and 'harder' drugs.

Relationships with friends were viewed as important to almost all of the young people we spoke to. Although most young people had established groups of friends outside of secure care, this was not the case for all. One young person with autism noted that they did not have friends in their community. This was partly due to having been resident in a variety of institutions for a few years.

They emphasised the importance of 'just having a pal' as a priority when going back to live in the community. For others, reconnecting with friends was something they valued highly and looked forward to:

> "Best day would probably be just sitting back chilling with friends, with a fag in my hand, just chilling and watching football, Rangers against Celtic and Rangers winning."

Several young people identified that reconnecting with friends was something they had to consider carefully. One young person described having two groups of friends, one of which was involved in drug-taking and drinking and the other that was not. They linked their hope of staying out of secure care in future with which group of friends they ended up spending time with. Similarly, the following young person identified that 'staying out of trouble' would entail finding a new group of friends:

> "To stay out of trouble I need like support, do you know what I mean, to like work on my anger; that's one main reason. And just a new group of friends to stay out of trouble."

With reference to SHANARRI, connections with friends were closely related to being **included**; even though for some young people inclusion by particular groups of friends could be associated with risk-taking behaviours and potential exclusion from their community. Where trusting relationships with parents or substitutes in the community were absent, the role of staff in building this type of trust was emphasised. This will be discussed further in the later section on hope and relationships.

## PURPOSE, VOICE, AND AGENCY

The importance of finding purpose and links to voice and agency underpin SHANARRI in general. This applies to all but the very youngest of children, who are not yet able to express their views on wellbeing priorities. Discovering 'purpose' (originated as something they care about and think is worth doing, specific to each young person) and beginning to conceive of a better life for themselves are often important starting points to being able to reduce risk taking behaviours for young people in secure care. As we saw some young people are starting from a low base in their ability to think about hope. Trusting and mutually **respectful** relationships are required to enable these young people to think about a better future and find the voice to express this. However while relationships with trusted adults were foundational, the next step can be for young people to cultivate a sense of agency; or the ability to control, change, or act upon a situation, to pursue that purpose and begin taking steps to realise the life/self they have begun to envision.

There was a clear connection between thinking positively about the future and making things happen:

> "If you don't hope for something, I don't know, you won't achieve it…"

One young person talked in some detail about their relationships with their family. While they saw their own wellbeing as partly connected to their relationships with their mother in particular; they described this relationship as being limited in some respects because of their mother's dependency on alcohol. This may have influenced their view that ultimately, they needed to find the capacity to change within themselves; with their comment reflecting a sense of **achievement** in doing so:

> "The light is basically coming from me because I'm helping myself and like that's all you can do. Other people can help you but if you really want to change you've got to help yourself to change. So that's where it's coming from."

While secure care offered a space within which to develop trusting relationships and to think about ways of coping with adversity; there could be limitations within a highly structured environment, which in some ways enables agency and in other ways restricts it:

> "You're too used to getting told when to go sleep, when to eat, when to go to toilet. That's it, you're just used to getting told where to walk to what's next and all that."

In the next example a young person describes finding their voice in a review meeting (known as a looked after children or LAC review). They talk about finding the courage to say what they thought whilst facing family and staff, and the continuing positive impact this had on their ability to speak out, 'not miss anything', and have their voice **included**:

> "So basically, my first time opening up was in a meeting, a LAC review, and I was saying what could be better and everything, and I just sat there, and I was thinking. And I had written on a piece of paper before that, but I was scared, and then I just bit my tongue and I said it and I asked these questions… I had to find out for myself. And since then I don't miss anything."

## CARE AND CARING

This section builds on early comments from young people on connections between hope and wishes, with the focus here on being cared for or **nurtured** and caring for and being **responsible** for others. Being cared for and feeling emotionally **safe** were pre-conditions for hope. Having hope and a sense of agency were often linked to aspirations for caring. Many young people in secure care also have existing experience of caring for family members, either due to addiction issues and/or disabilities. Being in the care system for some brought them to a place where they were able to connect their own need for care, and experiences of both caring and being cared for, to a continued desire to care for others:

> "When I was [little] I always wanted to be in the army, always loved the army. But now I think more, even working in a secure unit or with mental health, that would be the best thing because I've got family who have been through it and I've got problems myself. And no one's perfect so I would like to bring a change into people's lives, and before getting to crisis, help them…and that would be better for the job because I'm understanding, cause I've been there. I've got family who have been through it."

The same young person was one of several who wanted to do something to help young people in care in the future. They described the shock of their first experience of secure care and how they felt lost and did not understand what the expectations were or how to cope. They wanted to augment the welcome pack in the Good Shepherd Centre to smooth admissions for others, and enable a hopeful start:

> "I'd just like to say what my experience was and what other people have said, what everyone's opinion, and I would include like the feelings I had and what should be expected, and just hopefully that would give a bit of hope, as we say hope, so that they can do a good start in the Good Shepherd."

In the following example a young person talks about an experience of being involved in a rescue situation in relation to a house fire. This experience had stayed with them, and despite challenging circumstances in the interim, still shaped their future aspirations to help others and 'save lives.'

> "I was on my bike and I was going past this house where I live, and it sounded like someone banging on the window shouting help, so I like went to the phone box and then I waited like five minutes and then the fire brigade, they came up. And then they just like went and put it out. And then the next day they came to my house in a fire engine and said I was a hero… and they gave me loads of stuff and it said like 999 hero because there was a chip pan on fire in the kitchen and I saved the people in the house…. When I grow up, I want to work for the air ambulance and be a hero and save people's lives."

The examples quoted here demonstrate how many young people can discover a sense of purpose, and find feelings of agency, by connecting to a cause that they care about and through the prospect of being able to contribute, to care, to give, and to engage reciprocally with their society and their community.

## HEALTH AND SELF-ESTEEM

**Health** and wellbeing were strongly linked to hope by young people, with emphasis on the importance of mental health and associations with self-esteem and self-worth. Several young people expressed the view currently reflected in the media and wider society that the mental health of young people is an area requiring more attention and resource. In the following example a young person describes their own journey through the care system over several years, and about reaching a turning point in recent months with regards to their mental health:

> "It was only six months ago that I turned that corner. Before then let's just say that, you think people in other units are bad, I was a psychopath, no doubt in my head I was a psychopath… But being in here has actually helped me and I just want other people to learn."

## EMPLOYMENT, EDUCATION, AND SKILLS

Many young people in secure care will return to the community with a new young adult status, with requirements to think about what next after school, and to varying extents independent living, either now or in the near future. Again, all of this requires a sense of purpose in life, in order to engage in the necessary **activity** involved, and to obtain a sense of achievement. Responses often indicated that young people wanted not to have to fight an uphill battle every day just to pay their bills and have an ordinary life. It was notable that the material factors that were identified as having an impact on their ability to have hope when looking into their futures (such as a job, college place, money) were not unreasonable aspirations.

> "I want to get a job where, I don't want discrimination against anyone. Like I've always wanted to work in Lush because I love Lush."

> "To get out and hopefully to have like qualifications and go to college and that."

In a similar vein several young people talked about the importance of having somewhere decent to live.

## HOME AND HOUSING

The majority of young people mentioned having a sense of security/**safety** and the prospect of a home/flat of their own as something they hoped for when they left secure care. Most references to having a house or home were linked with other material factors.

> "I hope that one day I'll have an amazing future. I'll be with my family, I will not be struggling with anything I'll have a job I'll have a house and I'll be able to support myself and my family."

## CONCLUSION

Overall our early interviews and focus groups pointed to the need to focus both on the material realities of young people leaving secure care (having a house, an income, security), and also a need to focus on relational factors such as having someone to trust, feeling safe and connected, and feeling respected. Health and wellbeing seemed to emerge as a product of satisfying these basic material and relational conditions in these young people's everyday lives, and upon this basis of health and wellbeing arguably came the possibility for self-esteem, purpose, confidence, and thriving.

We have further found that allowing young people to talk through, and have acknowledged, their feelings of hopelessness or despair is often a prerequisite to more hopeful conversations that made reference to the future, not just the past.

We now move on to briefly describe the organisations involved in the project.

# PART FIVE
## ORGANISATIONAL STRUCTURES AND CULTURES, AND SUPPORT TO STAFF

In this section we firstly provide an outline sketch of each of the three organisations that were partners in the project, along with the university. We were aware that all organisations are constantly changing in response to policy and practice developments. This shifting landscape can present challenges to effective partnership working; in attempting to understand what partner agencies are doing and why, as confirmed in our conversations with participants. Although we can only capture a snapshot of how these agencies are operating in this location, at a particular point in time, the purpose of this section is to provide contextual information to help make sense of our findings. We provide a profile of each organisation and how staff are supported in terms of managing and enabling risk with this population of young people, with implications for hope.

***Partner Profiles:***

One of the starting points for the Talking Hope project was a concern to promote more hopeful conversations between agencies working with young people in the context of risk. This included a commitment to hearing the voices of participating professionals as well as young people in secure care and care experienced young people. The intention was to increase recognition of vulnerable points in the journeys of young people, and where opportunities exist to ignite and maintain hope with and for those young people. A further intended outcome was to explore the influence of, and opportunities for, improved interagency working. As well as thinking about the structure of each organisation, we also wanted to include a description of the support and supervision available to staff within each agency. Evidence indicates that there is a gap between supervision policy and practice in many agencies and that negative experiences of supervision are common (Iriss 2015). The intention here is not to evaluate the organisations, but simply provide an overview of their purpose and organisational approach as they see it.

### EAST AYRSHIRE FAMILY SUPPORT AND YOUNG PEOPLE SERVICE

The family support and young people service is provided by East Ayrshire Health and Social Care Partnership, a statutory and publicly owned body providing additional support to families who may be at risk of being accommodated by the local authority or going through a significant transition. The service is made up of two teams, the Intensive Support Team and Family Support Team. Lead Professionals sit within Locality Area teams and request a service from the Intensive Support Team when they feel a young person/ family require additional support with at least weekly contact. The Intensive Support Team works with children and young people from pre-birth to 26 years old. The team is made up of two team managers, five social workers (two of whom work in partnership with Action for Children Functional Family Therapy Team), eight Family Support Practitioners (professionals with degrees in community work, health and social care, and criminology), and Family Support Workers. The Intensive Support Team works shift patterns, offering wrap around support including evenings and weekends.

***Structure and Ways of Working***

The lead professional role is fulfilled by qualified social workers, with one team manager describing that role as largely about 'assessment, analysis, decision-making and co-ordination of a safety plan.' The intensive support worker, on the other hand, is engaged more in 'on the groundwork,' as an additional resource for a young person, and with greater flexibility to respond to crises and to develop trust and enduring relationships. There appeared to be a high degree of collaboration between these roles, drawing on each other's strengths and knowledge of each young person. For example, whilst the lead professional might not have the flexibility to go and visit a young person weekly in Polmont Young Offenders Institute, the intensive support worker does and is therefore able to maintain that connection, relationship and continue the work whilst a young person is detained, either in Polmont or in secure care. They were also therefore able to help support a young person's transition into and out of secure care.

This approach was seen as lending itself towards positioning the young person and their personal outcomes at the centre of any care plan, asking them what they wanted and needed, rather than telling them or trying to fit them into available supports. This was part of an evolving approach one lead professional described as a process called "thinking differently:"

> "We are piloting and… there is a whole process called roughly, 'thinking differently,' and it's all about trying to get in there as quickly as possible and get the child at the centre and get them and their support network sitting in the right room and getting plans about what is good in their life, what do we need to hold on to, what are your strengths, who do you have good relationships with, where do you see yourself."

***Support for staff***

Both managers and staff within East Ayrshire presented staff support and supervision as priorities. The supervision policy is that it should be provided every four weeks for established staff, and every two weeks for new staff. This seemed to be taking place as planned. Managers also referred to regular development days organised to promote self-care and further staff support.

Practitioners commented on peer support and "open door supervision" as contributing to their ability to manage the work. When confronted with a challenging situation staff felt that they could turn to each other to process difficult experiences, as part of their process of making sense and moving past it:

> "I think the team is very good at supporting each other. For instance, I had a really difficult meeting with a young person last night, and actually it kind of frightened me a wee bit. But actually, I came in and the team round about me would bounce stuff off and I needed to process it with them to make sense of it and decide the next steps… Supervision is an open door. It's very open and there's checking in."

Peer support was also valued as a learning opportunity, with staff recognising the diverse and extensive experience of their colleagues as a resource. From our time-limited engagement with the team, this kind of support and supervision appeared to engender a degree of resilience and dynamism. Tenacity and commitment to not giving up on young people appeared to be part of the organisational culture.

## THE GOOD SHEPHERD CENTRE

***Structure and Ways of Working***

The GSC is one of the five agencies registered to provide secure care in Scotland, and one of three located within a short distance from Glasgow, in this case in Bishopton. The GSC is also one of four centres that are owned by third sector organisations, with the fifth and smallest centre owned by Edinburgh City Council. Although some children in secure care may have committed serious offences, secure care centres are not young offender institutions (YOI). The GSC campus offers places for 18 young people in three six bedroomed Secure Houses. They also have a 6 bedroom Close Support House and two 3 and 2 bedroomed Semi-Independent Cottages, meant to help gradually reintroduce liberty and responsibilities to young people. Young People aged 12 to 17 are referred through the Children's Hearing System or, less often, under the Criminal Justice System. Children and young people living at the centre are therefore in need of intensive and/or secure care. Secure care centres in Scotland are registered with the regulatory bodies as residential childcare services, also delivering education in line with the Scottish Curriculum for Excellence. The GSC runs a full Education Department, with young people attending classes Monday - Friday during the school day. The class and learning group sizes are very small, with a maximum of 5 young people in any one class. There is an Assessment House where young people are usually first received and can then move through the houses towards less restrictive living arrangements. The movements within the GSC are based on the assessment of staff who know and care for them, and depend on when the young people are ready to do so.

When young people arrive at the Centre, there is an initial assessment in the first few days. As discussed later in relation to recording; staff aim to reach an understanding of each young person as an individual and not pre-judge solely on previous reports and records. They aim to build trust and to get to know the person and understand what is driving their behaviours.

During our time spent at the Good Shepherd there were many references by staff and managers to the adoption of a trauma-informed disposition, with the impulse being to understand and support, rather than simply judge and manage. This can be challenging at times, in a context where some young people might display difficult to live with and aggressive behaviours, with most residential staff having experienced assaults at some point.

There is also a focus on space in the Good Shepherd Centre, and how the space a young person is living in can make a difference to how they feel and manage their emotions. The recent addition of an outdoor sports field, and work to engage young people in planting and maintaining a large garden and an orchard, is an indication of the importance placed on space and being outdoors. There are also sensory rooms in which young people can feel safe to discuss difficult topics.

Education in secure care can offer particular opportunities to the population involved, especially given that many of the young people who find themselves at the Good Shepherd Centre will have been excluded or not invested in formal education previously (Gough 2016). The majority of young people comment on school being the best part of the day, saying that they really enjoy the hands on, creative approach. School is also about developing strong relationships with young people, adopting a kind of pedagogy that views teaching and learning as foremost about relationships.

***Support for staff***

Both education and residential care staff at the GSC spoke about how important both peer support and supervision were to their ability to cope with the demands of their jobs. Feeling that they were part of a team of people that they trusted enabled them to cope. The trust that, 'everyone has your back,' and that they could get relief from colleagues following challenging situations if needed, contributed to a culture wherein many staff felt able to cope:

> "That's where the teamwork comes in again, like it's your turn to go to the front this time!"

They also talked about support they received in building therapeutic alliances with young people, which positions them on the same team, working towards the same goal. Staff at the Good Shepherd Centre also noted that they felt supported by their managers. They told stories of how both the head of education and the service manager would make an effort to be present around the centre, to connect with both the staff and the young people and ensuring that the staff were alright.

Conversations with staff conveyed a sense that the complex work they do is not well understood outside of the sector. Public perceptions and wider views of secure care also emerged as an important factor to staff morale – suggesting that improved understanding of secure care matters.

## CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

***Structure and Ways of Working***

Ayrshire and Arran CAMHS is an NHS service based around three locality teams, consisting of specialist clinicians who offer assessment and a range of interventions. Interventions can vary from short-term treatments for mild to moderate mental health problems, to more complex treatments for children and young people experiencing more severe and complex problems. Assessment and treatment can be offered to children from age five to eighteen. The teams can be contacted Monday to Friday from 9am to 5pm. One team manager explained that the length of involvement tends to be on average around eight to ten sessions with a young person. The range can vary however from one session which proves sufficient in itself, to several years.

Nationally, CAMHS is part of a four-tier model of mental health provision for children and adolescents.

- Tier 1 is universal services
- Tier 2 relates to less severe mental health issues that don't impact upon everyday functioning (stress, anxiety, bereavement) and may require moderate support
- Tier 3 include CAMHS and specialist services to support young people who have mental health needs that impair and impact upon their basic functioning. This could include difficulties with getting to school, maintaining friendships and relationships, symptoms of severe mental health difficulties, psychosis, severe eating disorders)
- Tier 4 includes specialist intervention services, which in Ayrshire would include Sky house

Recent national reports produced and promoted by third sector agencies in Scotland relating to 'rejected referrals' by CAMHS in Scotland had created challenges for staff in the team. The CAMHS team identified that they were already working with reduced numbers to try to meet demand locally. They were concerned about the negative portrayal of the service nationally and its impact on recruitment, which has stalled. Ironically, this has implications for capacity to meet the needs of children, with a particular concern that the service had become increasingly focused on only high-risk cases.

There was also a sense of frustration that CAMHS are part of a health system that still, to an extent, operates on the medical model of service provision. This model tends to prioritise biomedical understandings of disease rather than considering social determinants of health.

Associated with this are drivers of practice which include targets and indicators which can be restrictive of practice and don't allow for the flexibility required for the types of young people identified as being at high risk.

Despite these challenges and a dip in morale, the local service is trying to evolve a different model, which allows for more flexibility and fits more with the whole system approach promoted in Scottish policy. The role of the schools and GPs are particularly relevant to CAMHS and team members have been doing outreach work with these agencies to try to increase understanding of the role of CAMHS and what would constitute an appropriate referral. The team are also working to engage families and to promote an approach that is about mental wellbeing beyond specifically mental health. In lower risk situations in particular, this approach is about promoting resilience.

***Support for staff***

Support and supervision for staff is available within the CAMHS team. However, while many similarities were evident in how East Ayrshire Council and GSC staff described the support available to them in terms of peer support and regular and flexible supervision, this was less evident for CAMHS staff. One CAMHS manager described an average of around an hour each 4 to 6 weeks being available for staff supervision, noting that 'this varies.' The same manager noted that 'massive amounts of informal support and supervision are available in additional to formal' with most of their morning spent on this kind of informal support. There was a sense that CAMHS staff work on more of a one to one basis than the other services, and that team-working and support were therefore less available to them. The following comment is from a CAMHS team member who talked about finding their own ways of managing stress about work:

> "Like I never used to be on a phone, I would always just text, but now I'm on the phone all the time. Like tonight on my way home from here it takes me two hours to get home each way I will phone [my colleague] once I'm on the road and just ask how's your day, just to check that [they're] ok and I also need to see what I'm going into the next day."

## ORGANISATIONAL APPROACHES TO RISK AND IMPLICATIONS FOR HOPE

In this section we consider practitioner and manager perspectives from all three agencies as to how they negotiate and cope with sometimes extremely high levels of risk associated with the young people they work with. While practitioners worry about these risks, there is at the same time concern to maximise opportunities for the young person, and to enable them to have some control over their own life. We also consider here how practitioner feelings of hope and hopelessness interact with assessments of risk and need, and how these factors interplay in making decisions about young people.

To illustrate some of the dilemmas involved in this work, we include examples of practitioners describing high-risk situations with a young person at the edge of secure care. Most of the data here relate to the local authority, which has responsibility for longer-term decisions about the care of young people at risk.

## EAST AYRSHIRE PRACTITIONERS AND RISK

In the following example a lead professional had been talking about working with a young survivor of significant trauma and the fact that they are still alive being seen as an achievement. The risk of self-harm in this case remains a concern, and this was related to the need for staff resilience:

> "The resilience that as a worker you need! There have been many times certainly from my perspective where I've thought I can't do this today, where I've thought I can't get up and go and do that."

While the East Ayrshire team were committed to finding ways for young people to remain in their local community, at times the level of risk (of harm to self or others) put considerable strain on individual practitioners, such as this lead professional.

> "I think what's hard is going away thinking is tonight the night? I find that what is more difficult is going away on holiday for a week or a fortnight… There is that night before dread that one of them isn't here anymore… you have to learn to live with it."

Different risk thresholds were evident within East Ayrshire, with some practitioners identifying situations where they would have preferred to see a specific young person admitted to secure care at an earlier stage. One practitioner said that there were real challenges for practitioners and for the agency as a whole to know when was the right time to step back, particularly given that they saw their role as more than 'corporate' parents but as being invested as caring, committed substitute parents. The following example of a young person being on the edge of secure care illustrates how an intense focus on building family relationships was viewed as successful

***On the edges of secure care 1***

> "So, we were actually at risk of [their] going into secure as part of the children's hearing system. And at one point the mother was saying they needed to accommodate [them] because [they] couldn't take it anymore. But [they're] not, [they] didn't go, [they're] at home. So with the level of support we were able to provide and the relationships, looking at the strengths of the family, how can we improve their relationships as a family, how can we get this family to a place where there is change, there is hope, there is a future for them, they've all stayed together."

Some of the situations described included examples of risk turning into harm, before a decision being made to seek a secure care placement. These examples help to illustrate the real challenges involved in defining the thresholds for decision-making about risk. There is always a hope that the young person can be kept in the community, and that the right support and set of circumstances might improve the situation. However, the turning point can take various forms.

***On the edges of secure care 2***

> "However, to jump from a home setting to secure care without doing the bits in the middle first would be doing the young person an injustice, in terms of trying to promote their independence out in the community. Definitely with xxxx anyway, we had actually done quite a lot of work and got agencies involved like Action for Children to do some diversionary work. In the end it came down to secure care was the only option because of their offending behaviour, risk to others but also risk to self. There was one day they scaled [a tall building] and jumped…. Luckily, they didn't sustain any major injuries although lots of cuts and bruises (and then disappeared for two weeks)"

Another lead professional spoke of the relief that came with a young person being admitted to secure care, due to the peace of mind of knowing that the young person was in a secure environment, wherein they would be safe and could not cause harm. So, whilst East Ayrshire practitioners had the explicit goal of keeping a young person in the community, many could also recognise the role of secure care centres, when the risks were simply too high to manage in the community.

The Intensive Support Team also relied on each other and the trust they had in their colleagues to help manage and mitigate risk, often working together to try to problem-solve or come up with solutions for young people with complex needs and situations, as referenced in the previous section on support for staff.

## CAMHS PRACTITIONERS AND RISK

There were some notable similarities in the ways that CAMHS staff spoke about their fears about risks and young people compared to local authority staff. In the following example a CAMHS practitioner talks about their fears of phoning in to catch up and get a report on the young people they were working with, with similar anxieties to local authority practitioners. A difference here is a sense of being on duty and of being 'alone' in that situation:

> "And then obviously when you're on call as well on the weekend, you're like 'oh no' because you're on your own. There's no one else…. You'd phone in the morning to see if anything had happened overnight. So I phone at 8am, sometimes I want to phone at 7 or 6am, just so I know. But I have to wait until an appropriate time."

A further distinction between the local authority and CAMHS view of risk thresholds was that CAMHS staff were slightly less likely, on the whole, to view secure care as a less favourable destination. This practitioner, who had considerable experience of supporting young people in secure care, thought that it was in general viewed more negatively than was merited by reality, and sometimes therefore admission was left a bit too late:

> "Generally, I would say that a person coming into secure is because of a number of factors that have led up to that and they've had lots of other chances and it becomes the last option. And sometimes… earlier would have actually been better…"

This worker also made a distinction between secure care as the right option for repeated high-risk behaviour, whereas hospital would be the right option where mental illness was identified. This member of the CAMHS team reflected on some of the emerging challenges of working in the sector, specifically related to self-harming behaviour and mental health. They had observed a shift in young people's patterns of suicidal behaviour and a tendency towards high impulsivity in this regard. Whereas there would have tended to be more of a build up towards a crisis level, and perhaps more symptoms associated with mental ill health, suicidal behaviour was now happening without warning. This was presenting real professional challenges in terms of being able to identify and respond effectively to risk, with implications for staff hope.

There were similarities to local authority staff in how CAMHS staff struggled to manage their own fears in working with young people at high risk. There were also differences that included the specific mental health role of CAMHS, although some of the highest risk behaviours did not seem to be associated with mental illness as would have previously been the case. Again reflecting back on the opening section, on how staff members are supported within their organisation, there was less of a sense of close teamwork in discussions of risk. And less of a sense of hope, possibly compounded by low staff levels and longstanding negative publicity relating to 'rejected referrals.'

## GOOD SHEPHERD CENTRE PRACTITIONERS AND RISK

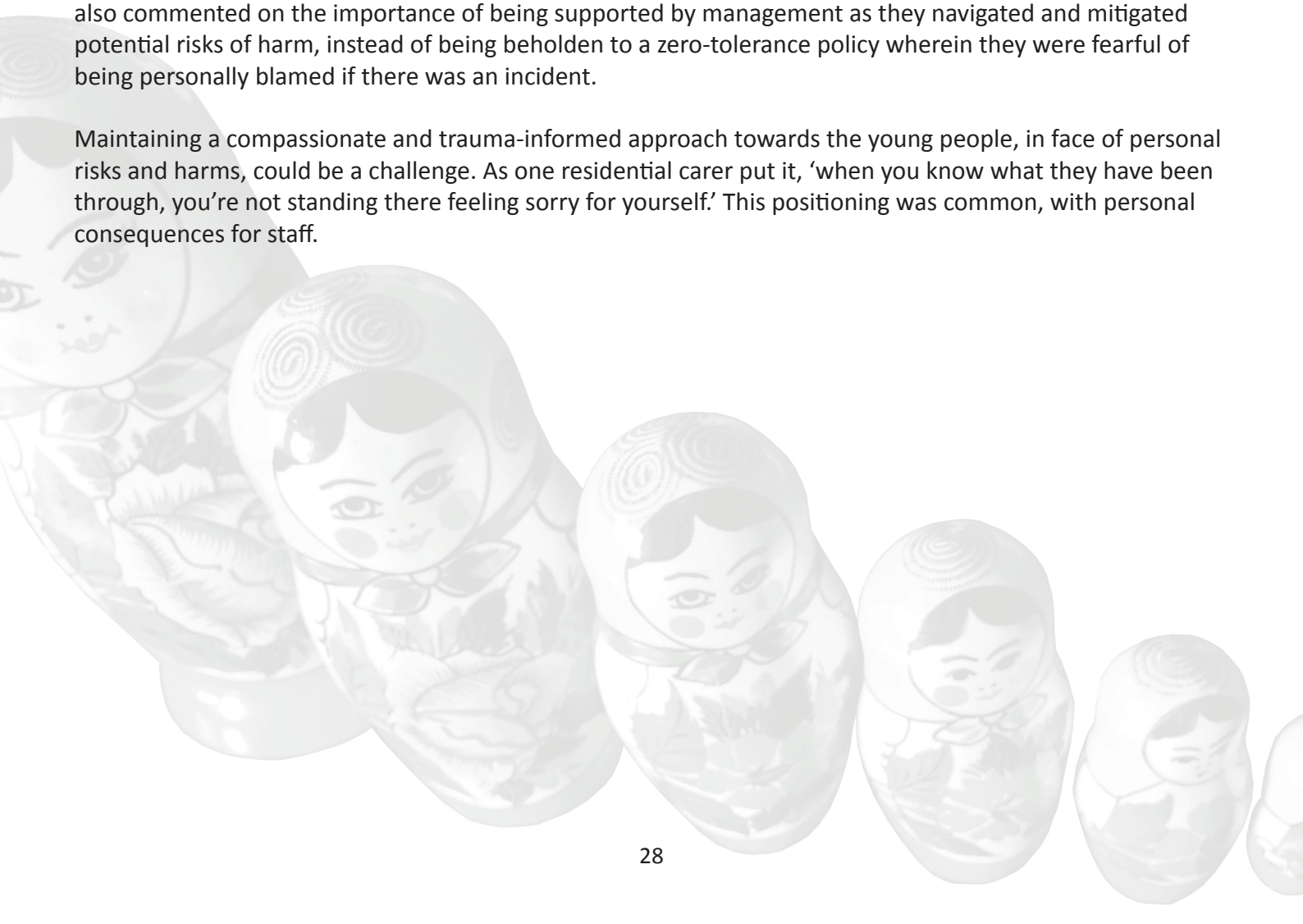
Whilst much effort goes into creating a sense of normality for young people at the GSC, with the aim being to make them feel safe, secure, and respected, the presence of risk and the potential threat of harm is pervasive and factors into the care provided. Consequently, staff members walk a fine line between providing opportunities for agency, responsibility, and growth, on the one hand, and protecting young people and staff and themselves, on the other.

Many staff recalled quite severe instances of physical and verbal abuse by young people, as a routine part of the work. The emotional fortitude required to maintain a trauma informed lens in these circumstances is noteworthy:

> "We are very good here about TI (trauma informed) practice. Even if a person was to punch us in the face, we wouldn't take that personally, we would look at what was behind that, the underlying reason."

What emerged was that staff felt constrained in some ways by the protocols in place to manage risk, often wanting to allow young people more freedoms and responsibility; but prioritising safety and protection due to recognition that such protocols are necessary. There was a sense of movement from a deficit model and risk management to a more nuanced approach that included enablement of reasonable risk. However, staff also commented on the importance of being supported by management as they navigated and mitigated potential risks of harm, instead of being beholden to a zero-tolerance policy wherein they were fearful of being personally blamed if there was an incident.

Maintaining a compassionate and trauma-informed approach towards the young people, in face of personal risks and harms, could be a challenge. As one residential carer put it, 'when you know what they have been through, you're not standing there feeling sorry for yourself.' This positioning was common, with personal consequences for staff.



# PART SIX
## RELATIONSHIPS IN PRACTICE, WORKING TOGETHER AND TRANSITIONS

We started this discussion of findings with the views of young people, before describing the organisations involved and practitioner views about risk. This provides a basis for considering key specific factors identified through the project, which impact on hope:

- The importance of practice-based relationships
- The role of interagency collaboration in further maintaining hope for practitioners as a precondition for promoting hope amongst young people
- How these factors interact with transitions for young people.

In this section we also consider the importance of what is recorded with and about young people identified as being at high risk, with further implications for hope.

### HOPE AND PRACTICE-BASED RELATIONSHIPS

While recovery from trauma has been explored in detail in relation to adult mental health services, comparatively little attention has been paid to recovery as a concept in services for young people. Secure care is not a mental health service. However, we have already noted that the mental health needs of many of the young people in secure care was a shared concern of all partners. The role of relationships in recovery for both children and adults has been identified as important. A key distinction for adolescents compared to adults is the need to conceptualise an alternative future adulthood, with recommendations for explicit consideration of hope in promoting recovery for children and young people (Simonds et al 2013). So, the need to link relationships, hope and recovery has been identified in existing relevant research.

Both young people and staff made several references to the importance of relationships in building hope. The following example is from a secure care experienced adult who describes the importance of relationships with staff in being able to hold hope for them when they had none. And in helping them to believe that they could have a better life and learn to trust themself to take on more responsibilities:

> "Yeah I think especially at times when someone has completely given up on themselves it's so important for someone to kind of hold that hope for them…. For me the most helpful thing has been not just people who believe that I could have something better in my life, but also that I was capable of looking after myself and keeping myself safe and kind of putting more trust in me and helping me build up that trust in myself that I could be more responsible."

Staff in the Good Shepherd similarly linked trust, relationships, and hope: 'hope doesn't exist in isolation; hope requires trust.' A staff member from close support at the GSC went on to build on this picture of positive expectations from staff helping to build hope in the young people, who 'seem to want to meet those expectations.'

Staff in East Ayrshire also identified these links, such as the following comment from a team manager:

> "And I love those bits of my job where you see and feel those positive relationships and I suppose that gives me hope to get up and come into work every day."

### HOPE, RELATIONSHIPS, AND TIME

There were two key ways in which time was seen as important in supporting relationships that build hope. These were time spent within encounters and also relationships that endure over time. Starting with the latter, there was a sense that an unwritten rule was not giving up on young people:

> Practitioner 1: I think that's the idea of our team, although we don't say that out loud. It is absolutely an unwritten rule of our team that we do not give up on a young person

Practitioner 2: Aye whether they are 15 or 24 (others agree)

The concept of 'stickability' was mentioned as a principle in discussion between East Ayrshire staff, with the following quote explaining the meaning of this term:

> "I know. With xxx it was the relationships with me and [intensive support worker]. The stickability. [They] knew we were always going to be there and that gave [them] that hope, that we were willing to bend over backwards to support [them]. When [they were] missing for a fortnight, we were going to areas where we wouldn't choose to go… We kept a toilet bag here for [them]."

The importance placed on knowing that somebody would 'be there no matter what', was emphasised by one young person in the GSC, when asked what was important for young people in their situation.

In a similar vein, having someone who knows you, who has seen you through difficult times in the past and therefore understands you and can bring that knowledge into the future was emphasised by a secure care experienced young adult.

Both staff and young people emphasised the importance of the time available to spend with young people during each encounter. Within East Ayrshire, distinctions were made between the lead professional role and that of the intensive support teams. There was a clear sense that whereas the lead professionals could be weighed down by assessment and planning processes, the intensive support staff were able to use their time flexibly, and when things were going well to do more fun activities:

> "I say this again and again and again, that we are in a unique position where we have got time. And the majority of us have been around for a longer time than maybe some other workers so we've got dead positive relationships with loads and loads of young people."

A secure care experienced adult talked about their long journey through services. With various stages over many years, they saw the turning point as taking place several years before and this was largely due to how their treatment team worked with them, at their pace and with a feeling that they were 'driving the bus.'

## BRIEF INTERVENTIONS

While there was considerable focus on the links between relationships, time, and hope, there were also examples from young people indicating that brief interventions can have significant impact too. One secure care experienced adult made a clear point that it can be easier to talk to someone you don't know. This point was echoed in an interview with a young person currently in the GSC. They spoke about how valuable they had found Cognitive Behavioural Therapy (CBT). They also found seeing a therapist outwith the staff they see normally benificial.

> "In here I do CBT, that's child behaviour therapy or something. I don't know what it is. But when I get out, I will get CBT once or twice a week… you think it's not going to work but then it does. It depends who it is as well… It's not like I can speak to my staff cos you see them all the time… so when I get out, I'll build a relationship with them and ring them up."

## HOPE AND INTERAGENCY WORKING

A key theme discussed by practitioners from each partner agency was the importance of relationships between agencies and the need for ongoing conversations between them, as illustrated in the following exchange:

> "Yeah and that's the old-fashioned relationships between workers like us, workers in health, social work, workers in education, workers in secure, workers and young people – it's about making sure everybody is always chatting to each other and knows what's going on." (intensive support worker)

"It all works much better when you do." (CAMHS manager)

There was also acknowledgment that different opinions can arise in an emotive area of practice such as work with young people at risk. The following comment from a family support worker was in the context of a discussion with intensive support colleagues about working with other professionals. They identified that there can be tensions within their own service, with lead professionals having a different role from them, which at times surfaces different views about the best ways of working. They also discussed differences that can arise when working with CAMHS staff. With regard to these internal and external relationships this worker talked about the need for trusting relationships as the basis for working through disagreements:

> "Yeah and I think we all need to make the effort as well and it means that if you do disagree you can work things out easier because of the relationship you have with the people and the respect you have for people. For me it's about people also knowing you as a worker, knowing who you are and that you're reliable."

Ultimately, as identified by an intensive support services worker, the benefit of effective interagency working was to improve outcomes for young people:

> "For both CAMHS and us our collaboration are helpful… the collaboration has been key for some young people…"

Another key theme was the importance of shared responsibility between agencies in work involving high levels of risk. This was often linked reduced anxiety and increased hope:

> "We had a meeting with [third sector organisation] and it was absolutely going back to this is not one person's responsibility to manage risk… Regular meetings are really important and that sharing of responsibility and worry but also coming back to your hope word as well, when you feel you are losing hope and the other worker was saying 'I was thinking about trying this.' And you think I hadn't thought of that before. Right, let's get that in place let's try that."

The benefits of these conversations also included clarification of roles, again with emphasis on the benefits to young people of understanding who is responsible for doing what. As one family support practitioner described it, to 'avoid things getting messy.' Another member of the intensive support team pointed out that if roles were not clearly defined, young people could avoid accepting their responsibilities too.

Other forums provide opportunities for professionals to better understand what other agencies do. In the next example, a member of the CAMHS team talks about how participation in a multi-agency secure care screening group in another area not only provided a better understanding of what secure care does; but also enabled agencies to work together to plan transitions for young people coming out of secure care:

> "You also get to hear in a lot more depth what you were talking about earlier, the kinds of interventions that are taking place within secure because the staff from the secure units are there, and they give updates. And it's been interesting to hear the level of work that's being done…because there's a tendency to think [young people] are just being contained there… and it does allow that planning around the table. For them coming out and the supports available or required."

A member of the intensive support team spoke positively about CAMHS working closely with them to make a young person who had been self-harming safer at home. They took all the chords in the house down and CAMHS worked with the intensive support team on risk management with the young person. Social work staff appreciated situations where CAMHS were able to work flexibly around a young person's needs. While there was some frustration about the limited capacity of CAMHS, their expertise was valued as demonstrated below.

## PROFESSIONAL ACCESS TO CAMHS AND ITS BENEFITS

While Talking Hope Phase 1 was underway, another project was set up locally after months of planning. This was a joint initiative between East Ayrshire HSCP/NHS Ayrshire and Arran and the Good Shepherd Centre, to develop fully integrated supports to young people with mental health concerns who are in secure care at the GSC or on the edges of secure care and require intensive supports in East Ayrshire. Unfortunately, the initial introduction of the project was interrupted due to staff issues. However, the impact in that short time was significant as evident in a detailed conversation between social work staff that highlighted:

- Improved understanding of CAMHS processes amongst social work staff
- Improved relationships and 'more honesty' through a less formal point of connection
- Access to a chronology about a young person deemed as 'saving two years of digging'
- Early access to specialist information arising from mental health concerns
- Improved diagnostic clarity about a few young people
- Greater clarity about strategies for working with young people with mental health issues, with implications for staff anxiety and hope

It is hoped that this progress continues as a second CPN has since been employed.

## WIDER INTERAGENCY WORK: A WHOLE SYSTEM APPROACH

Within East Ayrshire HSCP there was considerable discussion about the whole system approach being adopted as a national strategy, joining up services for young people at risk of entering the criminal justice system, with many examples of impact. The service manager acknowledged that they still had some way to go with joining services up and improving outcomes for all young people at risk. A range of options was needed to ensure that person-centred and responsive support could be available for the most traumatised young people. However considerable progress was already evident:

> "And it's about that individual person-centred approach…We've had some really good creative support packages around some highly complex young people where we are really scratching our head about how can we best support this young person when [they are] not in a position to tell us because they're still quite chaotic and traumatised."

The same manager explained the need to extend corporate parenting across the council, because of the range of components required to build a life for a young person reaching adulthood. This reflected our conceptual model in referencing housing, education and connections as key concerns.

In a separate conversation a lead professional discussed the role the service manager had played in promoting and pushing the agenda of developing links with other agencies, which was viewed as improving the life chances of vulnerable young people. Another member of staff linked the whole system approach to hope:

> "I suppose the whole system approach is geared towards hope, that's an overarching principle of what I do…. it came in in 2011 and ultimately the idea of it is to instil hope."

There was a sense that expectations of young people who have experienced trauma can be too high at times. Effort had been invested in building an understanding across agencies that vulnerable young people might struggle to sustain education and employment opportunities: "it's ok for young people to make those mistakes." Efforts had also been invested in changing the approach to sanctions for non-attendance at college, with more flexibility built in for young people involved with social work.

Similar efforts had been made to develop relationships and improve communication with housing colleagues, who are more proactive in employing their corporate parent responsibilities towards care experienced young people.

Relationships with the police were also identified as having changed, with evidence of changes in communication between police and social work. An intensive support worker described the police calling them late one night to let them know that a young person who had been missing had been found and asking them if they would contact the young persons family to let them know, which they did.

There were also examples provided by intensive support staff of engaging with the Department for Work and Pensions (DWP). One member of staff explained that as a general rule, they would take each young person into their first couple of meetings with the DWP to make sure that staff had background information. They had found previously that some young people were not letting the agency know of any difficulties they had had or were having.  With the young person's agreement, provision of background information could help improve understanding and ways of working.

# PART SEVEN
## TRANSITIONS AND SECURE CARE

Admission to secure care means loss of liberty for a child. This is the key issue that makes it a contentious and often emotive subject. The tensions arising from this are symbolically and practically demonstrated in the admissions process, where a child moves from being a young citizen in the community to being contained in a locked environment. They are also usually contained with peers and adults who are all strangers. However, in our conversations with young people and staff, it was by no means universally the case that admission to secure was viewed as a time of failure or hopelessness. Rather the way admissions happened could have a significant bearing on the settling in process and how engagement with others developed. There were examples of admissions done well, along with suggestions for improvement.

### TRANSITIONS INTO SECURE CARE

***The shock of admission***

A key issue in our discussions was the unexpected nature of admission for many young people. An understanding was expressed by some staff and young people, that for young people with a pattern of running away, informing them that consideration was being given to secure care, might trigger them running away again. However, many participants viewed this and other aspects of how secure care was discussed and presented to young people critically, with a shared view that this needs to be consistently handled better. Not informing the young person of their destination was a rights-based issue with potential to exacerbate the negative emotions experienced through admission. Compounding the challenges was the still frequent tendency for secure care to be presented as a threat.

***Secure care as a threat/punishment***

The tendency for secure care to be presented as a threat and/or punishment to young people can have significant consequences for their expectations and attitude towards going into secure care. Specific references were made to this use of secure care as a threat by police, social workers and panel members. The following exchange between a secure care experienced young adult and a member of staff at the GSC illustrates not only an example of secure care being presented as a threat, but also the mismatch between this and what secure care staff see their role as being.

> Young person: My social worker always said, 'If you keep acting like this you're going to secure!' and I was like 'is that right?'
>
> GSC Care staff: Exactly and as an organisation we are trying to get away from that kind of attitude of using secure as a threat… because I work here and I think we are very, very therapeutic and we don't want it being a threat. You know, we want it to be just kind of stop you in your tracks, give you the support you need, and then you get back on with life. It's not this big threat that needs to be hanging over you. And unfortunately, that is something that happens a lot.
>
> Young person: Right, and I think with most young people, if you threaten them with something and tell them not to do it, they're going to do it.

This exchange also illustrates the counterproductive effect of secure care as a threat. This young person referred several times in discussions to their previous tendency to take an oppositional stance to threats from adults, and to push boundaries accordingly.

Another member of staff at the GSC outlined what could be a more helpful approach to discussing secure care with young people; to include an explanation of why secure care might be right for their circumstances and what kind of support they might expect.

There were contrasting examples of admissions to secure care and a sense that, whilst always associated with negative feelings, this point in a young person's journey could present opportunities for recovery from chaos and harm.

***Mixed emotions and admissions***

There were mixed views on the relative merits of secure care as an option for young people at risk within the local authority staff group. One social worker who had not had a young person placed in secure care for several years described experiencing a sense of loss on leaving a young person in a setting which they were not familiar with themself:

> "So, knowing I had to go and leave them and they didn't know anybody at all. And I wouldn't be back up for 72 hours, 3 days, the post admissions meeting and that was quite difficult. We know our young people very well… suddenly you are just leaving them in that completely alien setting…"

Secure care staff saw admissions from a different angle and were aware of how the processes surrounding admissions could have a significant impact on the young person. A member of staff at the GSC highlighted that this could be harmful in itself and could compound the trauma experienced by a young person. For young people, being scared on admission was the most commonly identified emotion.

> "I think they could tell how I was feeling most of the time because I obviously cannae hide my emotions very well … I think the first time when I went into [secure care] they knew I was scared. They knew I was really scared."

This young person had had several admissions to secure care and talked about different emotions each time, including embarrassment on being admitted to another secure care centre for the second time. They also described feeling happy on readmission due to being so unsettled in the interim placement. In the next example a young person describes the range of emotions associated with admission, particularly coming from so far away and had a strong relationship with their parents:

> "I felt worried, like, 'Oh my god, what about my Mum and Dad'. They come and see me once a month now because that's all they can do. But it was really weird because I went from seeing them all the time to coming here and not seeing them at all. I didn't like that at all. It was horrible. It felt lonely. Like you come here and you don't know anyone at all."

This young person said that they found it very difficult to settle in and had only really settled now, after many months and after moving to a new house unit.

***A sigh of relief***

There were also references to the relief that could be felt by staff and sometimes family and indeed the young person, when a secure admission followed an extended period of highly risky behaviour. A member of the intensive support team spoke at length about the admission of a young person who they had worked with long term in the community. This was a young person with a background of trauma, who had developed a pattern of substance misuse and offending

> "Definitely for [them] a sense of calmness and a bit of relief because someone has taken the control away from [them]. And the start of that was me and [their] social worker being like, we are going to be the ones that take [them]…"

This worker emphasised the importance to everyone, of two familiar members of staff going through the admission with the young person. They described themself and the social worker taking the young person to the shopping centre to get clothes and toiletries and have some food after leaving court.

> "And then we got [them] up to [the secure care centre] and did all the signing in stuff. And I think we sat with [them] for 2 or 3 hours because we watched a movie. So we got into the little family room, we watched a movie, [they] had a shower, and [they] came back with all [their] clean clothes on. Then at about 9/9:30 we were away. I was like right we're away now, see you tomorrow. And we went back the next day."

This intensive support worker described being made welcome in the secure care centre, being treated like a visitor and spending time in the living room and quiet room. In the group discussion, this was viewed very positively by staff in the GSC, who described this as an 'ideal situation' but one which was in their experience very rare.

## TRANSITIONS WITHIN SECURE CARE

It was not uncommon in our discussions to hear about transitions within transitions in the journeys of young people. This included physical adjustments for individual young people between house units within secure care. There were also many changes as other young people or staff they had come to know well moved on. In group discussions there was interest inprogressions within secure care to units which allowed more freedom. One young person appreciated the continuity of staff from the previous house unit visiting the new house unit in transitions within the centre. A secure care experienced young adult talked about their experience of progressing to the stage of getting 'mobility' in their secure care centre, a term used to describe opportunities to spend time outside of the secure environment, either supervised or unsupervised by staff (Gough 2016). This individual describes the overwhelming experience of going out into the community again, after being contained:

> "When you got mobility… like we used to do shop runs on a Wednesday and then like a young person would get to go out and we had a wee rota. And like the first time I did it, it was like this is crazy. There's all these folk and it was a bit overwhelming, when you've been in for that long."

Another key area of interest for both young people and staff was close support. There is no regulatory definition of 'close support' at present, but it is intensive but less restrictive support within a residential care setting (Gough 2016).

***Close support***

Within close support settings there is more emphasis on living skills including menu planning and cooking and laundry and so on. One secure care experienced young adult described close support in the following terms:

> "See it's sort of like, see if you are on medication, and then you're going to come off medication. They dinnae just stop your medication, they gradually reduce it. So, it's like secure. Secure is your support… so you cannae just go cold turkey. The support that you have had for [months]."

Although there were practical barriers such as unexpected external decisions to move a young person out of secure care at short notice, the need to make this type of transition to more normalised living prior to moving out of secure care was viewed positively by all participants who discussed it. A young person currently in close support made the case for its wider availability, with potential to benefit more young people:

> "…sometimes the river is too wide to cross and sometimes you need a lily pad to get you over… There should be more close supports out there."

A further key concern was how transitions out of secure care settings were managed, with agreement that this required more careful attention than is often the case to maintain and build on progress made in the young person's journey.

## TRANSITIONS OUT OF SECURE CARE

There were significant concerns across stakeholders about the implications for young people when transitions out of secure care are not well managed. For all young people who have experienced such significant harm and risks that they have been placed in secure care, careful planning is required in thinking through return to a community, which may have both negative and positive associations for the young person. This could involve complexities in terms of relationships with family and/or friends, reputation in the community, and the material conditions of life.

There is some repetition here of themes covered in the early section of this report which talks about the conceptual framework for transitions. The framework emerged from phase one and is based on the view of young people. This section is based on phase two and also includes staff views.

***Material conditions of life after secure care***

Staff in secure care settings described their own anxieties about transition planning, over which they felt they had limited say or control. While they experienced frustrations at the lack of suitable alternatives for many young people, they tended not to blame social work staff for this. Staff saw this as due to lack of suitable provision or services being reluctant to engage with a young person deemed to present high risk:

> "Again, transitions. It's about finding the placement, building the relationship. Two days before they are going to a hearing and they've got nothing. That might not be through social work not trying, it might be that they've got no opportunity… everybody they are going to is saying no, saying no, saying no. They're just seeing the risk. But there's got to be a certain amount of placements available… that allows a young person a safe exit from secure care."

Young people similarly identified their own fears and concerns about suitable 'placements' being identified for them, expressing a lack of control. One young person spoke about social work staff struggling to identify a place for them to move onto in time:

> "They were going to put me – this is where they were going to put me - in a women's aid home, with staff I hadn't built a relationship with, a women's aid home - really. I don't think that would be fair really."

Another young person from England described a long wait to get a place, with still no certainty and the possibility of a hotel or emergency bed looming. In addition to having a good place to live, young people and staff emphasised the need to have other material conditions of life in place to make a good transition possible.

***The buildings blocks of life***

Many of the things that young people identified when asked what they hoped for involved the ordinary building blocks of life:

> "I want to go to college a couple of times a week and have a job as well, takeaway or cleaning or whatever brings in money."

These material factors, which can underpin a good life, were also recognised by staff from different sectors:

> "So, let's look at the practicalities of coming out into the community. Of trying to manage a tenancy, shopping, cooking, doing a training course, get into college. That's the sort of stuff we look at."

Alongside the material factors identified here, both young people and staff identified relational factors as critical in relation to transitions. The focus here was mainly on relationships in the community, given the need to build a life there.

***Relationships in the community***

Valued relationships in the community tended to come under three key categories; friends, family, and services. Whether young people had relationships with family and friends or not, they all discussed relationships with professionals involved in their lives, at least to some extent. There was a sense that involvement of professionals based in the community was essential in building/maintaining a bridge to the community.

In the following example a member of staff now based in intensive support services in East Ayrshire talks about their previous experience as a residential worker in the GSC. They reflect on links they observed between loss of connections in the community with a sense of hopelessness for a young person:

> "From my experience in the GSC, it's not research, but my experience of working with young people who had lost connections within the community; the levels of hopelessness were beyond comparison. The ones that had relationships had intensive support workers or social workers coming to visit; those were the ones that had more of a hope of leaving, of better times, of improvement for themselves, that maybe engaged in the programmes a little bit better."

This comment links the strength of relationships with professionals in the community to levels of hope and capacity to engage in the support available in the secure care centre.

Social work staff from East Ayrshire also talked about their commitment to keep in touch with young people either in secure care and/or in Polmont Young Offenders Institute. This was with a view to signalling continued commitment and maintaining hope, as well as to rebuilding a life after being outside the community. Sometimes this could involve building a new relationship with a young person not previously known to social work.

Several members of the intensive support teams described continuing relationships they had with young people in Polmont, whereby they maintained regular telephone and/or face to face contact. They also saw this continued commitment in context of a need for multi-agency community involvement for transitions out of secure care (or Polmont):

> "It's a multi-agency responsibility, we're all corporate parents. It can't just be left to social work because we do need our partners in housing, in the education sector, etc, to be able to get the full package of what young people need for transitions and for hope."

***Maintaining relationships with secure care***

Young people and the staff in secure care had varied views and experiences of contact when young people leave. For staff in secure care, who sometimes work with young people for lengthy periods, there can a concern about losing contact too abruptly. A member of close support staff described a recent experience of phoning the place a young person had moved on to see if they were ok and being told that they needed to cut contact to enable the young person to 'move on'. There are current renewed efforts by GSC staff to keep the lines of communication open with young people, should they (young people) wish this.

Another member of close support staff in the GSC described an incident whereby they were able to help settle a difficult situation in the community, along with the social worker:

> "Yeah like we've had a young person that moved away a couple of months ago and [they] moved back home. And very quickly there was a kind of teenage, [parental] argument, but because [they were] a bit closer I was able to go out and support that and help [them] sort things out. Between [them], social work and myself we were able to get things to settle down again so that was really good."

Two young people in group discussions described their own experience of picking up on messages from social work staff that they were doing well if they were managing to reduce contact with secure care staff on return to the community. One of these young people viewed the continuous experience of building and then losing relationships as having been detrimental to their mental health.

## TRANSITIONS TO ADULT SERVICES

Transitions to adult services were often seen as a challenge. One young person who was imminently turning 18 summarised how this felt:

> "I think sometimes the transition into adulthood should be more planned. I turn 18 in October and I feel really anxious… You're turning 18. You are getting an adult social worker. You've got to build this relationship. And also, you're going to get a throughcare worker and oh! Also, you might be getting a mental health worker, oh you might be getting a learning disability worker. Can you just take your time."

Several references were made to transitions to adult mental health services specifically. The CAMHS team identified that young people could struggle with transition of their clinical care. They had tried to adapt the service locally. A family support practitioner in East Ayrshire acknowledged efforts by adult mental health services to become more embedded in the community, noting that they were working together on transitions. Local authority staff described how an example of joint working with CAMHS had helped to prevent a situation deteriorating by avoiding a transition at a delicate time for a young person with significant mental health needs. This young person had been admitted to a mental health facility and was informed that they were moving to their own tenancy. Although they were reaching the age of 18 the case was made to keep the same psychiatrist. The young person had expressed relief at this continuity amidst a major life transition and was still managing well in her tenancy at the time of the project.

## RECORDING

### *Recording and transitions*

While the main focus of the Talking Hope project is to explore possibilities for promoting more hopeful conversations with young people in the context of high risk; the associated service records have also been of interest. Formal planning documentation or records provide an opportunity to ensure that the voice of the young person has been both heard and taken into account in decision-making. Additionally, what is written about people in service records can influence both how they are viewed by other professionals and perhaps most importantly, their own sense of identity (Miller and Barrie 2015).

In phase two attentions turned in conversations with all partners to the role of recording and its impact on young people.

### *Recording, feeling judged and the importance of agency*

Young people used the word 'judged' regarding the impact of their records. There was a sense that people were making decisions about them before they had even met them, based on the records. Young people and staff talked about the importance of not relying on the records. One young person resident in the GSC described a tendency for people to judge each other before making a more specific point about the need for trauma informed records.

There was also a sense from young people that only the 'bad stuff' tends to get into the records. One young person currently in secure care explained how they challenged staff in an early meeting in secure care to find good stuff in their records, as they had had to listen to a lot of negativity and this was discouraging. Staff took this challenge on board and the young person described how the tone of the meeting changed from that point. Several young people described their records as something that weighed them down or felt like a 'burden'.

### *Maintaining a balanced, open lens*

Staff in the GSC described how they aim to go beyond understanding a young person solely through previous reports and records. They work to get to know the young person and understand how they are feeling and what is behind the worrying behaviours, which have led to the decision to secure them. Several staff discussed this trauma-informed disposition:

> "Every young person gets an assessment and part of that is reading the background. But probably 95% of the young people we get in you would not be able to match that background to the young person…And it's about trying to get to the route of the problem and speaking to the young person and allowing them to have their say."

Staff in secure care described efforts to use the records in a balanced way. They would assess the records to check whether there were specific risks to be mindful of in engaging with the young person, whilst also consciously avoiding developing a fixed view of young people before meeting them. Sometimes young people respond differently in the context of secure care, freed up from pressures and difficulties faced outside.

***Writing for multiple audiences***

Social work staff talked in detail about their approach to recording. It was clear that they were aware of multiple audiences in their recording practice, partly dependent on their role, and other factors. For example, lead practitioners, who have a role in risk assessment, planning, and decision-making with young people, identified challenges in writing for the court. One practitioner described changing practice to ensure that there were 'children and family threads' in writing for the court; to keep a focus within the court system that a child was involved. Another talked about making a decision to write in a less clinical fashion when writing about children in the criminal justice system:

> "It depends on the purpose of the report. I know that when I first started writing the criminal justice reports for [a young person] I thought I've got to take a criminal justice head on, I have to respect what is happening out in the community. But in actual fact I quickly started to change the format of my reports because… [They were] 16 at the time. So [they were] still a child."

***Recording and re-integration***

There was a shared concern across all three partners to avoid records becoming a barrier to re-integration in the community, or to being able to access the most appropriate destination. Community based staff from CAMHS and social work identified the stigma associated with secure care as a barrier to reintegration for many young people. CAMHS staff talked about very young people who presented no risk to others being excluded from some NHS facilities, simply because they had been in secure care. Assumptions about criminality and risk to others meant that some services were reluctant to engage. Even where there have been offences the need to avoid young people being locked into stigma and consider individual strengths was something the social work team were actively promoting. Such assumptions were not lost on young people who had concerns about how their secure care experience would influence their future. One young person brought this concern back to being judged:

> "Yeah and there's not a lot of care units that will take people that says "this young person has been in secure." It's like oh my gosh, they just see young people in secure as someone who's going to kill someone, they don't see it as people. Definitely judging your background."

***Recording and the future***

Many of the above examples include concerns to avoid young people being unfairly judged on the basis of the records, or even on the basis of having been in secure care in itself. There was also concern, particularly amongst social work staff to think about the potential for future impacts of the records on young people, and a sense of regret where they felt unable to do this effectively. One social worker described how the need to 'cover your back' and make sure all the process aspects of the record were in place made it very difficult to find the time to record in the way they would like. While lead professionals described constant challenges to maintain person centred and balanced recording practice in face of time pressures and legal concerns, one talked about efforts to write with the child looking back at the records as a future adult in mind:

> "I write quite often "well done Kirsty" or whatever so if they are reading it later, they can say [they were] proud of me for doing that."

It was evident that recording is an evolving area of practice. Space to discuss recording provided an opportunity to reflect on this important yet often overlooked area of practice.

# PART EIGHT
## FEEDBACK ON THE PROJECT AND EARLY EVIDENCE OF IMPACT

During dissemination events at the end of Phase Two of Talking Hope we gathered feedback from our project partners and from wider stakeholders. A fuller account of this feedback is in Appendix 3. We have included it all there, as there is a high degree of repetition of themes already reported. However, this feedback is important because it helps to consolidate the evidence, draws on a wider range of perspectives, and seeks views on what should happen next. Given that the fuller account is available later, we restrict this section to bullet points that capture the 'headlines' from this process:

1. Having the opportunity to speak openly and be heard by mixed groups of practitioners was highly valued by the young people who participated

2. There was a strong sense of momentum in Scotland around culture change for young people in care and young people identified as at 'high risk,' with pleas to keep the momentum going around hope

3. From a clinical /professional point of view, listening to young people talk about what hope means to them can broaden the view out from interventions to life as a whole

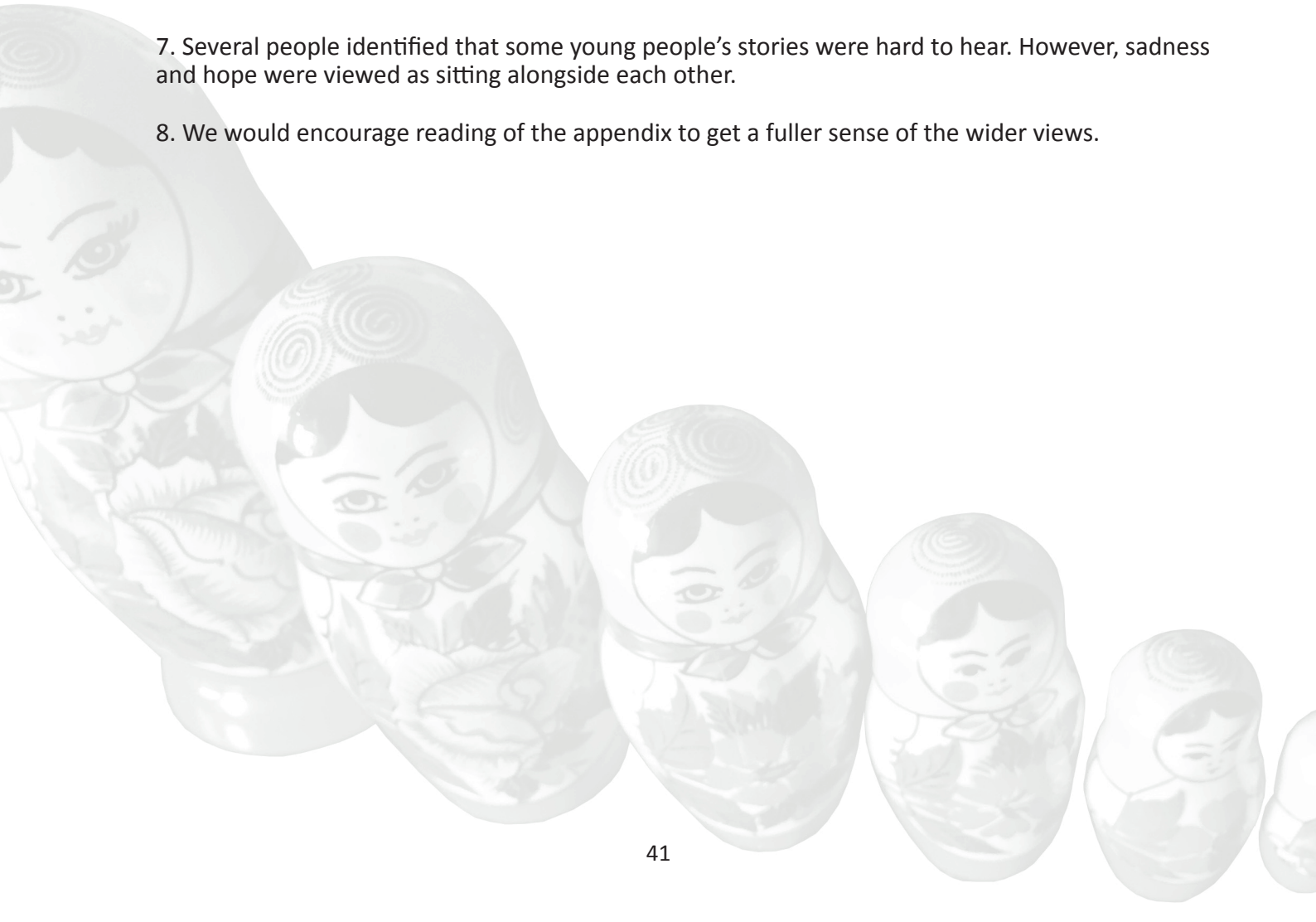
4. The participatory research methods were viewed as having successfully engaged both young people and staff who previously viewed research as distant from them

5. Additional benefits were noted for young people currently in secure care to converse with secure care experienced young adults about hope

6. Participating in mixed group conversations was viewed as affirmative in that staff skills and strengths were acknowledged, whilst opening up new possibilities to learn from good practice elsewhere

7. Several people identified that some young people's stories were hard to hear. However, sadness and hope were viewed as sitting alongside each other.

8. We would encourage reading of the appendix to get a fuller sense of the wider views.



# PART NINE
## CONCLUSION

Whilst there has been recent emphasis on the need for love and kindness in public policy (Unwin 2018), in social services (Brownlie 2017), and in care settings (Independent Care Review 2019), there has been little research with an explicit focus on hope and its role in supporting young people at risk. Talking Hope therefore explores new territory in the range of perspectives and experiences it has engaged, and in its explicit focus on the role of hope in services that work with vulnerable young people.

Central to this project are the views of young people currently in secure care and with recent secure care experience. These young people have taught us all a lot, about what hope looks and feels like when you are a child facing significant adversity to the extent that you have lost your freedom. All partners have learned from what the young people had to say, which included emotionally challenging, but also hopeful and sometimes uniquely insightful stories and perspectives. We found that young people were able to express a sense of purpose, and find feelings of agency, by finding a cause that they care about and to think about engaging reciprocally with their society and their community. After having many adverse experiences and after having been through the system, care experienced young people are uniquely positioned to offer support and guidance to other young people, if they choose to do so.

Young people's views on hope significantly contributed to a conceptual frameworkwhich can help to underpin a necessary focus on more hopeful transitions for young people. The importance of better transitions was recognised by all stakeholders. The national wellbeing framework can only achieve its aims if children and young people are 'included' and 'respected' sufficiently to define what matters to them. We are again thinking of Snyder's (1994) work here which defines hope as "the sum of the mental willpower and waypower that you have for your goals" (p5). Young people need support to envisage goals, develop strategies to achieve them and use those strategies alongside a belief that they deserve a better future (Snyder 1994). In addition to goal setting, it is also important that the contexts in which these young people find themselves, convey clear messages that they are valued and cared about. While still a work in progress our partners demonstrated a commitment to authentically engage with young people. This was based on an understanding that hope and hopelessness vie with each other and that progress is not often linear, but part of a complex and messy journey.

As well as hearing the voices of young people, our concern was to hear the voices of staff across sectors and to understand what sustains hope for practitioners who may be struggling with anxiety associated with supporting young people identified as being at particularly high risk. The testimony of practitioners here showed that the responsibilities associated with balancing everyone's safety with the wellbeing, growth and agency of each young person are not carried lightly (Boardman and Roberts 2014).

Just as young people identify relational factors as fundamental to their ability to find hope, so practitioners identified that effective support and supervision from colleagues and managers (and indeed sometimes from young people), where it was available, was what enabled them to get up in the morning and do their job. This message is important given evidence that supervision is heavily dependent on organisational context (Kettle 2015).

Feedback from our partners and other stakeholders suggests that, whilst not ignoring practice development needs, highlighting examples of effective practice, and including partnership working, was welcomed as recognising the skilled work that staff do and generated a sense of hope. This is consistent with the work of Cooperrider and Godwin (2001) on the importance of building collective meaningfulness and purpose. This needs to be taken into account in how staff members are supported. There is still work to be done to continue dialogue and achieve clarity with regard to risk thresholds, which for some practitioners feel too high at times, with potential consequences for the wellbeing of both staff and young people.

This project, including multi-agency practitioner perspectives as well as feedback from stakeholders, (appendix 3) has identified that despite significant challenges, the policy and practice landscape in Scotland presents hopeful features. Previous research has identified the need for an integrated, whole system, and comprehensive approach to supporting the mental health and wellbeing of the very vulnerable young people in secure care (Khan 2010). This project has identified specific ways, in which integrated approaches are being implemented in parts of Scotland, and how these influence the life circumstances of young people whose journey includes secure care, or alternatives.

We have seen how our partners drew upon the resources of other agencies as part of a move towards a Whole System Approach, and how this diversifying of knowledge and resources helped them work together to share risk, and maintain hope. While these community connections are important components of the scaffolding of support required for effective transitions, the need for diverse placements needs continued efforts, with implications for commissioning. It is to be hoped that the current review of mental health services for children and young people in Scotland will ensure more comprehensive access to the right support at the right time for Scotland's young people. Evidence from this project suggest that the clinical expertise of CAMHS should be part of the picture, incuding on a consultancy basis to other services.

The secure care national standards that emerged from the recent secure care national project, should help continue progress with the transformation of secure care. Along with the work of the national care review, it is also to be hoped that these standards, and this project will help to communicate what secure care is capable of, as our stakeholders identified that gaining a clearer understanding of secure care gave them hope.

The need for continued support to manage the significant effort of building a life, as a young adult, was clear to participants in this project. It was agreed that this was particularly challenging for those who have been removed from their community for a period, and even more so considering that most of the young people concerned are surviving trauma. This understanding possibly underpinned the enthusiastic response to the concept of 'stickability' voiced by our partners in the project. Alongside the material factors or building bricks to make a good life, the relational glue required to hold the bricks together was emphasised no less by young people than the practitioners.

At this stage, it is our intention to continue the work on Talking Hope by extending the work out across the secure care estate, and with other agencies working with young people identified at high risk, including community-based agencies. This would involve dissemination and further testing of the hope framework. We are currently negotiating a third phase and hope to be able to conclude those negotiations shortly.

It is important to re-affirm our earlier point that this study has focused on three particular services in one location in Scotland. We believe that it is now important to extend the focus out from Ayrshire and the Good Shepherd Centre to other areas and contexts. We acknowledge that implementation of the whole system approach is patchy across Scotland (Nolan et al 2017) and that the argument to advance the whole system approach within the current Youth Justice Strategy is compelling (SG 2015).

Across Scotland there is a current focus on 'kindness', 'love', and more broadly emotion in social policy. Based on the findings of this project, we think 'hope' should be added to the agenda as a phenomenon that requires more thought, and which helps to change conversations in helpful ways. Making time and space for genuinely attentive and respectful conversations with young people and between practitioners, challenges assumptions, enables shared purpose, and recognition of the valued contribution that everyone can make. This also allows hope to flourish.

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# APPENDIX 1
## METHODS SUMMARY TABLE

Talking Hope Research Methods Summary:

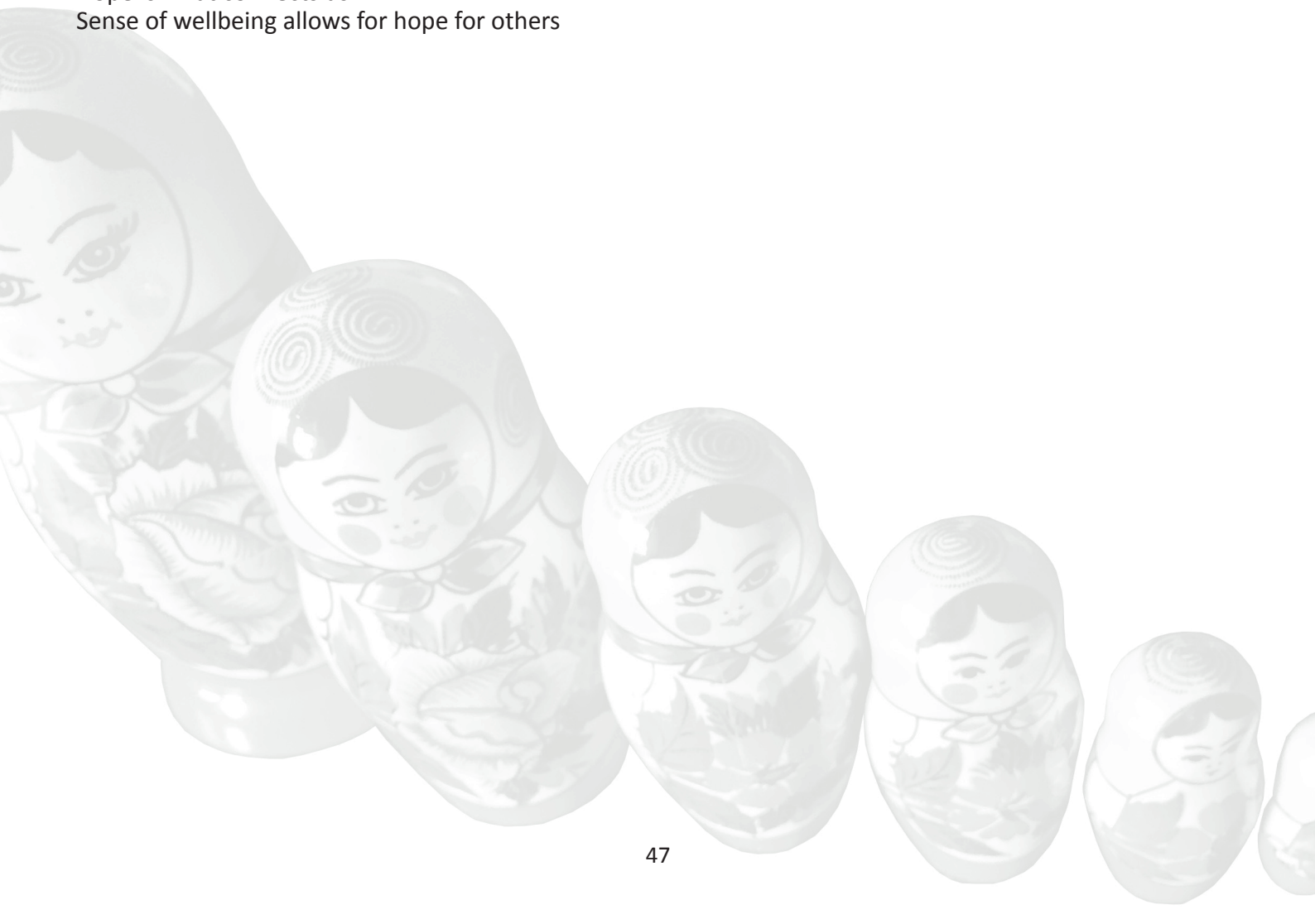
| Type of data | Quantity |
|---|---|
| In-depth interviews with YP in secure care | 12 |
| Interviews with secure care experienced adults | 3 |
| Group conversations within agencies | 5 |
| Multi-perspective conversations with YP and practitioners | 5 |
| Multi-stakeholder engagement events | 5 |
| Project partner meetings | 8 |
| Interviews with partner practitioners | 10 |
| Months ethnographic observation and engagement with partner agencies | 10 |

# APPENDIX 2

## WHAT DOES HOPE MEAN TO ME? CYCJ CONFERENCE 20/06/19

***Responses from 25 practitioners and managers in a workshop***

Blue-sky thinking
Hope is everything
Aspirations for the future
Optimism
Being hopeful for others
Planning for the future
Moving forward
Giving hope/building hope where there is hopelessness
Vision of a better future
Light at the end of the tunnel
Things to look forward to
Excitement and motivation
Belief/wish that things will turn out alright
Anticipation
Dreams
I want hope for all our young people
Believing in others helps to build hope
Self-belief
Sustaining hope for the future
Hope is what keeps me going
Resilience/flexibility
Goals/targets for change/positive change
Sense of purpose/focus
Hope is what connects us
Sense of wellbeing allows for hope for others



# APPENDIX 3
## FEEDBACK GATHERED DURING PHASE TWO

***Feedback reported here was gathered from three sources:***

- project partners who discussed their views on the difference made by participating in the project at a workshop in June 2019
- direct feedback obtained from a small number of young people and practitioners who participated in group discussions
- delegates who attended the dissemination event for the Talking Hope project which took place in the GSC in May 2019

Here we briefly recount key themes from this feedback with attention paid to impact on stakeholders as well as their views on priorities in progressing work in this area.

### FROM THE WORKSHOP IN STIRLING - 20.06.19

Representatives from our partner organisations, and a secure care experienced young person who was part of our project described the impact of their involvement as follows:

**Secure care experienced young person:** I've been involved in a few of the Talking Hope discussions over the past year. I find it encouraging to see that change is happening. You can see how this project links to other change projects nationally and locally. There is the Independent Care Review, the Child Abuse Inquiry and locally in Falkirk, I'm now involved in a new project that is changing practice around young people in care.

**CAMHS:** I came to the project with a clinical point of view about hope, seeing it as clinically linked to recovery. Having listened to young people's voices in different settings in the project, I stopped thinking beyond the need to match intervention a or b to outcome x, y or z. And to think more about the chaotic lives that these young people lead, and to find hope in that context.

**East Ayrshire HSCP team manager:** Hope is not something that we talked about before this project. It is discussed all the time now in the office. Another positive for us was the opportunity for our staff to be involved in a research project like this. I think we tend to think of research that is something 'up there' and out of reach for most staff. But this was a project that staff ould engage with and made sense in the context of their working lives. They had a voice too and their role is recognised more.

**East Ayrshire HSCP senior manager**: This project has helped us in thinking about multiple journeys. We have been doing parallel work in our local area and the focus on creative methods to help young people find their voice is valuable, and it works.

**GSC senior manager**: The two key things that are important about this project are the emphasis on connection between people and its humanity. The project has taken a different approach from the start, going beyond action research to a more social pedagogy approach. The researcher was willing to try different approaches to connect with our young people and we have been able to have some difficult conversations in the context of trusting relationships. I would like to see more research like this.

***From young people and staff participants in group conversations***

Feedback on group conversations from a support worker at the GSC was as follows:

> "At the last session I really enjoyed it and feel there was lots of relevant information shared which was beneficial for our young person who is due to leave the centre soon. I think [they] may have got a lot from that session as the young person who was there also had lots of good information that I hope gives them some hope for their future seeing how much [they] have achieved in the time since [they] left the secure unit."

Feedback on group conversations from two members of the intensive support services at East Ayrshire included comments on learning about secure care, with particular reference to how the education on offer can open up potential:

> "The young people all spoke very positively about secure education. My understanding was that the secure placement allowed for the young people to re-engage with education and find out some new strengths."

There were also mentions of the benefits of being part of the conversations:

> "I found the conversations very natural and it was great listening to the young people sharing their experiences. I also found the conversation worthwhile as we were able to acknowledge lots of strengths within our local authority."

The opportunity to hear from young people and different professionals also had benefits:

> "I feel the young people were very brave at sharing their experiences. I also feel that these experiences are crucial in providing a multi-agency positive approach to transitions."

Both members of staff from East Ayrshire fed back that they appreciated the opportunity to share good practice from their locality.

Feedback on group conversations from young people:

> "It was good aye… it was good to speak about all the times I've been in and out of the GSC and have people listen."

> "Yeah I really enjoyed the conversation. Everyone listened to me and I thought the topics covered were important. It was good to hear everyone's perspective. You don't often get the chance to have those conversations with everyone normally. I felt like I could speak openly about difficulties I've had and all the stuff that's happened to me."

## FROM DISSEMINATION EVENT AT THE GSC - 23.05.19

We give the first word here to a young person currently in secure care. The same young person who said they 'really enjoyed' the group conversation above, had their first experience of public speaking at our event atthe GSC, with their contribution coming first.

> "I have never done anything like this before (speak before an audience of adults). I'm really enjoying it and I don't feel as nervous as I thought I would."

We collected feedback forms from 30 of 50 participants in the dissemination event at the GSC, which mainly comprised of diverse practitioners and managers. We asked a scribe at each table to take notes on their discussions. Delegates were asked what they felt about the day and what learning or benefit they obtained from the event / project findings, what the priorities should be and anything that was missing.

***Keeping hope going***

> "Instilling hope is a key role for us."

There was a strong sense of momentum in Scotland around culture change for young people in care and young people identified as at 'high risk,' with associated pleas to 'keep spreading the word' and 'keep the momentum going around hope:

> "We are on the road to culture change and have to keep going with it."

There was a sense that part of the culture change already underway was around the acceptability of love in childcare services, and that hope needed to sit alongside this:

> "Staff members already feel more supported (than previously) to show love and affection."

Several people identified a need to move hope from something that sits with individual workers to being embedded in organisations, with one delegate commenting that "hope can help address power imbalances," and another noting their commitment to 'becoming a hopeful organisation."

***Working with hope and connections***

There was emphasis on the need to normalise conversations about emotions for both staff and young people. Key emotion related words identified by delegates included sad, moved, inspired, hopeful, empowering and thought provoking. While noted that some stories were "hard to hear," sadness and hope were viewed as sitting alongside each other. Another delegate linked hope for staff to hope for young people:

> "We as practitioners have to have hope if we expect your children and young people to have hope."

Following from this, another delegate noted the need for staff to be supported to access emotions: "need supervision and clinical support, recognising that everyone has trauma at some level." This support was needed to enable staff to have "difficult conversations."

***Time, listening, conversations, and hope***

There was a sense in the feedback that while there are restrictions and resource issues, there can be ways of working around some of these challenges:

> "Think about things in ways that allow us to be less constricted to the faults of the current system."

However, a non-negotiable was the need to make time and space for conversations with young people, and conversations between practitioners, both within and between agencies

> "Shared understanding of need to promote hope and the know how to have those conversations and the time and space to do that and working together but there is still risk from high caseloads."

Listening to the voices of young people and practitioners made people feel more informed or educated and was explicitly linked to hope:

> "I will speak with passion about the importance of hope, keeping connected and listening to children's voices in all of my work."

***Keeping an eye on recording***

There were a few clear references in feedback to the need to pay attention to recording with mention of the need to include the positives about young people in records and to avoid judging a young person on the basis of records alone:

> "Don't judge a book by the record."

Alongside this was a sense that, despite high levels of identified risk, listening to young provided a reminder that they were children:

> "These young people who just love being kids – playing, learning, being cheeky – they are just children. Let's never forget that."

***Main priorities for talking hope and continuing progress***

At the time of this event, we had not yet developed a plan for the next phase of Talking Hope. We wanted to finish writing this report first, to take time to hear what people had said during the project, understand what this meant, and reflect all of that in a plan. A few delegates identified that they would have liked to have heard more about the evidence but acknowledged that they knew the report would deliver that. The need for a plan for continuing progress was identified at the event:

> "Clear plan on how this will continue to help our journey in Scotland."

***Sreading, embedding, and support for staff***

At the event, we noted that the practice-oriented outputs from Talking Hope were still in progress. Again, there were requests for practice-oriented sessions and practical tools:

> "A session exploring how agencies can take forward what we have learned."

> "If there are tools or approaches to support us to embed and nurture hope."

Several delegates mentioned a need to "extend this out to other partners and other areas" and to take forward Talking Hope across the secure care centres and prison service. Further to their was a plea to embed hope in the national wellbeing framework:

> "Hope should be in GIRFEC"

There were also several comments on the need to include hope in professional training.

Support for staff remained a key theme with requests to "support staff to recognise hope" and "build this into reflective space for staff" with one delegate feedback stating their intention "to integrate into team meetings and organisational culture." Another person fed back a need for training to build staff confidence around self-harm and suicide: "Need to know more about self-harm and suicide ideation to truly help"

***Clarify what secure care is***

There were several references to the need for clearer understanding by everyone of what secure care does – with mentions of the need to educate young people, families, other staff and decision-makers. Numerous delegates commented that they had learned a lot about secure care from the event and were surprised to hear positive feedback about secure care from young people. This was the key theme covered in one of the table discussions, with a plea to "change the rhetoric on secure care," with particular reference to stop using secure care as a threat/punishment and a last resort.

> "Eyes opened to secure care, instils hope."

***Retain the focus on transitions***

Transitions were viewed as an important area that requires continued attention:

> "Don't lose focus on transitions."

Continuing emphasis on the voice of young people in transition was important including stories which would help to clarify how transitions could be improved, including 'reflections from young people about what worked and what didn't.'

The concept of stickability was very well received by delegates, and the importance of sticking with young people through transitions was a key theme. Stickability and hope were paired by more than a third of respondents. One delegate commented that the most important thing to consider in transitions is "time to chat, talking, listening."

## CONCLUSION

While there is repetition of earlier themes here, it is helpful to consider which messages resonate with stakeholders, and what they see as priorities. It is clear that responses to the focus on hope, while uncertain at first, can help to change thinking about young people who are considered to be high risk. It is also clear that diverse stakeholders value and want opportunities for dialogue with each other. This is viewed as an important component of effective joint working and building relationships to effectively support these young people. Space and time for conversations is key to this.

## ACKNOWLEDGEMENTS

Our first acknowledgement goes to the young people with current or past experience of secure care who contributed so openly and generously in sharing their views and experiences for this project. You helped to change all of our understandings through your honesty. We would also like to thank all the professionals who took part in the research, through individual and group conversations. Your willingness to share your stories and to hear other perspectives helped us to understand the challenges and possibilities of hope and dialogue around secure care.

Thanks to the researcher Katherine Baxter, whose engagement and innovation skills significantly enriched the project and who returned to her native Colorado as the second phase of Talking Hope drew to a close.

Thanks are due to the steering group who attended our monthly project meetings as well as contributing to dissemination events and to commenting on drafts of this report. Particular thanks are due to the GSC for hosting the meetings as well as dissemination events at the end of each phase of the project.

Thank you to the diverse stakeholders who attended our events in 2018/2019 and whose views shaped the direction of the project and this report.

Finally, thanks to the funders, the European Social Fund Social Innovation Fund, the Scottish Government and the Good Shepherd Centre, for making Talking Hope possible.

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