Scottish Journal of Residential Child Care

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Editorial

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I'm delighted to have been asked to write this editorial. This is a special issue of the Journal, published to coincide with and signify the importance of our annual Scottish Institute of Residential Child Care (SIRCC) conference. The conference is now in its 19th year and is a central part of the residential child care calendar in Scotland and internationally.

It's been an absolute honour to chair the SIRCC committee and conference over the last six years. I work with such wonderful people who talk and practice all things residential child care every day. It's a conference that places significant emphasis on grass roots practice, latest evidence, international contexts, and, most importantly, supportively challenges us all to keep pushing for the absolute best for children and young people living in residential care. It's about the stories, the work, and the learning of the people who are at the heart of this.

We go into this year's SIRCC conference with a strong theme and programme centred on the developmental approach for enabling children to reach their full potential, which is so important for current thinking about how best to support children and young people. And that's why I've enjoyed reading the range of peer-reviewed articles, commentaries and book reviews that are included in this special issue. Each article chimes with the theme of the conference, and demonstrates a strong children's rights approach. I'd urge you to read each article as the quality and breadth is impressive and adds to our consideration of this essential theme.

We open with an article from Terje Halvorsen, in which he grounds us in the need to approach professional theories in residential care in a more usable way. This resonates with the principles of the SIRCC conference and our continued work in this area. David Woodier's article explores the place of a relational approach in education and the need for reflective space to nurture inclusive learning. Anuja Bansal's article, and the paper by Kiran Modi, Emaya Anbalagan, Radhika Shroff, and Nidhl Singhal, both refer to the numbers of children across

the globe who are living without families, presenting a very stark picture. The numbers are worryingly high and these articles challenge us to ensure that children, no matter their care circumstances, are given the best possible opportunities to thrive and be happy. The reflective writing of Jim Gillespie, CEO of Kibble Care and Education Centre, returns us Scotland, offering a fascinating journey through the history and developments of a care setting that has been leading many of the changes in group living.

I could go on and on, but as readers of the journal know, it's all so good! So please read on and delve into articles on education, leaving care, peer relationships, Adverse Childhood Experiences (ACEs), love, human rights and young people's participation. At this point it seems fitting to say, in the sage words of advice from a care experienced young person recently, 'participation is not an option, it's a necessity'.

I'd like to take the opportunity here to say a special thanks to our valued sector partners, who've contributed over the years to the Journal and to the SIRCC conference. The contribution of our committee members who give up their time to plan and contribute to the conference, and most importantly, our practitioners and young people who bring all this work alive, is so greatly appreciated.

My thanks too to Dr Graham Connelly for allowing me to step into his shoes for this editorial. His leadership, passion and tenacity has taken the journal from strength to strength and his ability to get it consistently over the finish line is an absolute credit to his faith in the work – not least for this very issue!

About the author

Joanne McMeeking is a qualified children and families' social worker with 25 years' experience in a wide range of local authority, voluntary and policy roles. Joanne heads up the Improving Care Experiences team at CELCIS which has a particular focus on core practice, assessment, planning and review for our looked after children.

Poly-theorism in the field of residential child care.

Terje Halvorsen

Abstract

This article discusses the use of professional theories in the field of residential child care. The initial part proposes that professionals by acquiring theoretical insight become more capable of providing adequate support for young people and that there is a need for a multitude of theories. Because care homes accommodate different young people, the professional must alternate between theories and because everyone is a whole person with multiple needs and dispositions, the professional should apply several theories in parallel. The second part substantiates these claims by presenting a number of theories that may be advantageous in the field of residential child care. Together the various theories cover a wide spectrum of issues in young people's lives. The concluding section proposes a new textbook-tradition. The author agues that there is a need for textbooks where most relevant theories are presented thoroughly, where the application of the theories are described and where it is explained how theories may be alternatives to each other or complementary to each other.

Keywords

Article history

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Theory, theorism and poly-theorism

When using the word theory it is important to be aware this is an ambiguous term, i. e. a term that may refer to more than one concept. By theory is sometimes meant a tentative and unverified assumption, as in the statement 'it is only a theory'. Theory is then synonymous to hypothesis. In this article the term theory is not used in such a way. By theory is meant here a coherent description that holds a set of special concepts, axioms and explanations. Several theories also involve methods. There are large theories and small theories, main-theories and sub-theories. The former ones are often referred to as paradigms, grand theories or schools of thought.

Within the field of residential child care there is a widespread endorsement for theorism, the belief that action should be guided by theory. Many professionals have arrived at the conclusion that their ability to describe, explain, predict, and carry out relief measures increased through the acquisition of theoretical knowledge. The theories are not seen as alternatives to knowledge gained through practice, but as most valuable supplements.

However, in parallel with theorism there is considerable scepticism towards the application of professional theories. Some of those who oppose argue that it is difficult, or impossible, to verify theories about social life, human action and mental functioning. There is no guaranteed research findings. Another objection deals with validity. According to critics, there are hardly any universal truths about human beings. Consequently, the theories that may be true have a limited validity. Critics also argue that the use of theories may cause blindness for what is unique with persons, social groups or situations. Furthermore, critics argue that theorism implies a technocratic attitude towards vulnerable people. By using theories, human beings are reified, transformed into objects.

The advocates of theorism are not a homogenous group. By making an allusion to sociology of religion, one can simplify and describe two variants of theorism: mono-theorism and poly-theorism. The former is the notion that in every subject area there is only one true and adequate theory. To acquire insight into this theory implies having professional knowledge. To acquire insight into any

alternative theory implies delusion. Mono-theorism often becomes visible in harsh controversies over professional issues.

Poly-theorism, also referred to as eclecticism, is the notion that several theories may be relevant in one subject area. The professional therefore should learn as many as possible of these theories and regard each of them as a potentially useful tool. An important argument for poly-theorism is the fact that there are differences between human beings. While people have some qualities in common, on several variables there are differences. This implies that a theory that is valid for Tom and Jane may be inadequate to John and his problems. Differences between people may be the result of different environmental impact. Observed differences may also, however, reflect different genotypes, in other words differences in inborn characteristics, for example, differences in temperament.

Another important argument for poly-theorism is the fact that every person has several needs and dispositions. To formulate a theory is an abstraction process where some aspects are emphasised while others are disregarded. Because theories are radical simplifications, mono-theorism implies reductionism. By combining several theories, the professional can grasp more of the complexity of the person he or she is trying to help. In other words, the professional can reach a more holistic perspective. The professional may also be able to meet more of the young person's needs and to help realise more of his or her dispositions.

As it appears, the arguments for poly-theorism take into account much of the critique against the use of theories. To further substantiate advice in favour poly-theorism, the next section includes a presentation of some theories that may be useful in the field of residential child care. To be able to present a sufficient number of theories the presentation of each theory is brief. Only the essence of the single theory and a few possible applications are described. Still, the selection of theories presented is far from complete. Some readers may miss theories they consider most relevant in residential child care. If so, this will just further underpin the advice proposed in this paper.

Psychoanalysis

Psychoanalysis was founded by Sigmund Freud and further developed as a theory of child development by successors like Anna Freud (1993), Melanie Klein (1975), Donald Winnicott (1987) and Erik Homburger Erikson (1980). Freud (1960, 2010) was a radical determinist describing how memories can be suppressed into the unconscious, and thereby tie up mental energy and determine thoughts, feelings and actions. Even though residential care professionals do not apply the free association technique as described by Freud, this method is an archetype for supportive approaches with some young people. When sensing that a young person struggles from the impact of memories, the professional tries to bring forth a situation of confidence where the young person can trust himself or herself. Thereafter the professional tries to be a sensitive and supportive interlocutor. Heart-to-heart-talks over difficult issues take up much of the professional's working hours.

In his book *Civilization and its discontents*, Freud (1961) describes the structural model and humans' adjustment to cultural rules and expectations. According to Freud, the superego bears upon conscience as an inner regulatory mechanism. The structural model is a reference for residential care professionals describing how routines and expectations make up an outward structure that helps the young person to achieve ego strength and consequently self-control (Trieschman, 2010). The model is, however, also supporting arguments against too much regulation and strictness. The model illustrates that upbringing is a balancing act where one must try to find a reasonable middle course.

Attachment theory

Attachment theory is the synthesis of psychoanalysis and ethology, i. e. the study of animal or human behaviour and how adaptive traits have been selected through the history of evolution. According to the founder of attachment theory, John Bowlby (1989), children have an inborn disposition to seek proximity to a caregiver. The caregiver's responses during the toddler age determine the child's internal working model. This is a mental framework the child applies to predict how the caregiver will respond and to plan its own actions. Later the working model is generalised to new relations. Because of this, the quality of the first

relationships is of outmost importance for the child's future social development. While municipal child welfare professionals often apply attachment theory in revealing failure of care (cf. Ainsworth, Blehar, Waters & Wall, 1978), in residential care attachment theory is applied as a framework in efforts to give young people experiences that will enable them to have positive expectations to others. Through lasting patience and support from the professional the young person gradually forms alternative working models (Goldsmith, 2007; Taylor, 2012).

Behaviourism

Behaviourism is a theoretical tradition that supports two sub-theories, classical behaviourism and operant behaviourism. The former describes how emotional responses are established through stimulus association (Wolpe, 1958). Several young people living in residential care homes have fear responses that restrict self-expression and life chances. By applying methods from classical behaviourism, residential care workers can help these young people. Operant behaviourism deals with operant behaviour, i. e. intentional behaviour directed towards realising an objective (Skinner, 1969). From this theory residential care professionals can learn that efforts to reduce the frequency of problem behaviours may bring forth even more problematic forms of avoidance behaviour. Therefore, professionals should focus on young people's pro-social actions. Operant behaviourism can also inspire professionals to organise training where young people acquire knowledge about types of social situations and about adequate behaviours in the different situations. Role-play is advised in such training so that the young people acquire self-efficacy, i.e. the belief in the ability to perform optimally to cope in real life situations (Goldstein, Glick & Gibbs, 1998).

Since the 1980s, cognitive behaviour modification has been an additional approach within behaviourism. Cognitive behaviour modification is a synthesis of operant behaviourism and social constructivism, a theory that is outlined in the next paragraph. Those young people who are helped by cognitive behaviour modification learn to identify thoughts that promote and maintain problem behaviour. They also learn to replace the thoughts with self-instructions and

self-evaluations that promote and maintain alternative adequate behaviours. Hopefully, the young persons acquire a capacity for meta-reasoning and thereby in some sense become their own social educators.

Social constructivism

Social constructivism is a theory originated by Lev Vygotsky (1962). He proposed that our reasoning is carried out by the use of language. Most children can pronounce their first words when they are about one year old, and the child soon uses single words and short phrases to make contact and to express himself or herself. After some time the child discovers that it is possible to use verbal language as a tool to solve problems and to regulate one's own behaviour, meaning that one can formulate solutions and self-instructions in sentences. The language becomes a tool of thought. This implies that grown-ups can promote the child's cognitive development by stimulating the learning of words, concepts and syntactical form. Based on Vygotsky's theory several scholars have worked out manuals describing in detail how professional can carry out compensatory measures to help young people who have linguistic and cognitive deprivation (Bodrova & Leong, 2009; Hayes, Landers & Dombro, 2006). Such manuals are applied by many residential child care professionals.

Contrary to those who claim the existence of an inborn linguistic structure (cf. Chomsky, 1968), Vygotsky argues that our language is an artefact, a cultural tool created and mediated by humans. He also claims that the concept structure in one language to some extent differs from the structure in other languages. Therefore, to learn a language implies adopting a social construction of reality. This aspect of Vygotsky's theory is the basis for linguistic hermeneutics where the professional tries to understand the client's reasoning by acquiring some insight into the language, or the particular language variant, the client applies (Parton, 2012). This is an approach applied by many residential care professionals, especially those working with children or young people from other countries.

Existentialist pedagogy

Existentialist pedagogy is a theory inspired by the works of Søren Kierkegaard (2001) and Jean-Paul Sartre (1992). Carl Rogers (1960) and Jens Bay (2005) are scholars that have made important contributions in preparing this as theory useful in residential child care. Instead of a cause explanation, as with most other theories, existentialist pedagogy offers a motive explanation of human behaviour. According to Rogers and Bay, humans are not objects determined by causes, but acting agents. Residential care professionals oriented towards existentialist pedagogy invite young people into discussions where an alternative to determinism is offered. The professional argues that through sincere deliberation on moral and social issues one can realise free will. The young people are urged to consider possible consequences of different actions. During the discussions, the young people are introduced to concepts like determinism, hypothetical thinking, autonomy, subject, object, causal explanation, motive explanations and fatalism.

Empowerment theory

Empowerment theory is based on the work of Paulo Freire (2003). It offers an alternative to the widespread deficit-perspective where the client is regarded as unable and helpless and where long-lasting or permanent relief measures are proposed. According to scholars in the empowerment tradition, the deficit-perspective is self-fulfilling. The client becomes what he or she is said to be (Solomon, 2006). The alternative offered is to transfer the initiative to the client by expressing a belief in his or her ability to judge and to cope. In several residential care homes, young people are encouraged to reflect on their own situation and to propose solutions. An advanced approach in the empowerment tradition is called *Theatre of the Oppressed* (Boal, 1979). Here the juveniles are invited to take part as actors in a play dealing with problems they experience in their own lives. The young actors can cut off the play at any moment to propose measures that will bring an alternative course of events in the play and hopefully also in real life.

Logical constructivism

Logical constructivism is a theory formulated by Jean Piaget (2001). According to Piaget, the child's development is a movement through a series of universal stages. By proposing a stage model Piaget emphasises qualitative changes more than quantitative changes. He describes how the child when reaching a new stage comes into possession of new capacities. The child also leaves out ways of perceiving and reasoning characteristic for the previous stage. Logical constructivism has been thoroughly revised because of critiques from many quarters (Bidell & Fisher, 1992; Donaldson, 1978). The revised version (Piaget, Henriques & Ascher, 1992) is recognised as a relevant theory and as an invaluable source for those who should carry out qualified assessments and therefore need to know children's competences and challenges at different ages (Sloutsky 2015).

Piaget describes young people as active beings that move towards a realistic construction of reality through the process of accommodation. Equipped with this insight professionals can promote cognitive development by providing access to nature, built environments, toys and tools that invite exploration. The professional can also promote development by the using the Socratic method, i.e. asking questions that invite truth-seeking reflection and discussion.

Kohlbergian psychology

Kohlbergian psychology is a term often used to designate a theory formulated by Lawrence Kohlberg (1984). The theory is a further development of Piaget's logical constructivism but is also heavily influenced by the Kantian tradition on normative ethics (Kant, 2010). According to Kohlberg, moral reasoning is the central source of pro-social actions: The more mature the reasoning the stronger the inclination to act in a pro-social manner. Kohlberg describes how one can promote young people's moral development by letting them take part in discussions over dilemma situations. He has formulated a number of small stories that can be used in group discussions. When the young people reach a conclusion about how the main person in the story ought to act, the professional should apply the Socratic method. The professional should forward a question that reveals the limitations of the young people's conclusion. This will work as an

incitement to re-think the problem and the proposed conclusion. Hopefully, this will lead to accommodation and consequently a more mature reasoning. Several residential child care professionals have been introduced to Kohlberg's theory through the ART-program (Goldstein et al., 1998). This proposes an updated description on how the Kohlbergian approach can be carried out in groups with young people with behavioural difficulties.

Narrative theory

Narrative theory describes how we all formulate a life story, that the story affects our self-image and thereby our ability to meet the challenges of life. To some extent, narratives are realistic accounts holding numerous facts concerning events and persons. However, personal histories also contain mental constructions. A person's narrative is his or her version of what has happened. When formulating a narrative, people are assigned roles and episodes are linked in a chronology of claimed causes and intention. Some narratives are biased in ways that cause problems for the actual persons. Professionals in residential care homes can initiate a process where young people deconstruct problematic elements of their narratives and formulate alternative parts. As described in the methodological literature the professional here should use a variant of Socratic questioning (Hall, 1997; Madigan, 2011).

Environmental Psychology

Environmental psychology is a theory about how people experience and are influenced by psychical surroundings (Cold, 2001). Most people seem to be heavily influenced by both nature and built environments. The surroundings have an impact on quality of life, psyche, and behaviour. Although it is possible to identify individual differences, differences between cultures, and changes over time, there seems to be some universal appraisals about aesthetic quality. When it comes to the design of buildings there seems to be a preference for a certain extent of complexity combined with some symmetry. If the design is too plain, the building appears as monotonous, boring and unfriendly. If the design is too complex in form of material combinations, colour combinations, projection and canopies the building appears confusing and annoying. Also, when it comes to interior design, there seems to be a universal or widespread preference for a

certain degree of complexity. Some interiors provide too little sensory stimulation while others provide too much. Another universal aesthetic preference is about greenery. Most people enjoy staying in green settings, both natural environment and parks or gardens. Green settings also seem to have a mentally restorative effect on humans (Faber Taylor & Kuo, 2009). Because of these and many other insights from the field of environmental psychology, it is possible to design and furnish residential care homes with aesthetic quality. Professional can also provide aesthetic quality through daily efforts. Cleaning, tablecloths, curtains, candles, pot plants, vases and jars are some key words. There is reason to believe that such efforts have a major impact on the quality of the care provided.

Anthrozoology

Anthrozoology is a theory about interactions between humans and animals (Melson, 2001). Several scholars oriented toward this theory have sought to identify and measure positive effects of human-animal relationship. For some people the company with an animal can improve quality of life by reducing the feeling of loneliness. Contact with dogs and other animals that have an affectionate and social nature can make vulnerable persons feel valued. Anxious persons may feel more secure when they are together with an animal. Animal husbandry may prevent health problems among physically inactive persons because taking care of an animal implies activity. Mastering challenging activities like horseback riding or dog mushing may strengthen vulnerable persons' self-confidence. For some young people contact with animals may be a training venue for caretaking, a venue that is particularly important for boys from typical patriarchal families. These boys may have their first nurturing experiences because animal care is considered a gender-neutral activity. It is not 'girlish' to hug and stroke the dog or cat. Several residential care professionals apply anthrozoology and try to realise positive effects of contact between young people and animals.

Phenomenology

Phenomenology is a theory about subjective experience (Houston, 2014). Edmund Husserl (1970) has formulated the basic parts of the theory. Kant

(2007) and Husserl argues that our perceptions are not neutral representations but processed versions. Beyond this consensus there are, however, substantial differences between the epistemology of Kant's and Husserl's theories. While Kant describes a set of universal a priori-forms shared by all humans, Husserl argues that two persons may experience the same thing differently. According to Husserl, the psychical, cultural and social environment we have spent our childhood and adolescence in determines how we perceive. An implication of this claim is that the residential child care professionals can reach insight into young people's subjective experience by learning about their social and cultural background. This can be done by visiting families and communities, but also through reading sociological and anthropological texts. As we see, phenomenology brings a link between residential child care and the social sciences. In a multi-cultural and heterogeneous society, this link is of utmost importance.

Polytechnicalism

Polytechnicalism is an educational theory that represents a compromise between liberal art education and narrow vocationalism. According to the theory, a natural human life is a productive life. For citizens in modern countries a professional occupation brings self-realisation, self-esteem, social integration and a more general ability to manage life. Johann Heinrich Pestalozzi (1977), John Dewey (1900), Nadezhda Krupskaya (1957) and Anton Makarenko (2005) formulated the basics ideas of polytechnicalism. Makarenko (1951) also put these ideas into practice in an orphanage where he developed an educational system with high quality teaching and job training. Several contemporary researchers have revealed that looked-after children and young people are in high risk of educational failure and that such disadvantage predicts unemployment and other social problems later in life (Berridge, Dance, Beecham & Field, 2008; Francis, 2008; Jackson 2001; Simon & Owen, 2006; Vinnerljung, Öman & Gunnarson, 2005). There is also methodological literature describing how professionals can carry out efforts to promote young people's ability to cope with academic challenges (Cameron, Connelly & Jackson, 2015; Roopnarinen & Johnson, 2009).

System theory

System theory has been an influential tradition in child welfare for almost half a century. The essence of this theory is that the individual is determined by systems (Bertalanffy, 1969; Nichhols & Schwartz, 1998). The cause of the person's problems is not inside him or her, but in systems like the family, the neighbourhood, the school class, the leisure activity group, or the street gang. Therefore, to help the individual the helping efforts must be directed towards these systems. Cybernetic (Bateson, 1972), strategic (Haley, 1990), structural (Minuchin, 1974), ecological (Bronfenbrenner, 1979) and postmodern system theory (Cheon & Murphy, 2007) are the most important sub-theories within the systemic tradition. Several residential care professionals apply system theories when trying to integrate the young people in the local school or in after-school activities. These theories are also useful when the professional tries to better the young person's relationship to his or her family, when a return to the biological family is decided, or when a foster care placement is proposed. System theory is included in other theories relevant for residential care. For example, in attachment theory cybernetics is used to describe the interaction between the child and the caregiver (Bowlby, 1989).

Resilience theory

Resilience theory is a theory focusing on why some young people succeed despite adversity (Greene, 2009). The theory's proposer emphasise the fact that most causal explanations dealing with social problems are non-universal, and therefore predictions based on such explanations are uncertain. Often protective factors within the young person or within his or her family and network obstruct the fulfilment of pessimistic predictions. Textbook presentations of typical protective factors can inspire professionals to identify, utilise and in some cases amplify such factors. There is a wide spectre of factors that may prevent future problems, as example caring parents, dedicated teachers, exiting leisure time activities, self-efficacy, an easy-going temperament and good cognitive capacity. To some extent, there is an analogy between resilience theory and empowerment theory.

Mentalisation theory

Mentalisation theory is a reformulation and further development of attachment theory (Fonagy, Gergely, Jurist & Target, 2004; Bateman & Fonagy, 2016). Compared to attachment theory mentalisation theory is more heavily inspired by cognitive psychology, especially social constructivism. To mentalise is to apprehend one's own or other's reactions as manifestations of mental states. This capacity is a prerequisite for affect regulation and for the ability to adapt to the needs of others. The infant-caregiver interaction is the starting point for the child's development towards a capacity to mentalise. When the infant is upset, the parents normally attune to the infant and mirror his or her emotions. This enables the infant to experience emotions more clearly, and activates the child's latent system for meta-cognitive activity. Some parents fail to initiate such a developmental process, which may have negative consequences for the child's social development. In such cases professionals can carry out compensatory measures through patient and authentic presence and through candid and sincere discussions on empathetic reasoning and emotions. The imparting of relevant concepts should be included in these efforts.

Conclusion

As we see, professional theories make up a reservoir of ideas that may be advantageous to provide adequate support to young people in residential care. Many aspects of human development and the human condition are dealt with in the various theories. Because residential child care professionals meet different young people and young peopleare individuals with several needs and dispositions, there is need for a multitude of theories. The professional should not regard theories as competing parties, but see each theory as a cognitive tool that might shed some light over a multifarious reality. While a particular theory may be the best alternative in one case, other theories may be more relevant in other instances. Most often, however, several theories are complementary and should be used in parallel. By having a loaded toolbox of theories, the professional is more able to tailor an arrangement adjusted to the young person concerned, or to the actual group.

Even though there is an extensive use of theories in the field of residential child care, there still is an unrealised potential. To promote poly-theorism there is need for textbooks where most relevant theories are presented thoroughly, where the application of the theories are described and where it is explained how theories may be alternatives to each other or complementary to each other. Students in training for residential care work need such books that can also be valuable support for professionals. However, if one makes a search in the catalogues of the academic publishing houses one will struggle to find the recommended kind of textbooks. There are several well-written and useful books on residential care. There are books holding a comparison of residential care in different countries (Courtney & Iwaniec, 2009) and books with a thematic description of different aspects of residential child care (Anglin 2002; Berridge & Brodie, 1998; Trieschman, Whittaker & Brendtro, 2010). In addition, there are books where one theory and its application are described in detail (Barton, Conzalez & Tomlinson, 2012; Bertolino, 2015). The textbooks called for above are, however, hard to find. This fact can be contrasted with the state in developmental psychology where there is a long tradition for poly-theoretical textbooks. A large number of psychologists have written books where there are chapters for the different developmental areas and where each chapter holds accounts of several theoretical perspectives on the area in question, such as, for example, Bee and Boyd (2010), Berger (2005), Berk (2006), Lerner (2015) and Siegler, Deloache and Eisenberg (2006). These authors demonstrate intellectual candour and encourage a pragmatic attitudes towards theories. Hopefully, some academic scholars and experienced professional in the field of residential child care will emulate this textbook tradition and thereby supply an already solid corpus to the benefit for vulnerable young people.

About the author

Terje Halvorsen has a background from the residential care sector where he worked for more than ten years. He is now a professor at Nord University in Norway. Most of his research is on social pedagogy.

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Improving child care in India through the development of the Questionnaire to Assess Needs of Children in Care (QANCC)

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Abstract

India has around 20 million children living without families who need to be cared for through alternative forms of care. Udayan Care has an innovative group care model for children in need of care, utilising the indigenously developed LIFE (Living In Family Environment) strategy in its 13 UdayanGhars (Sunshine care homes). The model offers long-term permanent mentor parents to all children through the Carer team at its homes. Most often, children's direct input is not available to the management of care homes. To address this Udayan Care has developed the Questionnaire to Assess Needs of Children in Care (QANCC) to assess the needs of children under its care. The questionnaire is administered to children in a scientific manner every year to understand the basic/ fundamental, emotional, educational and interpersonal needs of the children aged 10-18 years under its care program with the goal of evaluating the extent to which these needs are being met from the perspectives of the children themselves. A census methodology is used on children aged between 10-18 years who have lived minimum of 6 months at the UdayanGhars. Over the years, we saw that on an average, 76.8% of the children feel that their needs are met; which is further stratified as follows: 92% of the children feel their basic fundamental needs are met, 80 % of the children feel their educational needs are met, 77% of the children feel that their Interpersonal needs are met, and 70% children feel their emotional needs are met. Areas of unmet needs have been identified to provide additional support specifically towards addressing them. The study allows children's participation in provide opinions on issues that directly impact upon them and the management of UdayanGhars consider these opinions while

making decisions that affect their care; ultimately leading to improved standards of care at UdayanGhars.

Keywords

Child participation, childcare, childcare institutions, India, UdayanGhars

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Introduction

Children under 18 years of age constitute 40% percent of India's 1.2 billion population (Government of India 2011) and this is significant not only for representing a large number, but also a population group affected by vulnerability to abuse, deprivation and abandonment. India is also home to approximately 25 million orphans and vulnerable children (UNICEF 2008), though a more recent study by SOS Children's Villages of India in 2011 pegged the number closer to 20 million (SOS Children's Villages 2011). These children need stable family care or alternative forms of care, yet, between 2014-2015, only 4,362 children were adopted — less than 0.2% of those in need (Central Adoption Resource Agency, 2014-2015). The recent shift towards de-institutionalisation has led to more focus on other forms of alternative care like adoption, foster care, guardianship, kinship care and sponsorship (UNICEF 2006), however these are in the nascent stages in India. With this in mind, and believing in the fact that institutionalisation is always the last resort, the idea for Udayan Care began.

"Udayan" in Sanskrit, means "Eternal Sunrise" and the first "Sunshine Care Home" or UdayanGhar was opened in 1996 with the goal of empowering vulnerable children and youths across India through an innovative group foster care model based on the indigenously developed L.I.F.E. — Living In Family Environment strategy (Modi, Nayar-Akhtar, Gupta & Karmakar 2014). The 13 UdayanGhars are set up in units of 12 children of the same sex and are located in the heart of middle class communities to maintain a sense of belonging to the community and to help reintegrate re-entry into mainstream society. The backbone of the model consists of Mentor Parents — a group of socially committed, civil society members, who voluntarily commit themselves for a lifetime to raise the children like their own; Caregivers — who live with the children 24/7; Social workers and Supervisors. The Mentor Parents, Social workers and care staff form the core Carer team (Modi et al. 2014). A child psychiatrist, psychotherapist, and a team of counsellors and social workers affiliated with the organisation also share and foster healthy relationships with the children which helps with their emotional and psychological wellbeing. The

units are kept small to ensure that each child gets adequate one-to-one care (Modi, Nayar-Akhtar, Ariely & Gupta 2016).

Children stay in the same care home until the age of 18 and then are required to move out but provisions have been made through The Juvenile Justice Act 2015, Section 46, which allows for the establishment of aftercare programs to help the integration of these youths into society. Accordingly, two aftercare homes have been set up for children older than 18, one for boys and one for girls, where they are supported through higher education or vocational training and are encouraged to take up part-time jobs. In the 21 years since the first home was set up, more than 783 children have been impacted. Presently, 174 children (113 girls, 61 boys) and 29 young adults live at the 13 UdayanGhars, two ftercare facilities and other scattered site housing across Delhi, Kurukshetra and Jaipur across northern India.

Table 1: Data showing the year of inception and current census of children (as on March 31st 2017)

Name of the Ghar	Year of Inception	Number of children
Home 1- Sant Nagar- Girls	1996	13
Home 2- MayurVihar- Boys	1999	13
Home 3- Mehrauli- Girls	1999	13
Home 4- Greater Noida- Girls	2003	24
Home 5- Gurgaon- Boys	2004	15
Home 6- Noida Boys Home	2007	11
Home 7- Noida Girls Home	2008	8
Home 8- MayurVihar- Boys	2008	10
Home 9- Kurukshetra- Girls	2008	10
Home 10- Jaipur- Girls	2009	20
Home 11- Ghaziabad- Girls	2009	12
Home 12- Mehrauli- Girls	2010	13
Home 13 – Sant Nagar – Boys	2013	12

Need for the development of an assessment tool

In the initial years after starting the group homes, Udayan Care had streamlined procedures for the training of staff and caregivers. Though children were doing well in school and responding with more trust subjectively, there was no objective way to assess if children were satisfied with the care they were receiving. The importance of meaningful participation by children has been emphasised by the United Nations Convention on the Rights of the Child (UNCRC 1989) and child participation is one of the core principles of the UNCRC, Article 12. This asserts that there is an obligation to listen to children's views and to facilitate their participation in all matters affecting their lives. Section 3 (iii) of the Juvenile Justice Care and Protection of Children Act, 2015, clearly lays down the principle of participation as follows:

> Every child shall have a right to be heard and to participate in all processes and decisions affecting his interest and the child's views shall be taken into consideration with due regard to the age and maturity of the child (Juvenile Justice Act, 2015).

In periodic self-examination of care strategies, it was found that children and their mentors had quite varied ideas about care and control, which highlighted the importance of understanding the differences in caregiving perspectives from both the child and the adult, for appropriate development in childhood and successful transition into adulthood (Modi et al., 2016; Modi, Sachdev & Prasad, 2016). Most importantly, an internal process was required to promote routine collaborative input by children who were receiving care, which could be used as a measure to rate the quality of changes being implemented. There has not been a similar tool in India to assess this as far as is known currently and there is no standard for self-assessment in this setting. Using a previously validated questionnaire may have been useful. Although a broad literature search did not reveal a questionnaire which had been validated for use in a similar care home setting with the specific cultural contexts in mind, there have been several subjective wellbeing assessments promoted in other countries (Rees & Main, 2015) as well as research into positive indicators of wellbeing (Ben-Arieh 2000; Lippman, Moore & McIntosh 2011).

To address this, in 2011, Udayan Care initiated this census study with the aim of developing evidence to assess whether the needs of children under its care were being met from their own point of view. The survey is titled 'Questionnaire to Assess Needs of Children in Care' (QANCC), and it aims to understand four categories of needs — basic/ fundamental, emotional, educational and interpersonal — of children aged 10-18 years under its care from the perspective of the child.

Development of the questionnaire:

This tool was developed in consultationwith individuals with extensive experience in the field: child psychiatrist Dr Deepak Gupta, clinical psychologist Ms Hemanti Sikdar, social workers Ms Garima, Mr Rahul and Ms Nidhi, and Dr Kiran Modi who is the managing trustee and founder of Udayan Care. Input from professionals involved in different aspects of childcare ensured that a wide variety of concerns were represented, which helped with establishing the salience and credibility of the content.

The questionnaire comprises 29 questions and the parameters measured cover basic fundamental needs, emotional needs, interpersonal needs and the educational needs of the children on a four point rating scale with answers ranging from Never, Sometimes, Most of the time and Always. Questions were generated and vetted based on careful consideration of the various factors which were deemed to impact child development, based on the experiences of the authors of the questionnaire in working with Udayan Care. Previous work in the domains and constructs relating to child wellbeing were also considered in the process (Lippman et.al. 2011). Specific questions were retained as they were deemed to represent the areas where children's subjective input would be most valuable in providing feedback for objective change.

The questionnaire is designed as a self-assessment tool to be administered to children between the ages of 10-18. These age groups were chosen specifically in light of their language development being more advanced than younger children — the intent being that questions could be understood without much prompting, reducing the possibility of interviewer bias and proneness to suggestibility (Hritz, Royer, Helm, Burd, Ojeda & Ceci 2015; Moriguchi, Okanda

& Itakura 2008). The questions were developed in English and were translated into the native language Hindi and independent translations from the native language were done to English to ensure accuracy in the creation of the materials. The level of understanding children had was also assessed for all the ages the same way.

The questions were not initially grouped under different needs criteria when the questionnaire was created but were categorised later when it was important for specific needs groups to be identified for targeting interventions. Patterns also started emerging when data collection was initiated, as to which needs are impacted when answers to some questions were Never or Sometimes.

Methodology:

The methodology used to is a survey of all the children who have lived at UdayanGhar for a minimum of 6 months. A census of all the children was attempted due to the limited number of children and the desire to obtain individual input from all the children in the group home. Data was collected around October or November each year, which allowed for children to settle down after starting the school year in April and have a routine day-to-day schedule. A year was defined as the time period from April 1st of the current year to March 31st of the next year as it represents the administrative and financial year in India and at Udayan Care (Data from 2011-2012 implies that it was collected from April 1st 2011 to March 31st 2012). The surveys were administered by interns on a yearly basis for each of the homes starting from 2011. All the interns are Masters in Social Work students who have been trained in the administration of surveys and studies at the undergraduate level. They rotate through the care homes for small periods of time during the year based on the requirements of their schoolwork and a new batch of students come in each year. Care is taken to ensure that the intern who administers the questionnaire is previously unknown to the child to reduce any social desirability bias which could arise from the children being surveyed by individuals they are dependent on for their needs. All the children in a Ghar are surveyed in the course of a few days and were asked to complete the survey individually. Although the test is designed to be a self-administered tool, the questions were

read to younger children and their answers were recorded, so interns are trained to follow a standard protocol at the initiation of their rotation through Udayan Care to minimise variations in administration. Younger children were asked to repeat the questions — which were read to them in English — in their native language to ensure that they comprehended the questions adequately. Older children completed the questionnaire by themselves but interns were available to them if any questions arose. The implementation of the questionnaire was in strict accordance to the ethical standards for research established by Udayan Care and care is taken to ensure voluntary participation and obtain informed consent from the children. The aims of the survey were explained to the children and all the children in the homes completed the questionnaire, so the data represents a consistent sample, excepting for those children who turned 18 and graduated the program or those who had just turned 10 and were being included in the study. Mean scores were calculated for each home based on a numerical value assigned to each of the responses and the data was analysed. The results were not blinded, as the goal was to identify areas for change both centrally and for individual children.

Results:

The results indicate that, on average, 80% of the children residing at UdayanGhars feel that their needs are met (evidenced by answers of Always and Most of the time in the study) which is further stratified as follows: 92% of the children feel their basic fundamental needs are met, 76.8% of the children feel their educational needs are met, 77% of the children feel that their interpersonal needs are met, and 70% children feel their emotional needs are met.

The average mean score for all ages was 3.25, it varied from 3.32 for boys and 3.18 for girls which was not clinically significant, (p = 0.2731, Confidence interval 0.115 - 0.355) (Table 3). There was no clinical difference in the average mean scores based on the different age groups (Table 4); but there was a difference in the means based on the year the study was conducted (Table 5). The difference was also clinically more evident in looking at the percentage of answers on the four point scale where there was a drop specifically in questions answered Always in Noida girls home, Mehrauli girls home, Mayur Vihar Boys

home and Ghaziabad girls home in 2014-2015 (Table 6) but these scores increase the next year after measures were taken to improve areas of need there. More analysis may be needed to deduce statistical differences through the years.

For 2012-2013, the mean scores were 3.5 but there was a drop to 3.2 the next year and a low of 3.1 in 2014-2015. It is not clear if this drop was statistically significant, but it indicated some areas of concern especially on a deeper analysis of the categories of needs (Table 7). There was a universal drop in the scores of basic needs, interpersonal needs and educational needs across homes but the drop was greatest in the area of emotional needs where the mean score dropped from 3.3 in 2012-2013 to 2.8 in 2014-2015.

Follow up of the mean scores after measures were implemented to improve emotional needs showed that the overall average scores went up from 3.1 to 3.3 in 2016-2017 and specifically in the emotional needs category where they went up from 2.8 to 3.1 respectively (Table 7).

Table 2: Breakdown of gender over the years of the survey

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Number of Boys	30	40	43	36	44
Number of Girls	62	81	85	82	88

Table 3: Breakdown of mean scores by gender

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Mean Scores- Boys	3.6	3.2	3.2	3.3	3.3
Mean Scores- Girls	3.4	3.2	3	3.1	3.2

Table 4: Breakdown of numbers of children surveyed by age groups

Age of child	2012-13	2013-14	2014-15	2015-16	2016-17
10yrs old	8	15	11	5	7
11yrs old	13	13	19	13	5
12yrs old	19	31	19	19	11
13yrs old	10	20	22	21	22
14yrs old	11	16	24	16	23
15yrs old	10	10	11	25	21
16yrs old	6	7	11	11	25
17yrs old	10	7	4	7	15
18yrs old	5	2	7	1	3

Table 5: Breakdown of mean scores by age groups

Age of child	2012-13	2013-14	2014-15	2015-16	2016-17
Mean Score- 10yrs	3.4	3.3	3.0	3.3	3.3
Mean Score- 11yrs	3.3	3.4	3.1	3.1	3.3
Mean Score- 12yrs	3.4	3.3	3.0	3.1	3.3
Mean Score- 13yrs	3.6	3.1	3.1	3.1	3.2
Mean Score- 14yrs	3.5	3.1	3.0	3.2	3.3

Age of child	2012-13	2013-14	2014-15	2015-16	2016-17
Mean Score-15yrs	3.5	2.8	3.1	3.1	3.3
Mean Score-16yrs	3.6	3.4	3.1	3.1	3.1
Mean Score-17yrs	3.5	3.3	3.0	3.0	3.3
Mean Score-18yrs	3.5	3.1	3.3	3.0	3.3

Table 6: Breakdown of responses with answers indicating Most of the time + Always by homes

Responses with Most of the times+ Always	2012-13	2013-14	2014-15	2015-16	2016-17
Home 1-Sant Nagar	86%	64%	69%	59%	47%
Home 2-MayurVihar	61%	62%	58%	75%	79%
Home 3-Mehrauli	77%	82%	70%	81%	84%
Home 4-Greater Noida	91%	70%	71%	73%	78%
Home 5-Gurgaon	90%	73%	77%	82%	82%

Responses with Most of the times+ Always	2012-13	2013-14	2014-15	2015-16	2016-17
Home 6- Noida Boys	88%	71%	83%	93%	76%
Home 7- Noida Girls	81%	72%	65%	78%	84%
Home 8- MayurVihar	64%	73%	56%	85%	83%
Home 9- Kurukshetra	91%	89%	91%	90%	97%
Home 10- Jaipur	90%	79%	72%	59%	73%
Home 11- Ghaziabad	94%	93%	74%	74%	80%
Home 12- Mehrauli	56%	69%	62%	71%	77%
Home 13- Sant Nagar	-	83%	63%	66%	68%
Overall average	81%	74%	70%	82%	77%

Table 7: Breakdown of mean scores by needs

	2012-13	2013-14	2014-15	2015-16	2016-17
Basic/Fundamental needs	3.8	3.8	3.6	3.5	3.7
Emotional needs	3.3	3.0	2.8	3.0	3.1
Educational needs	3.4	3.2	3.2	3.2	3.3
Interpersonal needs	3.5	3.3	3.1	3.1	3.3

Strengths and Limitations:

When the questionnaire was created, the intent was to assess the perception the children in the care homes had of their needs over time. The survey has been successful in providing useful and workable information towards this and towards assessing a wide variety of concerns children have expressed through it over the past 5 years, whether it be in their basic needs ("The food gets over fast"), emotional needs ("No one is here to listen"), interpersonal needs ("They don't like me") or educational needs ("I'm not able to understand most of the words"). The results studied are chiefly descriptive in nature owing to the lack of a control group being assigned at the time, which is a factor of the specific nature of this population. More detailed statistical measures of comparison, specifically variance analysis, may yield further information and provide statistical strength to the results and this is a work in progress. The questionnaire was also not assessed for test - retest reliability, as there was a concern for introduction of bias due to carry-over effect. Children being required to elaborate further when they answer Never or Sometimes could potentially introduce a response bias and this needs further consideration especially given the high level of reticence shown in the data. Analysing the same child's response over time is another area which could be explored to provide more information on reliability and to assess progress made individually.

Discussion:

Although data was collected from 2011, only the results from 2012-2017 were used in the analysis, as the procedures for data collection had not been standardised in 2011. The number of children in the homes who were surveyed increased over the years from 92 in 2012 to 132 in 2016 out of whom a third on average were boys and the rest were girls. In 2016-2017 there were 44 boys and 88 girls across 13 homes who were surveyed (Table 2). The participation each year was expanded to include the individual children who turned 10 years old; those who turned, moved on and were excluded. On an average, 110 children have been a part of the research each year, of which 58 children have been surveyed every year starting 2011-2017, and if home 13 (which was

started in 2013) is taken into account, 70 children have participated consistently in the survey from 2013-2017.

To rectify areas of concern expressed in the drop in scores on QANCC, regular counselling and therapy were initiated for children requiring help. Although a social work team headed by Dr.Gupta, a child and adolescent psychiatrist had been in place since 2004, counsellors and psychologists were hired for the individual Ghars. This was started from 2013 as a pilot program to address concerns that children had brought up and to work with them on a one-to-one basis, and from 2014 in all homes. Workshops and life skills training were conducted with the children on a regular basis and the understanding of unmet emotional and interpersonal needs from these questionnaires was utilised to conduct workshops with the Carer team. Specific committees were also formed to address needs in education, health, aftercare and for alumni; these meet on a monthly basis to examine areas of inadequacy and targets for innovative change. Care plans for each child were also examined side-by-side and altered to include the input from responses in the questionnaire. These are revised on a regular basis and new care plans are adapted in accordance with the dynamic evolving needs of children in care.

The results of the study have been useful for internal feedback and progress has been noted with implementing changes. The information obtained is disseminated to the Carer teams during the annual meetings and areas for intervention are identified. With the changes in the needs scores observed over the first few years of the QANCC study, the need to have a psychologist on site in addition to the mentor mothers, social workers and the care staff, with a child and adolescent psychiatrist became evident. In the past two years, a psychologist has been employed in most of the homes for at least six hours a week in each home. The psychologist spends one to two hours with the care staff, and the rest of the time either with individual children or conducting groups with the kids. Group therapy work with the children consists of life skill modules teaching and other targeted interventions identified from weekly meetings between the Carer team members and the psychologists.

In looking at specific responses to unmet needs (as evidenced by answers of Never or Sometimes), some of the common concerns expressed were "I am

unable to share feelings openly with other housemates", "The feeling of living in a family environment is missing", "I am ashamed of living as an orphan", "I have a lack of confidence in facing the outside world". For 2016-2017, an astounding 87% of children reported Never or Sometimes to the question "I share my concerns with others", 69% answered Never or sometimes to "I share my concerns with supervisor/care giver/social worker/mental health professional". The high level of reticence expressed by children in the survey is an area where care needs to be focused urgently as it is evident that more needs to be done. As it is now, to address this, individual counselling and care, workshops focusing on trauma and attachment, trust building; life skills and leadership have been implemented.

As a result of the changes implemented between 2014 and 2015, there have been changes noticed in the percentage scores, and the mean scores which have gone up from 3.1 to 3.3 in 2016-2017 and specifically in the emotional needs category where they have gone up from 2.8 to 3.1 respectively (Table 7). Though not at the levels seen initially in 2012 (3.5), there appears to be a response to measures set in place and more importantly, the information from the QANCC is a continuing source of valuable information to inform ongoing care planning. The reason for the drop in the emotional needs scoresis still unclear and needs further research. The increase in concerns was also noted to be more universal in the home when there was a specific child in the home who was struggling, presumably due to bandwagon effects from sharing beliefs and friendships among the children. One possibility could be that previous scores were conflated owing to reporter bias, which reduced over the years following adhering to strict standards of privacy and confidentiality. Overall there did not appear to be any Ghars, which consistently exhibited lower scores attesting to the quality and strength of staff in the homes.

For meaningful participation of children and young people, both girls and boys have the right to say what they think should happen and have their opinions taken into account. UNICEF's Sustainable Development Goals made it a point to mention sustainable development must be inclusive and people-centred, benefiting and involving all people, including youth and children in decision-

making processes and the need to promote intergenerational dialogue and solidarity by recognizing their views (Goal 17, SDGs)

The study establishes that children and young adults know more about their lives and has opened a forum for expression of their views. It has helped initiate a dynamic childcare practice, which can review and adapts itself to changes with input directly from children. The questionnaire as it stands right now falls into a consultative participation model. The results can be utilized to inform care and bring about more collaborative and child-led participation (Landsdown 2011).

An option for the future would be to do side by side comparisons of the QANCC with versions of other similar measures, perhaps adapted versions of the Child Health and Illness Profile — Child Edition or CHIP-CE (Riley, Forrest, Rebok, Starfield, Green, Robertson & Friello 2004) or comparisons with studies such as the Children's worlds survey (Rees & Main 2015), or the British household survey from the UK Millennium cohort study (Patalay & Fitzsimons 2016) or other health related quality of outcome measures and patient outcome measures. Another innovative challenge to take on would be in working on improving child participation in the evolution of the questionnaire itself. There has been some success in this as seen by the development of Child Led indicators by the Transcultural Psychosocial Organization in Nepal (Robinson, Metzler & Ager 2014). This program involved obtaining information from children by having them draw pictures depicting their positive and negative feelings, chose the most pressing psychosocial issues they face, mapping the cause to the effect, and identifying a target for intervention, thus developing a self-determined indicator in the process.

Preliminary data from the study from 2013-2015 has been presented at the 2nd Biennial conference on "Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices" to providers and researchers from the South Asian region (Gupta, Modi, Shroff & Bhattasharjee 2016), organised and instituted as Biennials by Udayan Care, and the hope is to continue this practice at the next conference in 2018. Future directions include continued advocacy at the governmental level in policy making to make child derived feedback a standard of practice and in making the QANCC more available to non-governmental organizations and care homes, regionally and nationally.

Conclusions

The QANCC survey has provided an opportunity for children in care homes to offer opinions on matters relating to their lives and these opinions are seriously considered by the management while decisions are made for the running of UdayanGhars, hence directly impacting the lives of such children and has enabled us to measure the status of child and adolescent wellbeing at individual and local level. At the same time it has enhanced children's ability to impact their own lives through a process of feedback and transparency. This however is only the tip of the iceberg — promoting the representation of children in every aspect of their care is the ultimate intent.

The majority of children who enter the care system of UdayanGhars have undergone grave loss, and other traumatic experiences, which affect their attachment and growth. There have been various interventions identified towards this (Silverman, Ortiz, Viswesvaran, Burns, Kolko, Putnam & Amaya-Jackson 2008) which are utilised in individual and group sessions but its effect on the results of children's perception in survey outcomes is an area which is a future focus of research. More work will be needed to streamline the process of interpretation of data and identifying correlations of targets for intervention.

This model has been used for this setting and the hope is that this approach will find a larger audience in India and abroad to embrace and incorporate child feedback into the daily care planning process. Ongoing goals aim to utilise expert guidance in applying the findings nationally in policy-making and practice so that a larger number of children in institutions living in alternative care can benefit from improved care across India.

About the author

Dr. Kiran Modi is the Founder Managing Trustee of Udayan Care. Udayan Care is an Indian NGO with its head office in New Delhi and has been providing nurturing family homes to orphaned and abandoned children; higher education to underprivileged girls; and the dignity of self reliance by livelihood trainings and employment opportunities to youth, and inculcates in them the desire to give back to society for the last 24 yeas.

A doctorate in American Literature from IIT Delhi, Dr. Modi is also the liason editor and founder of an academic journal "Instituionalised Children: Explorations and Beyond", a journal focused on alternative care of children out of home care. Recipient of many prestigious awards, Dr. Modi continues to strive towards ensuring the rights of the underprivileged with the same zeal and passion as she started out four decades back.

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A relational approach helps change teachers' attitudes towards the inclusion of young people who are looked after

David Woodier

Abstract

The inclusion of a young person who is looked after may[1] present teachers with a dilemma. Including a child who is looked after and acting out the effects of past maltreatment can mean that other pupils miss out. Helping teachers solve this dilemma may be the key to changing teachers' attitudes towards inclusion. Using practitioner enquiry, I examined my role as a teacher supporting three children who were looked after and at risk of exclusion. I used a reflective dialogue to support teaching staff in the implementation of a relational approach. Interviews with teachers and a teaching assistant revealed that they became more reflective in their practice and more confident in relating to children who were distressed. In addition, the skills teaching staff acquired readily transferred to support other pupils. These results suggest that teachers' attitudes towards inclusion of young people who are looked after can improve when the skills they master to support individual children who have suffered maltreatment are shown to have a wider benefit.

Keywords

Article history

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[1] Under the Children (Scotland) Act 1995 children are looked after are defined as those in care of their local authority; young people, previously looked after, may also be referred to a care experienced. https://beta.gov.scot/policies/looked-after-children/

Introduction

Considerable attention has been drawn to the problem of school exclusions in Scotland and the difficulty of sustaining the inclusion in mainstream schools of young people who are looked after. Legislation alone seems unable to bring about sufficient change in the complex milieu in which educators find themselves (Pirrie, 2008). In addition, teachers may struggle to build relationships with children who are looked after and who are acting out the effects of being maltreated in the past.

In order to change teachers' attitudes towards inclusion, I facilitated a reflective dialogue with teaching staff in three primary schools. This focused on helping adults become more insightful about young people's behaviours and developing skills that would enable children to experience relational support. Teachers were able to see how this approach benefited other children.

This article is structured around the method of practitioner enquiry and begins by describing two critical incidents that helped me identify the challenge of changing teachers' attitudes towards including young people who are looked after. It reviews research literature and redefines the challenge as a set of objectives. Finally, it describes the implementation of the project, which took place during the 2015-16 academic year, and the interpretation of the observations. Young people were followed up with after six months. In the analysis of the critical incidents, I use a narrative framework similar to Farrell's Narrative Reflective Practice (2013).

Critical incidents: Understanding teachers' attitudes to inclusion

Someone in headquarters decided it would be good for morale if the heads of education, social work, and health met with some of us who work directly with young people who are looked after. One of the three visitors asked me, 'Why should my child's education suffer because the teacher has to deal with the behaviour of a young person who is looked after?'

My answer sounded unconvincing, 'If I could take you to some of my schools, you would see that schools that are the most inclusive are good for all young people'.

Later, I realised that his question expressed a concern shared by many educators. It represents a view that inclusion and achievement are often mutually exclusive (Florian, Black-Hawkins & Rouse, 2017). As I searched for what meaning and value this critical incident could have in practice, I realised that I had underestimated the importance of teachers' attitudes towards inclusion. Most teachers in Scotland do not have a choice about whether a young person who is looked after and whose behaviour is disruptive is educated in their classroom. Teachers may feel that this one pupil, however needy, is taking up much of their time to the detriment of others. For various reasons, the experience of inclusion may be an emotive one.

Research on teachers' views of inclusion of children with social, emotional and behavioural difficulties (SEBD) revealed that many teachers have negative attitudes (de Boer, Jan Pijl & Minnaert, 2011). This may be due in part to the frustration of trying to build relationships with them (Spilt, Koomen, Thijs & van der Leij, 2012).

Some researchers have investigated whether teachers' lack of knowledge is a significant barrier to inclusion (Florian, 2008). Other studies have found that teachers' attendance at inset days did not indicate a greater willingness to work with the pupils with SEBD (MacFarlane & Wolfson, 2013). Improving teachers' knowledge alone was not sufficient to overcome their negative attitudes.

Teachers' negative perceptions regarding inclusion of young people who are looked after may in part come from the sense of being caught up in a 'force field of competing priorities', where education is viewed 'as both a producer of human capital and a generator of social capital' (Pirie, 2008, p. 70). Teachers may feel that they are expected to help children attain their potential through acquiring knowledge and skills (human capital) and help children acquire values that increase their ability to learn and work together (social capital) while at the same time trying to help a child who is looked after and demanding of their attention.

The legislative framework in Scotland around inclusion has not resolved this dilemma for teachers. The right to exclude a pupil is permitted when a pupil's 'attendance at school is likely to be seriously detrimental to order and discipline in the school or the educational well-being of the pupils there' (Scottish Government, 2000). However, Scottish law also enshrines a child's right to be educated in a mainstream school as 'a presumption of mainstreaming' (Pirrie, 2008, p.66). This sense of being trapped between contradictory imperatives may only add to a teacher's sense of angst.

Florian et al. (2017) suggest that a more nuanced and relational way of responding to difference is needed. They observed that schools that were both inclusive and high achieving had a different approach to the equity-excellence dilemma; they 'ensured equity by changing the conditions for all learners' (p.147) From their observations of teachers, they were able to define an inclusive pedagogy, which, rather than using specialist knowledge to differentiate for some, 'extended what was generally available to everybody' (p.27).

The dilemma implicit in the question in the critical incident helped me understand the need for a conceptualisation of inclusion that could demonstrate a wider benefit. As I planned my study, I realised that I would need to challenge teachers' attitudes by showing them the evidence from their own practice that inclusion could provide a better service to all their pupils.

The second critical incident demonstrated how inclusion can be transformative experience.

Paul (all young people's names have been changed in order to protect their identities) was 14 years old and had been signed up by his foster carer to go to summer camp. In my role as a group leader at the camp, I visited Paul's carer and it soon became apparent that she was under a lot of stress. She said, 'I told Paul if he gets sent home, I will put him in respite care. He has been excluded from school, and people have come to the house to say he is causing trouble in the community. His mum doesn't even want to see him'.

I met Paul as he stepped off the bus and introduced him to his group. He seemed to take an almost instant liking to his group leader, an easy-going and

energetic young man. I noticed after a couple of days they were rarely apart. However, Paul also bullied another boy. The leader of the camp wanted to send Paul home. 'It's not fair on others in the group. He is ruining their week', she said.

I asked for another chance. I took Paul aside. 'We are going to do everything we can not to send you home, but you have to stop bullying. You are going to spend the rest of the morning with me and help me clean the kitchens'.

After that Paul's behaviour was not perfect, but he stopped bullying. A couple of days before the end of the camp, I asked him about his birthday. 'I see you have a birthday when you get home. Will you do anything special?'

'No one has ever done anything for my birthday', he replied.

The next day, I was sitting at lunch on the table next to Paul. Without warning, the other young people came into the dining room and sang 'Happy Birthday'. Paul stood up as if he wanted to run away, but he couldn't. He was surrounded by the other campers.

A year later, we had a call from his foster carer. 'Paul looked through the camp brochure until he found the same group of leaders. He asked me to sign him up'. She added, 'It has been a much better year at home'.

I also noticed that Paul and some other young people who were similarly vulnerable had an effect on the adults at camp. Special effort was made to invite the young people to events during the year. A couple of the leaders made home visits, and the organisers of the camp were keen to invite Paul and others to the camps in the following years.

When I first met Paul, he was like an outcast, unclaimed and unwanted. Being included in that camp was a transformative experience for Paul and the leaders who made that possible.

Despite the differences between camp and school, there are similar issues around inclusion. When the behaviour of a child who is looked after has a detrimental impact on others, exclusion may be seen as the only option. Children who are looked after and who act out the effects of maltreatment are often seen as detrimental to the cohesion of a group and adding nothing to the

social capital side of the equation. At the heart of this calculation there seems to be something about how we value difference, or as Pirrie puts it 'there are unanswered questions about the relative power and values of different types of potential' (2008, p. 71). Could it be that Paul's presence at camp could enhance the experience of others?

Florian et al. (2017) highlight the importance of relationships in schools that effectively support high levels of inclusion and achievement. They propose that those relationships are shaped by the values and beliefs of teaching staff.

At camp the values and beliefs of the leaders were underpinned by the importance of relationships. Leaders were selected and trained with these values in mind. By seeing how Paul's situation at camp was resolved, our values were strengthened. We came to camp with perhaps an idealistic notion that the experience would be good for young people like Paul. It was only when those beliefs were challenged and had to be acted on that they became proven values. Those kinds of experiences taught us that having young people with diverse needs does not present us with unresolvable dilemmas. We grew not only in our convictions but in our sense of agency. We learned that we could work together to accomplish something of value. Paul needed a group of people with diverse experiences and skills. It is perhaps only when we express those kinds of social values and skills that we realise our potential social capital, 'we define who we are, what we do, and why we do it' (Falk, 18 October 2000, para.2).

The other campers experienced relationships with adult leaders who they could see were deeply committed to making camp work for all young people, even the most vulnerable. After camp one young person told me that she enjoyed camp, because the leaders made an effort to ensure all the young people felt that they belonged there. Including Paul and some other vulnerable young people communicated a message about the purpose of camp and the value of all young people.

This critical incident motivated me to consider how I could help teachers think differently about inclusion. I realised that the experience of successfully including a young person, a turning point experience, might be a powerful motivator for teachers. I realised that teachers would need to master a different

kind of approach and set of skills in order to overcome the difficulties of providing relational support to young people who were looked after.

Practitioner enquiry as a driver of inclusive practice

Practitioner enquiry has been defined as 'a form of self-reflective enquiry by participants, undertaken in order to improve understanding of the practices in context with a view to maximizing social justice' (Carrs & Kemmis as cited in Cohen, Manion & Morrsion, 2011, p. 345). The General Teaching Council for Scotland [2](GTCS) envisage practitioner enquiry becoming an integral aspect of practice that will enable teachers to question beliefs and assumptions with a view to driving systemic change (GTCS, 2018c).

In order to understand the behaviours of young people who were looked after and had suffered maltreatment in the past, we needed to learn to adopt an enquiring stance from which we could rigorously question our assumptions (Hart, 2012). Practitioner enquiry seemed to offer a fitting way to examine alternative explanations for difficulties the teacher or young person might experience.

The process of enquiry in this study mirrored the one recommended by GTCS (GTCS, 2018b) and was similar to the method described by Cohen et al. (2011, pp. 354-356). In order to ensure rigour in this kind of qualitative enquiry, I implemented some 'verification strategies', for example, 'appropriate sampling' and 'thinking theoretically', as suggested by Morse, Barrett, Mayan, Olson and Spiers (2002, p.18).

Thinking theoretically: reconnaissance of the research literature

Children who are looked after come to school having suffered maltreatment often in the most important, formative early years of their lives. This kind of interpersonal trauma has been frequently observed in victims of childhood abuse and neglect (Arvidson, Kinniburgh, Howeard, Spinazzola, Strothers, Evans, Andres, Cohen and Blaustein, 2011; Van der Kolk, 2015).

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[2] http://www.gtcs.org.uk

Each of the three children in my study had experienced maltreatment and this affected their ability to cope with various aspects of school life. For example, David, nine years old, had suffered emotional abuse after the death of his mother. In class, he refused to work and would run out of class when challenged. His foster care placement had disrupted over the summer, and he was living with temporary carers. Damien, six years old, was also living with temporary foster carers. Teachers reported that he did not like getting things wrong, his behaviour was quick to escalate, and his peers often felt threatened. He spent most of the school day in the depute head teacher's office. Lewis, 12 years old, had witnessed domestic violence. He was anxious about his transition to secondary school and had threatened to harm himself.

Relationships between teachers and children who suffer from interpersonal trauma are often characterised by conflict and teachers may respond by becoming less sensitive and more controlling in their relationships with children (Spilt et al., 2012). One of the purposes of my reflective dialogue with the teachers was to help them understand the effects of interpersonal trauma and disrupted attachments (Virmani & Ontai, 2010). A key component involved helping teachers interpret behaviour in terms of the child's underlying intentional mental states such as beliefs, feelings, and goals. This kind of imaginative mental activity is referred to as mentalization (Anna Freud National Centre for Children and Families, 2018). Bevington, Fuggle, Fonagy, Target, and Asen have found that 'well-functioning (accurate) mentalizing in individuals or families makes for improved relationships' (2013, p.7). Similarly, a dyadic intervention that engaged teachers in relationship-focused reflection improved teacher sensitivity and changed how teachers responded to disruptive behaviours (Spilt et al., 2012).

The relational approach draws on some other therapeutic practices derived from the theories of intersubjectivity, attachment and mentalization (Hughes, 2006; Bick & Dozier, 2013; Bevington et al. 2013). These practices have been used to help teachers support children with attachment difficulties (Bomber, 2007; Geddes, 2006).

Some studies have found that, 'a close, supportive relationship with a teacher is a key feature distinguishing at-risk children and adolescents who succeed in

school from those who do not' (Pianta, Hamre & Allen; 2012, p. 370). In addition, it is not only children who are at-risk that benefit from improved relationships. A review of research into relationships between students and teachers found that improving student-teacher relationships had positive and long-lasting implications for young people's social and academic development (Rimm-Kaufman & Sandilos, n.d.).

Aspelin notes that a key attribute in developing such a relational stance is the teacher's ability to understand the perspective of the young person (Aspelin, 2014, p. 240). However, this kind of insightfulness immediately poses difficulties for many children who have suffered maltreatment. It may be experienced by the young person as intrusive (Geddes, 2006). Building relationships with children who have suffered interpersonal trauma needs sensitivity and persistence.

The relational approach mirrors the kinds of interactions that are part of most children's early attachment experiences; it depends on an adult developing the capacity to read the child's behaviours as communicative cues. Bomber (2007) describes 'attending to the child' as the first of a series of strategies designed to help the child experience a relationship in which they feel safe and secure.

Some of the other interpersonal skills described by Bomber (2007), such as Wondering Aloud build on this key capacity to read the significance of the child's behaviours. The process of noticing a change in the child's behaviour, describing that change to the child and then making a tentative remark as to what this behaviour communicates allows the child to experience self-awareness and the opportunity to co-regulate their internal states (Van der Kolk, 2015).

Within the relational approach, the teacher also learns to gently challenge a child's internal working models, not by retracing past experiences but by working with the here and now. Mary Dozier describes the gentle challenge as being able to respond to a child who has not learned to signal their need to an adult. When done with sensitivity, it can challenge a child's distorted worldview (Dozier & Bates, 2004; Woodier, 2017).

The relational approach also draws on the experience of other therapeutic approaches. The framework of Playfulness, Acceptance, Curiosity and Empathy,

PACE, was developed through the work of re-parenting an adopted child (Hughes, 2006). It can help teachers think about their communication with young people, who may be easily overwhelmed by shame (Phillips & Melim, 2014). Swarbrick suggests that it 'should be central to the skill sets for all adults working with children with severe social, emotional, and attachment difficulties' (2017, p.223).

Teachers' capacity to offer relational support may critically depend on their experience of being part of a network of supportive relationships (Bevington et al., 2013; Valle, Massaro, Castelli, Sangiuliano Intra, Lombardi, Bracaglia and Marchetti, 2016). The relational approach, therefore, as well as having its focus on the adult-child relationship should also consider how to support the key adult(s) and help them sustain an open, sensitive, and engaged stance.

Creating a sense of collaboration and partnership may also be vital to engaging teachers in a more reflective type of work. I used a framework for reflective dialogue similar to Hawkins' and Shohet's CLEAR model (as cited by Black, Bettencourt & Cameron, 2017). It typically begins with the teacher communicating a specific challenge, involves facilitated listening and exploration of the challenge, and results in some kind of action, and finally reviews the results of the action. This kind of reflective supervision has been shown to improve the capacity for insight among workers in children's services (Roberts, 2017).

CLEAR also allowed me to model qualities such as curiosity and empathy in my interaction with teachers. I was hopeful that if the teaching staff in this study were given a 'safe space' they would be able to develop their capacity to mentalize and empathise with the young people.

I also believe that a relational approach is an example of what Florian et al. (2017) describe as an inclusive pedagogy. I wanted to help teachers to think about individual differences not as something that would use up valuable resources but as an opportunity to develop ways of interacting with pupils that could have a wider benefit.

However, I was aware that a more inclusive approach might create some challenges for head teachers as well as classroom teachers. One head teacher

told me that parents had complained that their child's learning was being held back by the behaviour of the child who was looked after. Another teacher felt that she was being criticised by some of her colleagues for not taking a more punitive approach. I wondered what style of leadership and culture within schools would be required in order to support a relational approach.

Rather than listing a set of characteristics of inclusive schools, Florian et al. suggest that 'a more nuanced and relational way of considering how schools can respond to difference is needed' (2017, p. 27). From their studies of experienced teachers who were able to sustain a commitment to inclusive education without neglecting the pressure to raise academic achievement levels, they defined an inclusive pedagogy as 'an approach to teaching and learning that supports teachers to respond to individual differences between learners'. In addition, Florian et al. observed from detailed analysis of case studies that: 'It is the values and beliefs that shape the culture of the school and the nature of the relationships among its members that are at the heart of practices that encourage both high level of inclusion and achievement' (2017, p. 145).

Given the level of difficulties each of the young people in my study were presenting, I anticipated that teachers would need to feel that they were supported and trusted by their line managers and colleagues. Having 'high ideals' about social justice would not be enough and values and beliefs would need to become sustained courses of action within the school and not just in the individual classrooms.

Objectives defined

Having identified specific challenges related to my professional practice: to change teachers' attitudes towards inclusion and to help teachers resolve the sense of dilemma associated with supporting a young person who is looked after, I generated a set of research questions that act as a segue into the planning and implementation phase (GTCS, 2018b).

1. Can a relational approach help teachers become more insightful about the behaviour of children who are looked after?

2. Do the skills and qualities teachers acquire when mastering a relational approach enhance what is generally available to all pupils?

3. Will the experience of being able to successfully support a child who is looked after change teachers' attitudes towards inclusion?

Planning for implementation

The ethical considerations of practitioner enquiry are complicated because the researcher is intimately involved within the field being researched: 'This close relationship with participants may upset application of the four conventional ethical considerations – harm, consent, withdrawal, and confidentiality' (White, Connell, French, Hines, Stevenson, Stones, Sutton & Waltham, 2014).

In order to make these ethical considerations an integral part of my planning, I used the protocol compiled by the Carnegie Faculty Research Ethics Committee and framed it as a series of questions (White et al. 2014). The first is based on the need to consider if the work is beneficent, and in that regard, it must be clearly linked to teachers' professional standards. For teachers in Scotland, these standards are defined by the GTCS (2018a).

1. Is the practice educational? Can I make a presumption of beneficence based on the educational value of the work with young people?

As part of the process by which schools in my local education authority make requests for assistance, I met with each of the head teachers represented in this study. For example, Lewis' head teacher, requested assistance because Lewis was anxious about his transition to the secondary school. However, Lewis stated that he did not want to appear singled out from the rest of his class. We decided to introduce me as someone who would be working with groups of children in order to listen to their concerns and answer questions about the move to secondary school.

The work was conducted in such a way as to, 'provide and ensure a safe and secure environment for all learners within a caring and compassionate ethos and with an understanding of wellbeing' (GTCS, 2012, p. 6). The work with Lewis and the other children was not planned for the purpose of my research. My aim

was to enquire into what was being practised not to practise what I wanted to research.

2. Was there differentiation and could this cause harm in to young people involved?

The only differentiation derived from the needs of the young people who were looked after and not from the study itself. For example, two of the children had been assigned teaching assistants under the additional support for learning framework and Getting it Right for Every Child[3](Scottish Government, n.d.). There was no experimental treatment or control group in this study; the interaction with young people and teaching staff was essentially the same as that carried out in my day-to-day practice.

3. Does the study create a power asymmetry? Do participants feel pressured to give consent or comply with the requirements of the study?

The question of power asymmetry is relevant to my study. The feedback from the teaching staff formed an important source of information; I was aware that staff might be less candid for fear that I would be judging their competence. I anticipated that effective collaboration would take time to develop: 'time and space for thinking and decision-making are prerequisites' for counteracting any undue pressure or influence being placed on participants (White et al. 2014, para.16).

I began by explaining my role: 'I am not here to evaluate your teaching. I am here to help you understand this young person's behaviours. The notes I take are to help me think about the young person.' As teachers became accustomed to this manner of child-focused, reflective dialogue, they seemed to look forward to our meetings.

4. Participants have a say in how they are presented even in studies where their identity is anonymised.

Florian et al. recommend that the process of research should be intentionally inclusive taking account of the views of the participants (2017). In order to conduct my study in a way that would not marginalize young people who are

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[3] (http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec)

looked after, I sought the advice of a group of young people between the ages of 16 and 20, who were care experienced. I listened to their advice on how they wanted me to portray children who are looked after: I kept the details about past experiences of maltreatment to a minimum while at the same time showing how the children's behaviours were also linked to these experiences of severe adversity. The idea of a relational approach in the classroom also seemed to resonate with some of their experiences; one of the young men told me in some detail about a teacher in primary school who had reached out to him.

Implementation of the study

At the beginning of the 2015-16 academic year, I responded to Requests for Assistance from five primary schools. Head teachers from three of the schools indicated that they were able to allow teaching staff to meet with me on a weekly or fortnightly basis. I selected these schools for the study; all highlighted that the children were having difficulty sustaining learning in mainstream classrooms.

I facilitated a relationship-focused, reflective dialogue with two teachers and one teaching assistant. The aim of the reflective dialogue was to help adults relate to children who felt vulnerable in relationships, were easily shamed, and who had difficulty with self-regulation. I trained teaching staff in the application of a relational approach that included learning skills, such as Attending to the Child, Wondering Aloud, the Gentle Challenge, and PACE. The meetings with teaching staff in two of the schools took place over a ten-month period. In the third school, the length of time was reduced to three months, because the teacher reported that the child was no longer at significant risk of being excluded.

I met at least once a term, with the head teachers in each school in order to discuss the progress of the work. This also allowed me to corroborate the information teaching staff were giving on the progress of children.

I used a journal to record direct observations of the children, as well as comments made by the teaching staff during our meetings. At the end of the school year teaching staff completed semi-structured interviews that allowed them to report on the efficacy of the skills they had learned. Six to 12 months

after the end of the project, I contacted teachers and social workers to ascertain the progress of each pupil.

Interpretation of the observations

In all three schools, there was a reported increase in the amount of time the children were being educated with their peers. Lewis was no longer being excluded from school, and Damien was no longer spending periods of time in the depute head teacher's office. Teachers also seemed to grow in confidence. Damien's teacher observed:

> Wondering Aloud has given him the opportunity to see that his emotions are not wrong. Before, my whole focus was on trying to prevent him from having any meltdowns. If he has a meltdown now, I am more confident that I can help him.

Some of the improvement in the behaviours of the children may have been as a result of teachers' improved confidence and more positive outlook.

I also observed some changes in the quality of interactions between the key adults and the children. When I first observed David, he seemed to act as if the teaching assistant (TA) was not there: 'He made no eye contact with his TA, didn't respond to her when she spoke to him, ran off several times to try and get help'.

In contrast, several months later I recorded this conversation in my notes:

David blurted out in a queue of children, 'I am going to court'.

TA spoke to him later: 'You said something that surprised me when you were in the queue, "I am going to court". I am wondering if you have been worrying about that?'

David replied: 'Yes'.

TA commented: 'No wonder you have been upset. Would you like me to find out more about going to court?'

David replied: 'Yes'.

When I first observed David, I do not think he viewed his TA as someone who could reassure him when he felt sad or anxious. The TA's way of expressing curiosity about his inner life was developed by using the qualities of curiosity and acceptance from the PACE approach.

An important component of the relational approach appears to have been the ability of the teaching staff to question their assumptions and become more insightful about how behaviour related to underlying thoughts and feelings. This seems to have allowed them to respond with greater sensitivity. One teacher reported;

> I have learned to make fewer assumptions about the behaviour of other children in my class. I used to think some behaviours were because a child was spoiled at home. I have learned they may have real issues and need my help.

When asked what had made the most difference in supporting Damien, his teacher replied:

> I have learned to show empathy. I say things like, 'If I thought so and so had done that, I would have been upset'. When I match the intensity of his emotions, he is able to calm down more quickly. Previously, I would have just told him to calm down but that didn't work.

Teachers' comments also indicated that they were able to take a more reflective stance: 'I have been teaching for fourteen years. Damien has helped me more than any other child to think about my teaching'. I suspect that the improvement in their reflective capacity, depended in part on teachers and teaching assistants having a regular time and space set aside for reflective dialogue. Modelling the qualities of PACE in our dialogue, probably helped teaching staff develop a more reflective stance.

In applying this kind of relational approach and inclusive pedagogy, staff needed reassurance that they would not be judged negatively by their line mangers if some aspect of work was not going well. I also think they needed to see head teachers taking action to support the rights of their pupils. After a particularly

difficult week for David, his head teacher said, 'He needs the kind of relationships he has here. He will not have those kinds of relationships if he goes to a special school. I am not going to exclude him'. My notes also recorded, 'She said she had spoken to the teaching assistants to explain that his hitting another vulnerable child was more about his own sadness and not just being bad'.

As part of the work in preparing Lewis' class for their transition to their secondary school, I worked with small groups of his peers. I asked them about their experiences of primary school, the relationships in their class, and their relationships to their teacher. They all acknowledged their learning had been held back to some extent by some of their classmates' disruptive behaviours. However, they all had something positive to say about their school: 'The work we produce is good and the staff are really friendly'. They all rated the relationships in their class as a 4 or 5 out of 5. One of the group commented on how her teacher had handled pupils' behaviour problems: 'She is good at it because she will sit down and have a chat with them and calm them down'.

During the weeks I spent with Lewis' classmates, I noticed how much they respected their teacher. In our small groups, many of them identified how they would miss her with their move to secondary school. I noticed also that when they told me about what they had accomplished, they communicated not only a sense of their pride but also a willingness to engage with learning. The children's comments seem to highlight the importance they placed on their relationships and the way that positive relationships can support learning.

It is not possible to say definitively that my support helped Lewis' teacher develop a more relational approach. However, the young people's comments seem to support Florian's et al. (2017) proposition that a teacher's ability to act relationally may be significant in developing a more inclusive pedagogy. The responses of Lewis' peers reminded me of the way that Paul and other young people viewed their experience at camp. They felt they 'belonged' there. How we, as teachers, respond to the most vulnerable pupils may signify something about how we value all young people.

The teachers and the TA in my study, reported that they had been able to use the relational approach to support other children. One teacher remarked:

> One of my pupils was playing up for another teacher. I used Wondering Aloud, and I gave him some different options for what might be upsetting him. If I hadn't used this approach, he would never have told me what was wrong.

Damien's depute head teacher commented, 'We are rolling out some of these things across the school. Damien has raised the profile of how we handle emotions'.

The TA, who worked so hard to reach out to David, wrote this comment at the end of the year:

> I have been able to transfer the skills I have learned to help other children. For example, I noticed a change in another child's behaviour. He was getting upset and walking out of class. I used Wondering Aloud. I said I had noticed that he was spending a lot of time on his own and that he was distracted easily. I tentatively asked him if the class was too loud or maybe he had a lot on his mind. He said there was too much noise and that it was hard to concentrate. I tried to empathize with him. Later, this child told me he was worried about something happening at home.

Follow-up

I did not interview the children in my study who were looked after. They were struggling with too much uncertainty in their lives; I felt that my intentions might have been misunderstood. Over the summer, two of the three were moved to different carers. Lewis ended up moving to a different local authority and a different secondary school. However, I was able to follow up six months later with two of the young people. Lewis' pupil support teacher reported that there had been no major difficulties, and he was enjoying playing football in the first-year team. Damien's head teacher reported that he was in his class full-time and that his behaviours were a lot less challenging.

Conclusions: limitations and future research

The measure of improvement in the schools was based on the reports of pupils and teachers. The conclusions I make about the impact of the changes in the relationships between pupils and teaching staff would be stronger, if I could also show how this relates more directly to pupil achievement.

In addition, it is important to acknowledge that the purpose of this study was not to test the efficacy of some of the strategies such as Wondering Aloud and PACE. There is a need for more rigorous studies of these kinds of therapeutic approaches in the classroom (Bath, 2017), and it would be naïve to believe that the application of a strategy alone could improve the behaviour of young people who have suffered severe adversity. In my opinion, there is no 'silver bullet' to building trust and relationships, nor is there a panacea that addresses the complex needs of young people who are looked after and have suffered maltreatment.

Despite these limitations, there is some evidence that teaching staff in this study were able to develop the skills and qualities that allowed their pupils to experience relationships in a different way, I think it is important to recognise that this kind of inclusive approach required a more collaborative way of working. As Bevington et al. observe, 'the capacity to mentalize is a core team task' (2013, p. 7). The kind of support that teaching staff needed in order to think and act more reflectively and to become more insightful about young people's behaviours required ongoing, relationship-focused, reflective dialogue and supportive leadership that protected the rights of the most vulnerable.

Understanding more about how head teachers create an ethos that supports a relational approach, could be very valuable to improving the inclusion of young people who are looked after.

This study shows that teachers' attitudes to inclusion can become more positive when they experience the successful application of a relational approach. This kind of success may allow teachers to see wider benefits of inclusion. Instead of seeing support for young people who are looked after as talking up valuable resources, the process of learning how to relate to young people can strengthen shared values, bring to life expertise, and define more clearly our purpose as

educators. This study reinforced my belief that schools that are inclusive can be excellent, because the skills and qualities teaching staff acquire can enhance what is generally available to all.

About the author

David's interest in teaching began in a gym in the inner city of Chicago in 1987. New to America, with no idea how to coach basketball let alone manage the behaviour of some 40 boys from one of Chicago's toughest neighbourhoods, he had to learn fast.

His passion to include young people from diverse backgrounds took him to the University of Illinois in 1994 to study Special Education. After graduating, he taught in two Chicago schools.

Twelve years ago, David came to Glasgow and taught in a primary school in an area of deprivation in Glasgow and then in a residential school. For the past nine years, he has been supporting the inclusion of young people who are looked after and in mainstream schools.

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Is it love? A study of young people's personal impressions and experiences of relationships in residential care in a Norwegian treatment collective.

Arvid Lone & Erik Paulsen

Abstract

The main objective of this study was to gain insight into young people's experiences with positive emotional relationships with staff in residential care. Because positive relationships have been shown to be of great importance for the outcomes of treatment, this study's main objective was to obtain insight into what the young people found important in such relationships with staff members, and also how close they felt that these relations were. Eight young people living in a social pedagogy-based Norwegian treatment collective were interviewed regarding their emotional relationships with the treatment staff. Our findings reveal three dimensions of importance for the youths: emotional involvement from staff; an ability to put the youth in centre of attention: and finally an experience of subject-subject relations between staff and youths in an environment without use of physical restraint. These dimensions were in many ways connected to the fact that core staff live-in with the youth, and the resulting continuity and trust this engenders. The youths all reported that they had experienced emotional relations they characterised as containing love.

Keywords

Article history

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Introduction

In recent decades, there has been growing concern in Norway about the negative influences on troubled youth in group care. Treatment in residential care settings has shown mixed results, and negative developments have often been reported (Andreassen, 2003). Seeking to explain these poor results, many researchers have cited the effects of negative peer culture, which may have a greater influence on youth placed in institutions than the efforts of the staff. On the other hand, other research has found a decrease in conduct disorder behaviour among antisocial youth placed in a treatment-focused residential care settings (Courtney, 2009; Huefner, Handwerk, Ringle & Field, 2009), and argues that negative peer influences can be overcome by other factors. Research indicates that residential care has the potential to reduce problem behaviour.

Although such 'other factors' may refer to a wide variety of contexts such as the physical environment, methodological approaches or employee skills, research indicates that the most important factor is the relationship established between employees and young people (Kreuger, 1991; Safran & Muran, 2000).

To develop better practices we need more insights in the qualities of the relations between youths and staff. In this study, we focus on how young people experience and describe the actions and emotions involved in positive relations between themselves and the staff in a Norwegian treatment collective.

During the last few years, the term 'love' has been introduced into the debate in Norway concerning the quality of work within The Child Protection Services, both through research (Thrana, 2015), and also from user-groups of former youth clients in residential care (Barnevernsproffene).

The term 'love' has even made its way into official government documents: 'The Child Protection Services shall meet them (the children) with care, empathy and acknowledging children needs for security and love' – Without giving the term a definition.

In this study, we have not used any specific definition of love, but have focused on our respondents' own identification of relations where they feel it is appropriate to use the term to describe their experience.

Context for research – The Norwegian collectives

Whittaker (2004) has shown that group care settings do not follow clearly specified models, so we will here give a short description of these Norwegian collectives as context for this research.

The collectives mainly work with young drug-addicted youth, and were established in reaction to the medical-psychiatric approach that was adopted for this group in the 1960s. Their main characteristics are that young people live in the collective together with the staff, and sometimes the staff' families, and share everyday activities such as meals, school, work, leisure and holidays. The collective is often the staff members' primary home as well as their place of work. The staff stay at the collectives for periods of up to six weeks, interspersed with periods of up to two weeks off.

The first of these treatment collectives was established in 1970, while most were started in the 1980s. All the collectives were located in rural environments.

The initial inspirations for the model were partly political analyses that call for awareness, organisation and struggle and partly discouraging results from psychiatric treatment results. The key word was 'alternative', and part of this was a rejection of professional therapists, so craftsmen and farmers were employed. Over time, they have become an established part of residential care to combat drug abuse and have developed a clear social pedagogic profile.

They also reject the use of physical restraint as a mean to control unwanted behaviour and have developed a range of techniques for handling threats and aggression.

By 'physical restraint', we mean a situation where staff use physical force to stop a youth's behaviour, often in the form of wrestling the youth to the floor. This has been, and is, a common practice in many institutions in Norway, despite the fact that this is forbidden by regulations given by law. It is only legal to use such force in defence of 'life and health'. There have been several scandals in Norway connected to unlawful use of physical restraint.

Lone has described the establishment (2010) and the basic philosophy (2012) of these collectives.

This type of institution has shown encouraging results in several studies (Fauske, 2010; Lone, 2003; Ravndal, 2007).

Research review and theoretical framework

In other contexts like individual therapy, the importance of the relation between therapist and client is well established and it has even been shown that the relationship in individual therapy is more important for the outcome of therapy than the therapist's method (Duncan, 2000). Some researchers conclude that relationships in effect are the intervention (Fewster, 2005; Garfat, 1999; Kreuger, 1991; Stuart, 2006).

In residential care, there are a large number of ever shifting relations between staff and youths and the focus will often be on staff-youths relations on a group level. These types of relationships are often of a confrontational type. The collectives through their special organisation with live-in staff have sought to soften — and if possible avoid — this type of confrontation, and thereby facilitate positive relations between individual staff and individual youths.

In a former study, we found how young people who have been in treatment in such collectives describe which factors they experienced as important in establishing positive youth-staff relations (Lone & Paulsen, 2018). We have also in yet another study presented how young people who have been in treatment in such collectives describe important factors for the motivation for treatment and for the kinds of relationships that are established in treatment (Lone & Paulsen, 2017a).

Relations between a social worker and a client can of course be of many characters, from in one extreme a very uneven distribution of power, which puts the social worker in a position to make all decisions, to the other with a very mutual distribution of power. This latter kind of relationship is well known from both practice and research and is often labelled a 'working alliance'. Such working alliances/therapeutic alliances are often seen as having three components: agreement on aims; agreement on strategies for practice; and finally an emotional bond between social worker and client (Bordin, 1979; Safran & Muran, 2003). In this perspective of the working alliance, a perception of openness, honesty and trustfulness is included (Doucette, 2001).

In descriptive studies youths have identified three essential aspects of their social workers: 1) personal qualities with the social worker (e.g. caring), 2) the behaviour of the social worker (e.g. attention, listening to the youth) and 3) the relation between social worker and youth (e.g. respect, caring and trust) (Manso, Rauktis & Boyd, 2008).

Studying the therapeutic alliance in residential care is difficult as these settings are differing, staff are rotated and there may be many different caregivers the youths have different types of working alliances with. In the collectives, there are somewhat different opportunities as the staff live-in with the youths.

Recently there has been a renewed focus on the relations and perhaps a more specific focus on the emotional bond aspects of the relations between caregiver and youth (Whittaker, del Valle& Holme, 2015). One of the questions raised is whether 'love is a part of professional practice'? Others are questions like, 'Is love a necessary premise for positive developing relations?', 'In what degree is love wanted and needed?'.

Researchers have discussed the role of love in professional practice and attention has been drawn to related concepts like care, compassion and empathy (Arman & Rehnsfeldt, 2006; Giata, 2012). Further to this, care, acceptance, empathy, sympathy, compassion, presence, recognition, respect, honesty, commitment, trust and a sense of community are all identified throughout the literature as key components of loving interaction and loving relationships (Giata, 2012; Hoyle, 2001).

Aim

Love is active and intentional, and is communicated through behaviours as well as words. So what we need are good descriptions of how youth have experienced loving relations in residential treatment. The aim of this study was to investigate how former clients in a Norwegian drug-treatment collective had experienced positive client-staff relations while in treatment, which they perceived or interpreted as love.

Methods

Design

We used a qualitative design to examine young people's first-hand experiences, feelings, judgements and perceptions regarding relations in one treatment collective for young drug-addicted youth in Norway. We used a semi-structured interview format that allowed the interviewers to obtain the necessary data while giving the respondents the freedom to respond in their own words, provide as much detail as they wish and offer illustrations and explanations (Polit, 2008). Using this approach, we encouraged respondents to share their experiences and describe the meanings or values they attached to them (Patton, 2002). With the questions, we sought to place the respondents in the role of experts in their own lives and the questions were arranged from simple, specific questions at the beginning to more complex, evaluative questions at the end.

Recruitment and sample

Study participants who met the inclusion criteria were young people who had earlier been in treatment in a collective for drug-addicted youth in Norway who were willing to describe their experiences and perceptions.

From among the group who were interested in participating, we obtained a diverse sample of both sexes, covering a range of ages and time spent in the programme. This type of sampling is recommended for qualitative studies because it allows participants with varying characteristics to be represented in the sample (Patton, 2002).

We conducted eight individual interviews with the participants for the purpose of this study. There were three males and five females, with ages ranging from 20 to 30 years old. The length of stay in the treatment facility varied from one to several years. One was in the discharge process; most had been discharged during the last two years, while one had been discharged nearly 10 years previously.

Ethical considerations

We obtained approval for this project from the Data Protection Official for Research (NSD). The participants' voluntary participation was secured by the

study's inclusion criteria as well as by the staff members' judgements regarding each respondent's condition, ability to participate in the study and competence to provide informed consent. Staff members approached potential respondents and explained the study to them, after which the young people reviewed the information sheet and those who agreed to participate signed the consent form. Potential respondents were given time to make their decision and the opportunity to ask for advice if they needed it. All respondents were over 18 years of age. They were also given the opportunity to speak to a named staff member after the interview, but none of them did so. Some volunteered to participate after hearing of others who had been interviewed.

Data collection procedures

The interviews were conducted in May 2016, and we interviewed each respondent once. The interviews lasted 45–90 minutes, and were conducted in isolated rooms at the collective. The researchers had no prior knowledge of or any relationship to the participants.

We used a semi-structured interview guide. The interviews were audio-taped and supplemented by the interviewer's notes, which included data about the participant's nonverbal behaviours during the interview, the main topics of discussion and the interviewer's preliminary analysis. The field notes were written on the day of the interview, after it had concluded.

Data analysis

The interviews were transcribed verbatim and the researcher's relevant field notes, including nonverbal data, were integrated. The method for descriptive analysis was based on the recommendations of Colaizzi (1978) and we used NVIVO software to analyse the interviews.

Each transcript was read in full to obtain a general sense of the participants' responses. Then significant statements related to the study questions were identified in every transcript, and the meaning of each statement was coded. Next, we created a list of these meanings, which was consolidated into themes that were compared and combined in cases of overlap. The themes were validated within and across the interviews. Each transcript was independently

coded and thematically analysed. Finally, we discussed the results to create a comprehensive description of the phenomena of interest.

Quality and integrity

Five criteria have been identified that enhance the trustworthiness of qualitative studies (Guba, 1994): credibility; dependability; conformability; transferability and authenticity. To ensure credibility and authenticity, we used audiotapes, verbatim transcriptions, field notes and reflective notes during the interview process. These notes included the researcher's assumptions, actions and feelings during the data collection and analysis processes, thereby increasing the conformability and transferability of the study findings by documenting the interviewer's thoughts and behaviour during the interviews. In addition, to increase the credibility and dependability of the data, the interviewers verified that their interpretations represented the respondents' perceptions by probing for clarifications (Polit, 2008).

Translation into English for the purpose of this paper

The interviews were conducted and transcribed in Norwegian. After selecting the statements we wanted to use in this paper, we translated them into English. To the best of our ability, we have checked that the translations reflect the original meanings and we have used outside language expertise.

The English word does not easily translate into Norwegian — or the other way around for the Norwegian corresponding word kjærlighet, as they contain a range of cultural and social implications which isn't necessarily the same. In Norwegian, kjærlighet is most often used to describe romantic or family-related relations and it is therefore not surprising that none of our respondents voluntarily chose to use the word love to describe positive client staff relations. It is on the other hand even more interesting that all of them confirmed the use of the word when asked directly at the end of each interview.

Findings

Our analyses of the interviews revealed several factors that can be seen as important elements in close relations between youths and staff. These will be presented though three dimensions: emotional involvement; putting the youth in

the centre of attention and making the youths feel safe and finally, subject-subject relation and the absence of use of physical restraint in relations. In addition, all of our respondents reported to have experienced love in treatment. By subject-subject relation we mean 'a relationship between two people which is important for both parties'.

All of our respondents described emotional involvement as highly important in relations with staff. Emotional involvement was described in several ways. The youths reported having experienced genuine emotional involvement from staff.

> I have a 'turbulent' boyfriend - and if I am going out and looking for him because he wants to take his own life - she [The Staff] sat crying on the phone and tried to help somehow ... so I do see that she really, really cares - she's the first person I call ...

> They are emotionally involved, and [it] shows that they really, truly care.

> They involve themselves in a completely different way [than in traditional institutions] emotionally - so it is - in a way - like a small family – well, actually a large family.

This emotional involvement was considered as an important quality in positive relations. Further, the youths experienced the staff as real people, not as an employees at work:

> I feel that the people working on the collective work with their whole heart - they live right there - I think it's six weeks at a time, and then they have two weeks off - they've got most of their life there.

> It is that they live here that does it - that their children are here. It provides a form of respect - and trust, really - mutual trust - for they show that they have confidence that we are good - although we have had problems in life.

This experience of genuineness was also considered an important aspect of positive relations. In their descriptions of acts from staff, all of our respondents

had many stories to tell about situations which in themselves often were simple and mundane, like 'she offered me a cup of tea' or 'she took her time to sit and listen to me, even if she really did not have the time to do so – and where the youths perceived these acts as proof of true and genuine emotional involvement. The respondents' voices and facial expressions underlined the words, and conveyed their own mutual feelings toward the staff.

Our respondents described several staff qualities and abilities they had experienced as important for positive relationships. Quite a few of them accentuated the staff members ability to see them, to be there for them and to trust them as important for the respondents to enter into a positive relation. This was described in several ways, sometimes as a genuine interest in the youths and their well-being:

> She has helped me very much. I have come in the middle of the night and woke her and she was not cross; she got up and talked to me.

> I do not know; it was the first time I had spoken to her privately. Do not know; it just clicked. And after that, I talked to her about everything. Absolutely everything.

> She's the first I can remember who asked, 'How is it going with you? ' My first answer was 'it's fine!' …and then she asked 'How are you doing, REALLY?' and then words just ran out of me.

Another aspect enhanced by quite a few of the youths was the feeling of safety provided for them in the relations with staff.

> I had not done anything with myself the first year and I could not do it alone either ... and when I met [staff member's name] I found a safe place to start.

> I think that the special thing with [staff member's name] is that I feel safe when she's there - very, very safe - I do so with the others too, but I feel most safe when she's there.

Another aspect that was highly appreciated by the respondents was the staff members' willingness to not give up the youths in difficult times:

> They gave me so many chances; I discharged myself twice, but I
> needed to come back and they took me back — I did drugs
> pretty much, but they helped me to come back. They picked me
> up and they gave me so many chances.

The ability to put the youth at the centre, make them feel safe and be persistent were valued as important qualities and abilities from staff in positive relations.

They reported feeling safe, they felt the adults were there for them whether they behaved well or badly — and they simply felt loved.

Finally, quite a few of our respondents described positive relations to staff as being characterised as subject-subject relations where the youths were treated as participants more than clients/patient.

> There's much more cooperation

In this study, we have not used any specific definition of love, but have focused on our respondents' own identification of relations where they feel it is appropriate to use the term to describe their experience.

> You cannot be responsible if you do not get the chance to take
> that responsibility! Here in the collective you are allowed to take
> as much responsibility you want to — and I think that's so cool.

Interestingly enough, in quite a few of the responses this was connected to the absence of physical restraint in the relations. This is a representative quote:

> What was so nice with the collective was that they use no
> physical restraint — but they speak with you — that's one thing
> that is very different to all other institutions I have been to; the
> use of physical restraint in the other places — the collective lets
> you act out and reflect with you afterwards — and then maybe
> even if they get tired afterwards — they still support you
> throughout the process — to identify the meaning of your actions
> perhaps…

> The thing is that I was on two [traditional] institutions before I
> came to the collective — and being there was so contrasting —
> they use physical restraint … and they pressure you to talk about
> your problems. … and then when you get to the collective and
> the staff are there for themselves; they live there! — And you
> get to have all your stuff — it is not that kind of an institution,
> that is — it does not feel like an institution…

According to our respondents, positive relationships in treatment are characterised by subject-subject relationships. This can hardly be achieved when using physical restraint in treatment.

Yes, it was love!

In summary, our respondents gave a very positive picture of their experiences with staff in this particular treatment collective. Some of their stories are connected to contextual conditions like the absence of physical restraint and the presence of staff members over weeks at a time, but most of them are stories of close and genuinely honest relations between staff and youth. Yet, overall they are stories of troubled youths finding 'the one'; that single member of staff who for reasons unknown ('It just clicked') became the person the youth connected to in a deep and meaningful way.

A relationship of love

All of our respondents specifically reported that they had experienced love in relationships with staff during treatment. They all confirmed this in different ways and since these responses were made to direct and somewhat leading questions, the questions are included:

Q: Have you felt any love on the collective?

R: Yes. I got a lot of it.

Q: Would you call it love?

R: Yes. That's what it is!

Q: Is love what you got?

R: Yes. That was it.

Q: It is a very strong word ...

R: Yes. But it is correct. I did that.

Q: But is that the hallmark of a good helper; To care?

R: Yes. That they really want to. That they really, really show that they care.

Q: Would you call this love?

R: Yes

Q: Where they (the staff) happy to see you?

R: Oh yes - especially if one has been away for a while. They are happy to see me, genuinely happy.

Q: Could it be an element of love?

R: Yes, absolutely.

Also, it was not only described as love flowing from staff to themselves — it went both ways:

I was very fond of them — I've got respect for all those who work there.

It is there, there is trust in it, too. A relationship, one you get along very well with. You can look at it as a kind of best friend — someone you trust — one that respects you — one who spends time with you. It is probably the first thing I think of when I think of relationships in the collective.

Q: Then you describe a good relationship?

R: Yes

Q: What you called love?

R: Yes — one you are very fond of.

These quotes are representative of all of the responses we got when asking directly if the young people had experienced love. Also, there was no hesitation in answering; when asked if it was love, they confirmed it immediately, sometimes with an air of, 'Why do you ask such obvious questions?'.

Overall, there was love. Love showed itself in many guises, but our respondents had no trouble identifying the love they received as just that; love. Love in all its forms — just as we all experience it — as a wink of an eye, a kind word in passing-by, a hug on arrival, while sitting in the crook of an arm, or just as a deep and satisfying knowledge.

Discussion

In this study, youth described how they had experienced positive relationships in residential treatment. Our findings suggest that the youths experience emotional involvement as an essential necessity of positive relations between staff and youths. Furthermore, our findings emphasise staff's ability to put the youth at the centre of attention, their ability to make the youth feel safe and the staff members' endurance as important contributions to positive relations. Finally, the youths described positive relations in treatment as based in subject-subject relations and the importance of absence of physical restraint. In addition, all of our respondents confirmed having experienced love in treatment.

All of our respondents described emotional involvement from staff as important, and often crucial, for positive staff-youth relations. Quite a few of the youths were occupied with thoughts regarding whether staff just considered their relationship to them as a part of their work for which they got paid. They all concluded that they experienced staff as genuinely interested in them, their life and their wellbeing and that this gave them a feeling of genuine emotional involvement. This was mostly shown through the fact that the staff lived-in with them and this was seen as proof by our respondents that the staff members' involvement in them was real and honest and not just professional methodology. The emotional involvement was also shown through staff being real people, showing all sides of themselves to the youths. Here the youths met adults who were willing to enter into close relations, spend time with the youths and be

engaged. The emotional involvement can be seen as a pre-requisite for the experience of an emotional bond between staff and youth needed for a working alliance (Bordin, 1979). These experienced qualities of the relationship were considered essential for the experience of close relations and it is reasonable to see this as necessary for the formation of a working alliance that became very important in the course of treatment. The way our respondents described the closeness of these relations also makes us believe that a feeling of received love is a component in these relations. The structure in the collectives makes this possible through having staff living-in with the youths.

Also, our respondents were quite clear in their appreciation of staff's ability to put the youths at the centre of attention and see them as individuals with individual needs. This make them feel valued and important. They have often been seen and characterised/defined by their behavioural difficulties, as drug users or as having different psychiatric diagnoses. So, experiencing humans who could see beyond this gave them a new experience and a feeling of worth in the eyes of the staff and themselves, laying the ground for positive relations. Also our respondents' appraisal of the ability by staff to go beyond everyday politeness exchanges of the 'how-are-you — thank-you-very-well'-type were valued as important for positive relations. The youths even criticised staff members who did not do this. Also, they described such 'How are you really?'-questions as a kind of break-through situations for trustful relations.

The story one respondent told of how a staff member reacted when she was woken in the middle of the night is typical for many situations where staff abandon their own comfort to instead focus on a youths situation. Here staff show an ability to look beyond the youth's behaviour and instead see them as having a difficult time. This ability by staff members to postpone meeting their own needs in favour of meeting a youth's needs when in a difficult situation, is probably a basic requirement for working with troubled youths. It is also, on a more general basis, something that is often seen as a component of love; that one is willing to abandon one's own interests in favour of someone else's.

Also, the ability to make the youth feel safe in relationships with staff was experienced as important for positive relations between staff and youth. It is interesting to notice that this feeling of being safe was just that; it was a feeling.

This feeling was partly connected to something a staffer did or said, but it was mostly connected to what the staffer was, namely, safe. This ability in a staffer to be safe in herself and to spread this safeness around her, is probably a key factor in how some staff members manage to make youths want to connect to them. This ability must stem from the staff member's own personality, and this realisation has important consequences for 'staff hiring and firing' and also staff developing through introduction programmes for newly-hired, staff supervision, personal development and so on. This ability to make the youth feel safe seems to be an important aspect of the working alliance and can be considered a component/representation of love in the relations between the youth and staff.

Our respondents made it very clear that they often can be very challenging for the staff to work with. They initially resist establishing working alliances with staff and in periods they often show behaviour established in times before they were placed in treatment. This could be behaviours such as being threatening or violent, by using drugs, by escaping from the collective — and sometimes by being overly co-operative. These periods can be very frustrating for staff members and it is tempting to give up. The fact that the staff in the collective do not give up is highly appreciated by our respondents, sometimes with an air of awe when they describe it. The youths valued being tolerated regardless of their behaviours and perceived this persistence/endurance as a sign of interest and affection and even love.

Feeling seen, feeling safe and feeling valued may be key factors in participation and collaboration in a working alliance and can also be seen as components/representations of love in the relationship.

The notion that staff treated the youths more like fellow human beings and participants instead of clients was an important aspect of positive relations described by the youths. This was also connected to absence of physical restraint in treatment (by some of our respondents).

Mostly, our respondents focused on what they saw as positive factors they had experienced during their stay at the collective. In addition, those who had been to traditional institutions before they came to the collective also focused on the

importance of a factor that was absent at the collective: the use of physical restraint by staff members when youths refused to follow instructions.

The collective in which all our respondents had been to — as in other similar collectives in Norway — has a strict No Physical Restraint Policy and this was seen by our respondents as a crucial factor in their process of entering into positive relations with staff. This is no surprise; a Working Alliance is based on agreement on aims and strategies and also on a positive emotional bond between staff members and youth. To achieve this, power and influence must be distributed as evenly and balanced as possible. When staff members chose to use physical restraint, this balance is destroyed and the formation of a working alliance is more or less impossible. If an alliance already has been established, it will probably be destroyed. And even more, if staff members use physical restraint against one youth, it will affect all the youths, since it introduces physical restraint as a possibility in any situation.

Yes, it was love.

Finally, all our respondents confirmed that they had experienced love in relations with staff. This may of course be caused by the interview situation and an expectation by the interviewers. But by their different way of elaborating their responses it seems like they all have experienced what they perceive and experience as being like love. We can also conclude that even though they have described what they perceive as love in different ways, they have also presented some aspects/representations of love that is quite common among our respondents.

The fact that they describe it differently probably reflects that love for each of them is a subjective feeling based on earlier experiences and expectations. But the fact that they describe commonalities gives us a notion that there are some universal qualities of loving relations in treatment.

Running an institution for residential care is a complicated endeavour. It is a work place, it is a home, and it is a place for treating youths in a difficult situation. All things aside, the core of the activities must be aimed at the latter; that the youths themselves feel that they are at the centre of staff's attention. We feel that our study has shown that the collectives through their live-in model

manage to achieve this and that our respondents describe the relations that emerge between them and staff with one of the strongest words in our language — love. This is of course interesting in itself, but the most important part is that they describe these relations as the gateway into a process where they begin to trust the helpers, but even more important: that they begin to build a positive hope for their own future.

Practical implications

Our study had a limited number of participants receiving treatment in a special kind of collective which makes generalisations difficult. But these youths have interesting opinions and real life experiences from living in residential care. They challenge us in different ways.

An interesting question can be raised: can emotional proximity and love be taught, or is this a kind of personal talent? There is no clear answer to this. But this does not leave us without options. First of all, our respondents challenge staff to be attentive towards them and willing to engage in close relations for development of working alliances and perceptions of love in treatment. Further the way residential care is organised is of importance for creating and nurturing positive emotional relations.

Our findings remind us of the importance of the positive relationships between youths and staff in residential treatment. It challenges the necessary focus we have to be attentive when it comes to emotional involvement with the youths, the fact that we put the youth at the centre of attention, that we give them a sense of safety and that we deal in subject-subject relations without physical force that may distort relationships.

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Age limits and eligibility conditions for care, extended care and leaving care support for young people in care and care leavers: The case for cross-national analysis

Robbie Gilligan

Abstract

Greater awareness internationally of the special needs and circumstances of young people leaving care settings has led to growing policy interest and innovation in recent years. This paper draws attention to a small sample of policy approaches and developments in certain jurisdictions in this area. The case is argued for the value of a cross national comparative approach in studying provision for care leavers. Potential elements of a framework for analysing relevant policy are discussed. An invitation is extended to join a continuing international 'conversation' on the themes covered in the paper.

Keywords

Young people in care; care leavers; care; after care

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Introduction

There has been increasing awareness in recent years of the challenges facing care leavers internationally as they make the transition from the formal care system when they reach the upper age limit of entitlement to care (UN General Assembly, 2010). Leaving formal care can often mean the young people involved suddenly facing life without the supports or safety nets that are typically available to their same-age peers who have not been in the care system. There is also growing understanding of the reality that it may sometimes take many years for young people leaving care to work through the legacy issues from before and during their time in care (Brady & Gilligan, 2018). In addition, there is evidence that leaving care even slightly later may have positive impacts on young people's subsequent progress. American researchers have found higher rates of educational participation among young people still in care at age 19 when compared to peers leaving care at an earlier age (Courtney, Dworsky & Pollack, 2007). Gradually, policy in certain jurisdictions has begun to reflect an appreciation of these considerations and insights.

What is being offered here is a selective analysis of some of the latest known policy responses to these issues in certain jurisdictions. The examples chosen are not intended in any way to present a complete picture of what may be happening globally but to convey a flavour of some of the approaches now evident across different jurisdictions. This analysis has two aims. Firstly, it seeks to facilitate the initial sketching out of some of the key elements of an analytical framework in this policy area. Secondly, it sets out to demonstrate the value of comparative approaches to policy in this area. It is also hoped, in turn, that it may prompt further contributions to an ongoing process of describing relevant policy developments in these and other jurisdictions thus permitting further elaboration of the initial framework being presented here.

There are three key components of the framework being proposed.

'Care'

In this context, 'care' is a widely used term to describe formal (official) placement of a child away from his or her family in another setting, whether in

another family, related or not related, or in some form of residential care. The decision requires a mandate from the child's parents, or more commonly in most jurisdictions from a court or a legal body invested with similar legal powers. In effect, such 'care' is often 'imposed' on a child or young person by concerned adults. As noted in the title of this article, most jurisdictions have legal or customary time limits for the duration of such care. 'Care' as understood here is organised by public authorities, in contrast to informal care of children away from their families of birth that may occur 'organically' in certain family or community networks.

Extended Care - Raising the care leaving age

Extended care (sometimes known as continuing care) is one of two innovations emerging in certain jurisdictions. It involves raising the care leaving age – the upper age limit beyond which the young person no longer enjoys the full provision of the care system. While care typically may be experienced as 'imposed' by the young person, extended care operates with the agreement of the young person who has requested or accepted the opportunity to remain in or return to care.

Enhanced after care support

The second innovation beginning to gain ground involves improved measures of after–care (sometimes termed transitional) support for care leavers. These measures may take different practical forms, and have varying terms attached in terms of, for example, eligibility, duration or upper age limits

While neither of these two innovations is reflected universally across care systems, it is notable the extent to which they are now adopted or on the agenda in many jurisdictions. It should also be acknowledged, however, that these reforms are not breaking entirely new ground, since in certain jurisdictions there has or had been a tradition of a later care leaving age than what might be termed the 'modal' (most frequent) age limit of 18 years. One such jurisdiction with a longer established older age limit is the state of Illinois in the US where the care leaving age has long been 19 years of age (Courtney, Dworsky & Pollack, 2007).

The following are some examples of the nature of changes underway:

- New Zealand is raising the care leaving age beyond 17 years of age, whereby a young person 'will be able to remain in care or return to care up until the age of 21, with transition support and advice available up to 25' (Ministry of Social Development, 2016).

- Scotland has extended the age of leaving care (from April 2015) until 21 for both foster and residential care https://beta.gov.scot/policies/looked-after-children/children-leaving-care/. The term 'continuing care' is used to cover this extension of care from the previous age of 16 (The Scottish Government, 2013).

- In the United States, there are also major enhancements in provision relating to care leavers with policies involving a mix of extended care and transition support:

  In approximately 46 States, the District of Columbia, and American Samoa, youth who are in out-of-home care at the time they reach their 18th birthday are allowed to extend that placement and continue receiving services from the social services agency. In most cases, youth may remain under agency supervision until age 21—in situations that can include foster care, a supervised independent living arrangement, or the provision of transitional living services— while they continue working on educational or vocational goals and further develop their independent living skills and transition to independence (Child Welfare Information Gateway, 2017).

This article explores, in a preliminary way, some of the conceptual 'fine print' behind such actual or intended reforms. It is also intended as an initial prompt to building a more comprehensive and current picture of provision across jurisdiction.

There are many aspects to provision and support for young people in care and care leavers. A key dimension of such provision is the related legal framework underpinning eligibility, entitlements and so on. A lot can be learned by scanning policy approaches across different jurisdictions. What is happening? What changes are beginning to emerge in different systems? As noted, this paper is

not claiming to answer these questions in a comprehensive or definitive way, but it is aiming to 'begin a conversation' on these issues, highlighting the potential value of a fuller comparative picture. In particular, it is hoping to stimulate a process of post-publication peer review, thanks to this journal's open access policy. This can allow readers to serve as reviewers who can contribute verifiable observations which can help to clarify or elaborate authoritatively the latest detail and relevant sources for key aspects of provision for a fuller number of jurisdictions.

There are many challenges in initiating or pursuing such a process of 'critical description' that are not easily resolved. These include:

- Achieving and up-to-date and accurate 'live time' picture of policy measures in a given jurisdiction;
- Achieving clarity as to how widely used terms are understood and operated across different jurisdictions;
- 'Unpacking' actual or apparent differences between extended care provision or after care / transitional support;
- Coping with the reality that there may be discrepancies between what is claimed in the policy or legal document and actual practice;
- Avoiding confusion that may potentially arise from cultural, linguistic and administrative system differences in relation to interpreting key terminology;
- Dealing with translation issues, where legislation and policy is not available (in this case) in English;
- Managing the complexity of detail often inherent in policy provision – achieving a reasonable balance between accessibility and technical accuracy;
- Making judgments as to reliability of non-official sources (researchers etc) where official documentation has not been sourced.

While there are such challenges, there are also of course many opportunities presented by such a fuller picture of international practice. In a time when there are increasing calls for a stronger evidence base to inform the policy process, having an expanding evidence base of how these matters are handled in different jurisdictions internationally could be of considerable policy value – in

terms of either crafting or reviewing policy for young people in care and care leavers.

The following discussion is structured around a set of questions which are used to help uncover key issues and draw on relevant examples.

How is the issue of an upper limit for care leaving age managed across different jurisdictions?

Mostly the upper age limit for care provision is fixed by law in statute – age 18 is common, with Finland being one such example where care ends by law at age 18 (Finland, Ministry of Social Affairs and Health, 2007, 2013). There are also some variations or exceptions. Completion of a certain stage of education may be used as another criterion for reaching the time limit for exiting formal care. Care ends in Sweden, for example, when the young person graduates high school, or reaches the age of 21 (when general parental responsibility is deemed complete) (Söderqvist, Bülow & Sjöblom, 2015).

What if any flexibility is applied to the operation of the upper age limit, and under what special circumstances may this be extended?

Extensions of the upper age limit of care leaving may be applied in certain jurisdictions to support completion of, or progress in education (or training). Such extensions are typically granted on the application or agreement of the young person and remaining in care under such terms is an entirely voluntary process.

Some countries build in special automatic extensions of the upper age limit for care for young people with disabilities. Germany is one such example where the general upper age limit of care is extended from 21 to 27 years 'in any cases involving serious disabilities caused by psychological impairment' (Harder, Zeller, López, Köngeter & Knorth, 2013).

There is an international trend towards extending the legal upper age limit of care from 18 years to a later age, with or without certain conditions. One recent example is the legal reform in Portugal (September 2015) which has allowed care to be extended to age 25 for young people still in education (Rodrigues,

2018). Reforms in England now allow placement in foster care to be extended to the age of 21, or to the end of an education course being undertaken on the young person's 21st birthday (Great Britian, Her Majesty's Government, 2013). However, there is no equivalent to this 'Staying Put' scheme for young people leaving care from residential care settings, a difference that has attracted a lot of criticism.

In certain jurisdictions, young people may be allowed to request an extension of their time in care before they reach the formal care leaving age limit. In addition, in some cases, it may be permitted for a young person who has left care to request a return to care once this occurs while the young person is still aged within the upper age limit of extended care.

It also seems that, in practice, in certain systems young people in care may be able to negotiate a choice based on different options in extended care, as for example by continuing in the existing setting where they have been living or by accessing a more tailored alternative arrangement.

It should be noted, for clarity, that extended care appears not to apply to extending the age of original entry to care — but may extend, as noted, the age at exit.

Regional influences may also help to shape provision. Historically, there was a pattern of later age limit for care leaving in certain countries in Eastern Europe during the Communist period. The current policy in Romania reflects this tradition, with upper age limit of care extended to 26 years where a young adult living in care is in education (Anghel, Herczog & Dima, 2013, p. 246).

How is after care understood in terms of type of support offered? How does after care differ from care?

There is a spectrum of policy approaches to 'after care' (also known in some places as transition support) — an 'umbrella' term which translates into different responses / provisions in different systems. The one commonality is that the relevant provision applies for some fixed or flexible period after the period of formal care is deemed to end. At one end of the spectrum is a policy 'silence' about after care implying no recognised (need for) measures at a policy level. Sweden is one such example, where the policy view has been that the universal

provision of the welfare state is sufficient to meet the after care needs of care leavers, a viewpoint now under challenge by researchers (Höjer & Sjöblom, 2010). At the other end of the spectrum, may be one or more specified measures which may be available under certain conditions and for which eligible young people may apply. A critical issue for young people is the level of certainty or guarantee there may be in terms of provision or accessibility of support provided. The level of support specified in legal or policy documents may vary. The recent Child Care (Amendment) Act 2015 in Ireland introduced a duty on the authorities to provide every eligible care leaver with a formal after care plan (Ireland, Department of Children and Youth Affairs, 2018) There has been concern expressed however that there may still be difficulty in securing access to the provisions specified in any such plan, since provision of such support remains at the discretion of the authorities. Examples from other jurisdictions show how legal measures may frame the after care offering with greater or lesser specificity in term of what is to be provided.

In Finland (Ministry of Social Affairs and Health, 2007, 2013), there is a general provision that municipalities which provide child welfare services have a duty to provide after care for up to five years after a young person leaves care, or until the young person reaches 21years of age. Such a duty on the provider of after care strengthens the position of the young person reliant on after care, but there is still an issue as to how this duty is to be interpreted — how broadly or narrowly, how generously, or how sparingly in terms of the scope of what is offered in practice. In Norway, the authorities are required to consult young people in care about their after care needs beyond age 18 and provide support according to any agreed written plan until the age of 23 (Backe-Hansen, Højer, Sjöblom & Storø, 2013). In a somewhat different approach, in April 2018, the government of the Province of British Columbia in Canada introduced after care measures for eligible young adults aged 19-26 who were formerly in care. In its information for relevant young adults the government explains to young people that these measures may 'help cover the cost of things like housing, child care, tuition and health care while you go back to school, or attend rehabilitation, vocational or approved life skills program' (Government of British Columbia, 2018). While a window of time for eligibility for any after care to be provided is

usually specified, some countries may also offer scope for after care for varying lengths of time according to the circumstances of the given case.

Conclusion

Overall, it may be said that change is in the air. There are signs of systems becoming more flexible, but there are still some consistent features relevant to further developing an analytical framework in this area:

- Age is widely used as a 'gateway' to end or begin access to provisions (for example, ending entitlement to care, or commencing eligibility for after care);
- Where relevant, extended care or transitional / after care support is offered subject to the young person's voluntary application / agreement;
- A condition that a young person should be 'productive' is very frequently an implicit condition of eligibility for extended care of after care support. Educational participation is very often a condition for being offered more favourable treatment (extension of care, or offers of after care), with the corollary that those not in education may suffer exclusion (despite objective evidence of need). In addition, participation in training programmes may be an alternative condition in place of education for accessing extended or after care;
- Disability may be specified as a reason for specially extended provision of care;
- The form of care may, in some cases, have a bearing on eligibility for provision – 'graduates' from foster care may sometimes be treated differently (more favourably) when compared to those emerging from residential care.

As in all areas of applied policy, unpacking the detail can prove highly technical. Terminology can be complex and sometimes hard to fathom from outside. Apparently similar terms may be understood differently in different jurisdictions (or languages). Despite such pitfalls the argument here is that there is a rich dividend for such efforts at cross-system understanding. They can serve to

illuminate policy processes and impacts and thereby help to stimulate and promote more responsive and effective provision.

There is much to be learned from cross-jurisdiction policy comparison at the levels of description, analysis and reflection. This paper has concentrated mainly on 'what' questions, on the initial stage of (critical) description of what is happening — with a particular eye on some of the clear policy 'movers' in this area, while not altogether neglecting the less 'activist' jurisdictions in terms of policy development. Later work can focus more on analysis and reflection, with attention to the various levels of the 'why' questions that lie behind the conception and implementation of reform, including, for example, exploration of the 'why?' of which actions and which actors.

About the author

Robbie Gilligan is Professor of Social Work and Social Policy, Trinity College Dublin. He is a registered social worker and a former foster carer. He is co-principal investigator of the cross-national Care to Work Pathways Study and a member of the INTRAC research network on care leavers and care leaving. He serves on the International Advisory Board of the Institute for Inspiring Children's Futures, University of Strathclyde. In addition, he is currently a Visiting Professor at CIRCY - Centre for Innovation and Research on Children and Youth, University of Sussex.

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Scotland's Looked After Children: best educated in class, or do they need a 'Hole in the Wall'?

Paul Lee Alan

Abstract

How can looked after children with special educational needs be supported outside the school day? Research suggests a significantly high proportion of looked after children have special educational needs. This piece briefly explores my own educational experiences in the 1950s and '60s with reference to my recent discovery of the apparent benefits of peer supported, 'unsupervised' learning in the 'hole in the wall' experiment in the slums of Kalkaji, New Delhi, initiated by Sugata Mitra, Chief Scientist at NIIT, in 1982.

Keywords

Peer Support, residential care.

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This piece is written at a time when education is decades beyond my own educational journey during my time in care in the 1950s and '60s, but outcomes for looked after children suggest that education needs to move on still further to cater for the unique needs of those looked after in residential care. In 2014 around 40% of children in care without a special educational need achieved 5 or more GCSEs. Only 11.7% with a special educational need did so (Morse 2014, p.27). Add to this statistic that 68% of children in care in England have a special educational need (compared with 19% of the general school age population), the scale of the problem becomes apparent. Children looked after in Scotland, however, classify under the provision for additional support needs since 2009 through the Education (Additional Support for Learning) (Scotland) Act 2009. The focus on the diverse needs of children places Scotland ahead on considering the 'welfare of [the] child [as] paramount' (Children (Scotland) Act 1995, Part II, 16(1)) for Scotland's looked after children.

Children in residential care need opportunities to learn outside the classroom, freedom to take appropriate risks, and support to learn from their experiences, the good and the not-so-good. This will build their desire and capacity to learn, as well as instilling self-confidence and the belief that they can learn. This is crucial, as self-confidence is often lacking among children in care. Being in residential care is a statement that you are different – it certainly was for me. You have somehow failed: you have no family, no one at Christmas, no one on your birthday. You have no support network, no one to cheer you on. It never goes away. This makes overcoming educational setbacks so much more difficult. It is no wonder that children in care often look for a 'hole in the wall'; somewhere or something that will help them escape these feelings. The importance of finding ways to help these vulnerable children acquire the confidence and passion to learn, and helping them to find a safe escape, cannot be underestimated.

Until I took the English 11-Plus I was almost blissfully unaware of my educational shortcomings. At school we sat in segregated rows, with the brightest and best on my far right, with me diagonally opposite in the far left corner, like the dunce's corner. But this didn't really bother me, because I could understand much of the work given to the brightest tier and in fact I found it

more interesting than my own basic mundane work. I found my inability to read or express myself through the written word incredibly frustrating, but I didn't consider it a reflection on my ability. Failing the 11-Plus brought my educational shortcomings home to me with a bang and was a severe emotional set-back that was difficult to recover from. It still haunts me today. It would have been easy to give up.

In some ways I was lucky, because growing up in the '50s and '60s I had more freedom and independence than children do now, and I found solace on local coal slag heaps. I would play on them, running down the scree as I did later down the screes of Great Gable during the Vaux Mountain Trials in the 70s; they became my 'hole in the wall' where I escaped the frustrations of the classroom. At the time of my 11-Plus I had the freedom to do this but it would be frowned upon (if not impossible) today! The slag heaps provided a wealth of opportunities to link what I liked to do outside of school to what I learned inside it. It was a different way of learning, a way that worked for me. When I later found myself in a geography class in secondary school learning about fossils and minerals, with links to coal and even a local Roman copper mine, I knew I wanted to be a geologist. Well, the teacher was inspiring, encouraging and kind.

To add to my forays onto the coal slag heaps, I now found myself cycling to Alderley Edge, south of Manchester, to explore the open workings of Engine Vein, an abandoned Roman copper mine dating as far back as the Bronze Age; no more than a gash in the earth now, but what an adventure for a boy of 13 or 14! With the aid of an old torch I found fragments of malachite and other minerals, which the teacher appreciated. I was buoyed with such encouragement that I moved on to fossils, splitting the poor quality coal and shale deposits on the slag heaps to uncover the treasures they might hold. One fossil of a fish scale was considered by the Manchester Museum as an important find, and should still be in its archives today!

However, I was soon to face another 'severe' setback. Despite the support of my geography teacher, the school refused to allow me to sit my O-Level in Geography, citing my poor grasp of written English and writing skills. I remember I was devastated, truly devastated, and it damaged my desire to

learn for many years. But my experience of taking learning into my own domain had showed me I could learn.

Supporting children in care to learn experientially doesn't need to be difficult, and doesn't need to include risky visits to disused and dangerous Roman copper mines and slag heaps! Peer learning and support can be useful ways of getting those in care to take responsibility for their learning and build their self-confidence and self-worth.

Peer support certainly helped me: I remember once, an older girl helping me with my reading and homework when I made a muddle of it and became angry and frustrated. She had more time to spend with me than the teacher, and I felt much more comfortable working with her because we were both 'in care'. It was better than asking the teacher for help.

The power and possibilities of peer learning have been highlighted by Sugata Mitra's 'hole in the wall' experiment in the slum of Kalkaji, New Delhi. With no instruction, children taught themselves and each other to read, to use the computer set in a wall in the slum district, download programmes and surf the internet with little or no adult contact.

Encouraging children in care homes to support one another with homework is one way of getting a system of peer support in place. Other ways of helping children to learn from experience are explored in my article in the September 2016 issue (Lee 2016)

Ensuring that learning needs are diagnosed early and that appropriate support is in place is also vital; when I was diagnosed with severe dyslexia in my late 40s it was like a new start. Finally, I had an answer! With the aid of computers and other technologies I went on to complete a number of undergraduate and postgraduate qualifications, buoyed with confidence from my years of independent learning.

There are no limits on what can be achieved with early support in education, but it has to be the same for all, both for looked after children in Scotland and their not-looked-after counterparts.

Acknowledgement

About the author

Alan, Paul Lee is the co-author of 'Positive Images – Positive Effect' and author of 'The Pocket Facilitators Handbook'. He spent 12 years in the British Army as a physical training/outdoor activities instructor. After leaving the army Alan worked at senior management level in special residential schools for pupils with emotional and behavioural difficulties, during which time he gave an oral submission to the Children's Safeguards Review (Utting, 1997) concerning the challenges faced by senior staff to safeguard children in English special residential schools and the 'hidden agenda' involving the use of power, control and restraint. Alan campaigns against the use of restraint on children, particularly those looked after or in residential care.

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Family based care as an alternative care option

Anuja Bansal

Abstract

The Family Based Care (FBC) program by SOS Children's Villages of India is a curative alternative care model for children who have lost parental care. The program is based on the principles of necessity and appropriateness under the UNCRC and is supported by four pillars; the mother, brothers and sisters, the home and the community. The non-biological mother is responsible for a smaller group of children, thus ensuring development and implementation of their individual care plans. Brothers and sisters create a safety net through mentoring, protecting and supporting. The family takes collective decisions which allow every child in the family to participate in the decision-making process. FBC is a time tested successful approach as it involves these multiple layers of social security along with adequate checks and balances. Under FBC, children are raised in a family/family-like environment and are better prepared to be responsible and mainstreamed adults, not only economically but also emotionally and socially. According to a UNICEF report (2003), Asia has the highest number of parentless children, at 87.6 million. Therefore, it is our individual and collective responsibility to find ways to ensure that they receive equal opportunities and a chance to realise their own potential by being raised in a raised in a family/family-like environment.

Keywords

Children, UNCIEF, UNCRC, UN, family, care, fbc, parentless, alternate care, child care, orphans

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Families and belonging to a family is a universal concept, unique not only to the human race but applicable to almost all living beings. For human beings to be complete it is imperative that their physical, emotional and social needs are met. What better way to fulfil these needs than by being part of a family. The United Nations Convention on the Rights of the Child (UNCRC) asserts that family is the fundamental group of society and the natural environment for the growth and wellbeing of all its members and particularly children.

While most of us take the benefits of belonging to a family for granted, not all children are as privileged. According to a UNICEF report (2003), Asia has the highest number of parentless children, at 87.6 million. There are various causes of loss of parental care and other parts of the world are no different. When a child loses parental care, they are at risk of their rights being violated. The four basic rights of all children are the right to survival, the right to protection, the right to participation, and the right to development.

Based on the principles of necessity and appropriateness under the UN guidelines (2010), for these children who have lost parental care, efforts should be made by the state and non-governmental agencies to create a family-like alternative care environment. Providing family-based care is a time tested successful approach. When children have lost natural families, creating alternative small families and deinstitutionalising child care spaces can ensure long-term wellbeing and protection. In circumstances when children cannot be reunified with biological families, creating families for these children is possible. In fact over last 67 years, SOS Children's Villages, across the world have focused on creating "A loving home for every child". In India, too, in the last 52 years we have demonstrated through our work that children brought up in families and family-like environments are emotionally stable and socially better integrated. This helps in ensuring that the rights of these children are protected.

Family-based care at SOS Children's Villages is supported by four pillars. Every child receives love, care and affection of a parent or parents. The child develops ties with brothers and sisters. Lasting bonds are created in families. Many such families together create a community for a child. A parentless child brought up

under these four pillars of having a parent, brothers and sisters, a family and community is likely to grow up to become a contributing citizen of society.

One could argue why only make these claims for family-based care and support. Institutionalisation of care has its own impediments. We must understand that every child as an individual has needs that are specific to that child. As soon as we put the child in an institutionalised environment, the individuality of the child is lost and so is individualised care. Decisions and actions taken by the institution become universally applicable to all. Voices of children can often go unheard. Participation of children in decisions pertaining to their own development, though not impossible, becomes difficult to implement. The right to survival and the right to protection can more easily be compromised in an institution. Actions of office bearers and other residents can easily be hidden and transparency and accountability can become hostage to people in positions of authority.

On the other hand in family-based care, multiple layers of social security and checks and balances are created. The parent is responsible for a smaller group of children, thus ensuring development and implementation of their individual care plans. Brothers and sisters create a safety net through mentoring, protecting and supporting. The family takes collective decisions which allow every child in the family to participate in the decision-making process. The community within which each family exists helps to create a social norm and acceptance. Perpetrators of crime, abuse and violation of child rights can easily be isolated and punished.

Taking care of parentless children can be supported by child care tools and processes that organisations like SOS Children's villages have developed over time based on their knowledge and experiences. This can help make child care effective and efficient.

Building strong child protection policies and effective implementation of prevention and remedial tools is of highest significance. Capacity building and training of caregivers and creating awareness among children through working group sessions and cyber protection training can help keep children safe.

Implementation of resilience building trainings, emotional wellbeing, personal development plans, and encouraging use of sports and art as a method of expression can help these parentless children to grow into confident and responsible adults.

Constant training and capacity building of care givers and child care practitioners is imperative to keep them abreast of emerging needs and methods of helping children and also dealing with difficult situations and stress management.

So far I have talked about alternative care of children who have lost parental care. Poverty is an important reason, while certainly not being the only reason, for loss of parental care. A study conducted by ATD (2004) in six countries (Guatemala, Haiti, Burkina Faso, Philippines, United Kingdom and United States of America) documents various ways in which poverty separates children from their parents. Parents are compelled to take various actions and decisions which separate the children thus making them very vulnerable. Urban migration due to poverty can also put children at risk.

Therefore, working towards prevention of loss of parental care can be an important tool to make long term sustained impact. Actions can vary from geographies and needs of children. Providing direct nutritional, health care and educational support to children at risk will help tackle immediate problems. Strengthening families and parents or care givers can help build sustainable families and communities.

Sustained support for capacity building to caregivers to develop skills or generate self-employment can augment family incomes. This builds greater resilience and self-reliance of economically weaker families. Group income generation programs, creation of self-help groups, awareness building through trainings, access to government support and schemes, adult literacy and financial literacy are some methods of strengthening and building sustainable communities.

The responsibility to take care of these children who have lost parental care or are at risk of losing parental care is universal. While child care practitioners and civil society play their role, we must understand the primary responsibility rests with the state. The state must ensure that rights of children are protected no

matter what the circumstances. States should develop and implement consistent and mutually reinforcing family-oriented policies designed to promote and strengthen parents' abilities to care for their children.

Are people at large also responsible for the state of children in our society? I am often asked, "What can I do? I am only an individual. Why should I be responsible for children who are not in my care and protection?".

It is every world citizen's responsibility to help and support children, particularly those who are less privileged or in distress. Children are extremely vulnerable and can often be controlled by others. And therefore it is our individual and collective responsibility to find ways to ensure that they receive equal opportunities and a chance to realise their own potential.

Civil society and child care practitioners can play a very important role in ensuring family-based alternative care for children through advocacy and creating a people's movement.

Evidence-based advocacy is a very strong tool to influence the government. It is universally acknowledged that children brought up in a family and family-like environment are better prepared to be responsible mainstream adults, not only economically but also emotionally and socially. This information can be leveraged in dialogue with government and to influence policies and practices.

Building technical partnerships with government and widespread sharing of knowledge and expertise can also help influence government policies and practices.

Citizen action or creating a citizens' movement has long lasting impact with multiple dimensions. Firstly, it is important that people should be made aware of the apathy towards and need of less privileged children. People must realise that there is urgency and need for action. Supported by facts and data, it can generate momentum. Then, people must be made aware of what they can do. Often people are empathetic but are not aware of means to help. Making specific requests would bring focus to their action. It could range from citizens' reporting when they see children in distress, to actually deciding to provide long term financial or volunteering support. In today's digital age, data indicates that using online spaces is the fastest and cheapest way of reaching and influencing

society. Penetration into far flung and rural areas may require use of community radios and other on the ground initiatives. Of course there are many other ways of influencing people.

Therefore it would be fair to conclude that while the challenge is looming large of many million children having lost parental care and even larger number of children at risk of losing parental care, there are opportunities to make a sustained, widespread impact. The best way of doing this is to create spaces for family care and family-like care.

About the author

Anuja Bansal is a social sector professional committed to securing the rights of vulnerable children and women and has a vast repertoire of expertise on related issues. Having been qualified as a Chartered Accountant in 1989, she devoted herself to social development early in her career and has been working in this sector for over 15 years. Her diverse and expansive career includes leadership positions in international and national not for-profit organisations like Child Rights and You (CRY), ACCESS Development Services, Bharti Foundation, Oxfam India and now SOS Children's Villages of India.

At a time when greater accountability and transparency is demanded of the NGO sector, Anuja's expertise and work in the areas of strategic planning, strengthening governance, compliance systems, internal processes sound financial management, has helped enhance organisational credibility and capability. She has also built competence in the sector with her ability to recognise, hire, nurture and mentor talent leading to the capacity building of human resources.

Anuja has been leading SOS Children's Villages of India as its Secretary General since January 2015. This large self-implementing organisation has over 1700 employees with pan India presence at 32 locations in 22 states. Over 25,000 children are receiving holistic care, love and protection through two of its flagship programmes; Family Based Care and Family Strengthening Programme. The education Programme of SOS India is providing quality education and vocational training to over 7000 children and youths.

As head of SOS India, Anuja leads by example and she has been able to steer quite a few innovations resulting in strengthening the organisation. She has been instrumental in initiating technical partnerships with Government Stakeholders to expand the outreach of the organisation to larger number of children in need of care and protection. She is dedicated to ensuring safety and protection of all children under the care of the organisation, while safeguarding their mental and physical wellbeing. She continues to apply her knowledge gained by education and her prior international and national work experiences into leading the strategy, implementation of programmes and the functioning of the India chapter of SOS Children's Villages with utmost zeal and passion.

Anuja was awarded the Exceptional Women of Excellence 2017 Award in India by Women Economic Forum (WEF) in September, 2017.

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Pakistan: Working cross-culturally using an ACEs and Trauma framework. Is it possible?

Lisa Cherry

Abstract

This article sets out to explore cross cultural potential for using the framework of ACE's and Trauma Informed Practice through the learning encountered by the author on two trips to Lahore in 2017 and 2018. The author explores the complex layers that facilitate some of the challenges to this but also how they may lead the way in providing some of the answers. The author concludes that it is possible but only in the context of curiosity, shared conversations and humility about the diversity of human experience.

Keywords

Pakistan, trauma, ACEs, child abuse

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Introduction

As I finished speaking at the House of Lords on Trauma and Adverse Childhood Experiences and how this knowledge, incorporated into our work, enables us to have very different conversations, I was followed down the corridor by a woman. She introduced herself as Saffina and asked me if we could have a coffee. We sat down in the coffee shop and she started to tell me how much she wanted to take this knowledge into Pakistan. UK born from Pakistan parents who came over to this country in 1962, to the 'land of opportunity', Saffina has visited Pakistan throughout her life and wanted to work with organisations who were working with vulnerable children. 'We should go over there together', I apparently said. We hugged, parted company enthusiastically and I headed off to get my train. Little did I know that it was that conversation that would take us from the House of Lords' coffee shop in Westminster in July 2017 to landing in Lahore after an eight hour flight, my first time in Pakistan, the following November.

Before I proceed, I feel it important that I offer a disclaimer. I have visited Pakistan twice and have made sense of entering into an entirely different culture through those two experiences alongside reading about the country's development. I have developed an understanding about sustainable development goals, had a handful of conversations about Pakistani politics, delivered 10 workshops, speaking with attendees, and have also held deeper conversations with the various organisations that I have met. I do not claim to know very much at all and I have found this helpful rather than a hindrance. I remain deeply curious and I invite you to do the same. I can only share the knowledge I have collected and the particular meaning that I have given to my experiences. This article is therefore not full of references supporting each supposition. In fact, data, I have found, is tricky to find in Pakistan.

Lahore – November 2017

I arrived off the plane into smoggy Lahore, barely able to see the first sights of the thousands of people in the airport. Lahore airport is chaotic, crowded and full of endless unnecessary systems that create more of the sense of chaos. I was about to discover that just about everything about this trip was outside of my

experience. I had travelled through some of Thailand which paved the way for some of the poverty I encountered, and I had trekked the Great Wall of China near Beijing which prepared me for being stared at a lot. But Pakistan is a very particular country. Here are some facts to set the scene:

As at 2018 there are almost 208 million people in Pakistan (Live Population, 2018).

The country came into being during Partition at the end of British rule in 1947, argued as the best way to manage fighting between Muslims and Hindus. Pakistan was to be for the Muslims and India was to be for the Hindus. Partition caused the mass movement of people into their chosen country ripping apart neighbourhoods and families. The impact of this trauma is still very much felt.

Pakistan is host to three of the world's biggest and most spectacular mountain ranges, the Himalaya, the Karakoram and the Hindukush (Pak Peaks, 2017).

Pakistan also has one of the oldest civilizations in history, Mehrgarh, dating back to 6000 B.C. (UNESCO, 2004).

A UNICEF report on child mortality revealed Pakistan to be among the countries which have the highest rates of infant mortality (Sidhu, 2018).

Life expectancy is 66 years old in Pakistan. In the UK it is 81 years of age.

That first trip was a steep learning curve and while everyone was very warm and friendly and welcoming, I was focused continuously on the insanity of the road 'system', the appropriateness of my clothes and shame about colonisation carried within me in my cells left behind as an unwanted gift from my ancestors. I had to spend quality time throughout the day regulating my nervous system as I adjusted to my environment.

We visited many organisations, colleges and institutions and I shared my knowledge and thoughts and interpretations on trauma and the impact of adversity upon children. I remained deeply curious and humble to ensure that I shared in a way that could be helpful. The language I used around the subject as a Westerner was unfamiliar and at times appeared irrelevant to how a country with such challenges could makes sense of what I brought to the discussions. I held on to the space that connected us whenever I wavered internally —

humanity. There was so much that I didn't know, so much that I didn't understand and so much that seemed to make us different, but I kept returning and resetting my internal barometer to our shared humanity.

Understanding what abuse and neglect on developing children, for example, does to our physiology, remains the same cross culturally because we share our humanness. Utilising what we know about our human biology coupled with knowledge from neuroscience and available ACE (Adverse Childhood Experiences) studies, means that all our differences stop being the biggest factor in the conversation. I found returning to that incredibly helpful. I introduced the participants in workshops to the ACE studies, to neuroscience and to interpersonal neuro-biology. Some of the institutions were colleges and universities in psychology departments so I could really get across this interdisciplinary understanding of human development and throw in some sociology, psychology and politics!

One of the most challenging places I visited was the King Edward University Hospital. I spoke in the psychiatry department to students and staff. The sheer number of people in the building, the low-level strip lighting and the very obvious lack of resources meant that I was experiencing a hospital such as this facility for the first time. I can honestly say that I have never been in a hospital that was so deprived. Many of the psychiatrists had trained in the UK so they were kind about my barely hidden reaction, as they understood the contrast. At the other end of the socio-economic spectrum we visited Kinnaird College for Women and the privilege of those who were able to attend such a place was palpable.

Regardless of the location, I still had to stay focused on the message which was that trauma impacts us and positive and healthy relationships aid our recovery. My inner world spent much time 'hopscotching' around stark cultural differences such as Pakistan being a collectivist society rather than the painfully individualistic society that I live in, alongside how religion is a way of life, something of which I have no experience.

People requested sessions on mental health, emotional wellbeing and trauma but I rarely felt as though I was really connecting with attendees with my message.

When we returned for a second trip in April 2018, many things had changed that made the trip an entirely different experience, layering the learning from the first trip and building confidence within me that this was a good thing to be doing. The main difference that really stood out for me was Zainab.

Lahore – April 2018

Zainab was a little girl from Kasur, a small city on the outskirts of Lahore. She was kidnapped, sexually assaulted, murdered, then dumped on the side of the road. It is with a heavy heart that I say that there was little unusual about this incident, in fact child sexual abuse in Pakistan is at epidemic proportions with an added challenge of the differential between reported abuse and the abuse that goes unreported (Sahil, 2018). It was difficult to fully comprehend the systemic silence around abuse. My appraisal of this for the purpose of this article would be that the combination of the lack of structural availability and response, through what is often described as corrupt law enforcers and the power of 'shame' as a silencer, make reported figures appear lower than they actually are.

In fact one of my slides became 'stop the shhh' when it became clear in the workshop that I was running that parents often say 'shhh' when a child discloses abuse to them. As far as I could understand, this was also incredibly complex. Pakistan is two from the bottom of the gender equality index of 145 countries. Women are not generally financially able to live without support from their families. They have a high financial dependency on men. Because it is a collectivist society, people have a high emotional dependency on remaining part of their families. When we throw in 'shame' and 'honour' as concepts that often evoke silence the layers of complexity around child protection start to become clear.

What was particularly different about Zainab, was the release of pictures of her body by her family which enabled a huge social media campaign. Given the cultural imperatives to keep stories like this quiet, we can see how brave the family were. The social media campaign caused uproar about what had happened to Zainab and sparked a national conversation about child abuse, sexual abuse, child murder and child protection.

When I returned for the second visit there was desperation to talk about child abuse, mental health and women's empowerment. Alongside this, the international conversation about ACEs and trauma had grown, just in that five months. Doctors at the King Edward University Hospital had recently attended an international conference where ACEs and trauma were talked about and I felt that they were a little proud that they had already heard of this from our November 2017 lectures. We were speaking the same language and it had all happened so quickly.

I was also in a different frame of mind, embracing my curiosity and 'not knowing', loving the learning from all the incredible people that I met and comfortably wearing traditional clothing. People I had met on the first trip felt like strong connections now we had met in person twice. The conversations we were having felt relevant, timely and necessary and I asked everyone to think about how ACE knowledge and trauma recovery and resilience could be adapted to make sense in a very different society from the one in which those theories emerged.

The Future

A return visit is booked for November 2018. Trauma is trauma but I learned that it is also relative. As humans, we adapt and life in Lahore is very hectic, full of energy, fast paced and the idea of 'me time' provokes very blank faces which left me smiling at my own naivety and cultural inexperience. I did cry, just once. My ability to hear just one more story ran out before I noticed. The teller of the story was a little curious about my emotional response as here I was, travelling over from the UK to talk about trauma and yet I expressed that I was drowning in trauma. That is exactly how it felt. The relativity of life experience, the diversity of what it is to be human and the heart-felt connection I had upon hearing one woman's story collided in my momentary collapse. Is it possible to use ACEs and trauma as a framework cross-culturally? I think it is very possible, but my role as an outsider is to spark a conversation. I have no answers to speak of really, merely connection, love from my heart and the ability to get on a plane and look into the eyes of another and say thank you for telling me who you are and sharing what happened to you.

About the author

Lisa Cherry is an author and a leading international trainer and consultant, specialising in assisting education professionals, those in social care, fostering, health and Probation to understand trauma, recovery and resilience for vulnerable children, young people and their families.

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Create space for collaboration: can we help each other participate in participation?

Paul Sullivan

Abstract

This article is, in part, a celebration of Scotland's Year of Young People (YoYP) 2018. Year of Young People allows us a chance to promote and celebrate the fantastic talent of young people across Scotland. The 'Participation' theme of Year of Young People is a perfect example of this. As part of Year of Young People, CELCIS, alongside a wide range of partners, young people and communities involved in participation, are creating an exciting new space — the 'Participating in Participation Network' — where all of this great work can be amplified; and where people can be supported to learn from each other and share their own approach around participation. Recognising that currently in Scotland, there are thousands, probably millions, of young people and communities involved in participation work at any given time: People who are using their voice to change their world for the better; Who are contributing to their communities, or others, and using their passions, skills and experience to make a difference.This is an exciting time of change in Scotland, with a great deal of innovative practice, and we hope to share this excellent work via the participation network. This article offers an invite for interested parties to join the Participation Network and get involved in creating further change for children and young people

Keywords

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Scotland's Year of Young People (YoYP) 2018 is a year where we can promote and celebrate the fantastic talent of young people across Scotland. Already there has been a huge amount of activity across the six themes of the Year, which were themselves chosen by young people: Participation; Enterprise and Regeneration; Equality and Discrimination; Health and Wellbeing; Education; and Culture.

As well as celebrating work that's already taking place, YoYP also provides us with exciting opportunities to create change, challenge the status quo and help to create an even better Scotland in 2018 and beyond.

The 'Participation' theme of Year of Young People is a perfect example of this. In Scotland, there are thousands, probably millions, of young people and communities involved in participation work at any given time.

These are people who are using their voice to change their world for the better; People who are contributing to their communities or others and using their passions, skills and experience to make a difference.

This amazing activity should be celebrated; however, often, we see it taking place in a vacuum. Organisations and groups can lack the resources, or are simply too busy, to share their incredible work. Sometimes this means that opportunities for long-lasting change are limited and that all their hard work isn't able to leave a lasting legacy. Participation, although usually done in a group environment, can also even feel a bit 'lonely' as groups don't always have the opportunity to share ideas of learning.

As part of Year of Young People, CELCIS, alongside a wide range of partners, young people and communities involved in participation, are creating an exciting new space — the 'Participating in Participation Network' — where all of this great work can be amplified; and where people can be supported to learn from each other and share their own approach around participation. Working as a Community of Practice, the space will also be used to collaborate on key themes (e.g. mental health, ACEs) that often groups are trying to tackle individually, thereby helping to develop a collective vision of how to tackle these issues.

The Network is a completely open and inclusive space. Whether your ambition is to plan better care for young people; uphold the human rights of a particular

community; or turn the world upside down entirely – it doesn't matter. As long as your aim is to improve your own participation practice and share your learning with others, you're welcome at the Network.

There are myriad different models and approaches to participation, ranging from complex academic studies, to basic youth work models. These models all have merits and value; however, the name of the model is less important than the values that sit behind it. At heart, the values of participation are simple. Whether on an individual basis, or in group work, participation should aim to actively listen and continually act upon the voices of those who are taking part. We hope through the Network to define some common principles and practice for participation, whilst recognising that no 'one size fits all' model exists. Demystifying participation into something everyone can understand.

Over the course of three Network events in 2018, the first hosted by CELCIS and other partners, attendees will get the chance to:

1. Share good practice and learn from different participation approaches;

2. Challenge poor practice and tokenism;

3. Develop new skills in areas such as participation, co-production, facilitation, presentation skills and conflict resolution;

4. Amplify and champion the participation work of each individual organisation and participation group;

5. Tackle 'hot topics' (e.g. ACEs, mental health) as a collective;

6. Develop new friends and opportunities for networking;

7. Inform a series of principles, values and guidelines for participation practice.

Through these events, as a partnership, we aim to improve participation practice across the sector. The Independent Care Review, fuelled by the 1,000 Voices Campaign, has set a standard for others to follow. Others, too many to mention, are also doing amazing work that needs to be celebrated and shared.

Everyone, however, has the capacity to improve and develop new skills. This is where we hope the Network can help. As a collective, we can help support,

challenge and inspire each other to improve our practice. Participation which is tokenistic or exploitative can be more damaging that having no participation whatsoever; however, we do need to inspire people to try it. We need to inspire people to park preconceived ideas of what works, to forget about professional pride and to try something new.

The Network is having its first meeting in June 2018, but is already growing in size. An idea born out of informal conversations with like-minded young people and colleagues from other organisations, has since mushroomed into something delightfully bigger. Now, we have over 25 groups and organisations signed up across a diverse range of interests. There are some, such as Champions Boards, Scottish Throughcare and Aftercare Forum, Who Cares? Scotland and the Life Changes Trust, who are focussed on care, but there are many others who are interested in justice, health, disability, LGBT and many other issues. Clearly there is a gap here.

In trying to organise these events, we've taken huge heart from the appetite that people have shown to sharing their own practice and learning from that of others. People know that this isn't being created as a CELCIS space, or any one organisation's space — it's everyone's space.

I'm excited about the potential for collaboration and optimistic about the capacity for change. The Network gives us an opportunity to go beyond the limitations of our organisational silos and focuses our efforts on doing our very best to listen to those we aim to support. This, for me, would be a great outcome of Year of Young People and one which would create a legacy well beyond 2018.

At CELCIS, we ourselves are on a journey to ensure we are truly listening to the voices of children, young people and families, with part of my role to try and support this internally. Another exciting part of my role is to support other organisations who are trying to improve their participation approaches. The Network is one small part of this, so if you would like to join, or would like any support at all with your participation practice, please contact us to get involved.

About the author

Paul Sullivan is Sector Engagement Lead at CELCIS, where he supports the use of child-centred co-production, participation and engagement work across the sector and internally. Paul has a background in participation and co-production across a number of roles, including at the Life Changes Trust, the Prince's Trust, the Sound Lab, Glasgow Homelessness Network and the Royal Bank of Scotland.

It's not just about the adults!

Judy Furnivall

Abstract

This article discusses how important it is for children in residential care to develop the ability to navigate relationships with each other. The current focus on the importance of relationships between adults and children can become distorted so that relationships that may exist between young people and their peers may not be given the respect or importance that they deserve. This is often explained through a misuse of attachment or trauma theory by suggesting that young people are not emotionally 'ready' to cope with peer relationships.

Keywords

Children, adolescents, sibling relationships, attachment

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Cast your mind back to your own childhood and adolescence. Most of you, I am sure, will remember important relationships with adults in your own family, school or community that made you feel safe, loved and cared about and perhaps inspired and stimulated and possibly you are still friends with some of them.

I very much doubt, however, if they are the only important relationships that you remember: Brothers and sisters; friends and enemies; being with other children are an essential part of normal childhoods. Joy, excitement, pain and delinquency — all often hidden from the adult world — characterise these relationships.

They provide the space where we learn to cope with competition and disappointment, the freedom to experiment with different identities and the people with whom we can not only have unsupervised fun but also share our anxieties and hopes free from adult judgement. This is, in fact, how we learn about ourselves in a social world.

Let's be honest though — if the adults in our lives had known at the time what we had got up to in this social sphere there are times they would probably have been very anxious!

Pushing the boundaries

Children and adolescents can be cruel to each other, they may encourage each other to get up to mischief or even egg each other on to take dangerous risks. It is, however, this very pushing at the boundaries that allows children and young people to work out how to manage themselves in difficult situations and survive as they traverse the hazardous route from dependent childhood to independent adulthood.

It is also true, despite parental beliefs, that there is no easy split into 'good' and 'bad' crowds. The same young people who are involved in dangerous or delinquent behaviours together may be the very individuals who provide each other with the most sensitive support in times of distress and strongest encouragement to succeed in life.

The importance of sibling relationships in residential care

For children in residential care this natural social experience is often absent or severely curtailed. Separation from their brothers and sisters is a common experience, even though we know the level of distress and impact this can have.

Within many residential settings, the relationships between children are often seen as troublesome — a problem to be overcome rather than a resource to be nurtured and cherished.

While occasionally there are concerns about the potential harm that children may cause each other, often it is practicalities that cause and maintain the separation of children experiencing care. Yet we know that our siblings can be the people with whom we have the longest relationships in our lives, the people we turn to for all sorts of practical and emotional support.

Even when we believe that there may be a current danger in a particular sibling relationship we should have the courage and determination to face this and help children find a safe way to regain a positive connection. For most young people, however, it is not concern about risk so much as our failure to prioritise and resource these important connections that cause such painful breaches in relationship. How would you feel if this was happening to your children, or children you know?

A misuse of attachment or trauma theory

The current (and important) focus on the importance of relationships between adults and children can become distorted so that relationships that may exist between young people and their peers may not be given the respect or importance they deserve.

This is often explained through a misuse of attachment or trauma theory by suggesting that young people are not emotionally 'ready' to cope with peer relationships. Anyone who has watched a baby's delight and joy when playing with a slightly older brother or sister knows that we come into the world ready for social connection with people who are not necessarily attachment figures.

Our young people have the same need and yearning for reciprocal relationships where they give and take, have fun and explore.

Learning how to manage in a protected way

Just as happens in a family setting, sometimes these relationships will become fraught and explosive in a residential setting. But, just as in a family, a residential setting provides a fantastic space where it is possible to learn in a protected way how to manage such fallouts safely and repair relationships.

These are key skills that children transfer to school and community connections.

Residential care is by definition a group experience but we are in danger of denying the therapeutic potential of the group of young people and instead focus on the dangers young people present to each other. Whether we like it or not, children in residential settings will have important relationships with each other.

If we do not actively encourage positive relationships and a culture where young people feel responsible for each other we run the risk of fostering exactly the kind of damaging, delinquent sub-culture we fear. When teams and workers show the courage to question the systems and procedures that push them to work in this destructive way, young people flourish and this positive culture can make residential settings less stressful places in which to work. The friendships and connections that can develop in residential care should be celebrated not feared!

The impact of ruptured relationships

I am not denying that some young people can present a very real threat to the wellbeing and safety of others, but we behave as if this is the default position rather than a rarity. If we listen to adult care leavers they describe the importance of the relationships they had with other children whose lives they shared in care. Often those relationships continue into adulthood and underpin a valuable network where care experienced people can be sure of support and understanding from others who shared their childhood.

Where these relationships have been ruptured by placement moves, the impact on children of such losses can be devastating, yet little thought is invested in considering ways to maintain and support these important connections.

This is not good enough and we have a responsibility to acknowledge, respect and support the enduring nature of these relationships. Social isolation is one of the hardest issues facing care leavers and it is unsurprising that they turn to the people they grew up with for emotional connection. If we have always emphasised the negative rather than the positive in these relationships then we should not be surprised that often these relationships become destructive and damaging when adult control is removed.

Resilience through friendship

We now understand that what is harmed through relationship can best be healed through relationship. The persistent error we make is to assume that this only happens for children in their relationships with adults.

Strength and resilience is developed through friendships and through being responsible for others. Let us unleash the therapeutic power of young people's relationships with each other, allow them the joy and risks of normal childhood and be ready to support them through their mistakes.

Resources

A new multi-agency partnership 'Stand Up For Siblings' champions the improvement of contact between siblings in the care system.

About the author

Judy Furnivall is a consultant at CELCIS. She provides training and consultancy in key areas including attachment, trauma and resilience, aiming to increase reflective capacity, emotional strength and understanding amongst the adults who care for looked after children. Here she discusses how important it is for children in residential care to develop the ability to navigate relationships with each other.

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At Kibble we aim to help our most vulnerable young people go on to have fulfilling adult lives

Jim Gillespie

Abstract

This article outlines Kibble's early history as a reformatory school in Victorian times to the present context of Kibble Education and Care Centre's place in contemporary provision in children's services in Scotland. The article considers in particular Kibble's role in preparing young people for leaving care. Kibble's aim is to give young people as many opportunities as possible to enter the workplace and achieve fulfilling lives. However, our own evidence showed that many placements with mainstream employers were failing and that the gap between care and the world of work was in some cases too great. The article also describes Kibble's use of the social enterprise model to provide meaningful employment and training.

Keywords

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Introduction

For too long, young people leaving care have faced stigma and prejudice, particularly in the areas of education and employment. Despite the efforts of advocacy groups, government and care charities, educational attainment outcomes continue to be significantly poorer than for those who are non-care experienced. Much of this can be explained by historic factors and biased views in some parts of society, however, as practitioners we must play our part in empowering care experienced young people to have the same opportunities as their peers.

So, how do we achieve this? There is a need to support fairer access to further education and continued government backing for young workforce employability programmes. Making these policies a priority will help to ensure equality of opportunities for care experienced and non-care experienced young people alike. By placing young people at the forefront and giving them a voice, they can help shape services and drive future opportunities and change.

Tempus fugit

The year 1859 saw some big things happen. Work had begun on the building of Big Ben in London, Darwin published his paper on the 'Origin of Species', and a little closer to home a reformatory school on the outskirts of Paisley in the west of Scotland was opened following the bequest of wealthy heiress, Miss Elizabeth Kibble.

Kibble Reformatory School, or simply Kibble, began caring for young boys who could no longer be looked after by their families or had been placed there as an alternative to custody. The boys would be given care, education and training in trades such as tailoring, shoe making, agricultural and dairy work.

Revolutionary at the time, this approach would allow the boys (and it was just boys in those days, unlike now) the opportunity to go on to have independent and fulfilling adult lives. Victorian levels of poverty determined that, in many instances, being placed in Kibble meant food, shelter and the opportunity to gain skills. The double-edged sword of attending a reformatory school was of course the stigma associated with a young person being there in the first place. The

boys who attended in those early days faced enormous barriers to employment because of this stigma.

Thankfully attitudes have slowly started to change due to the work of organisations like Who Cares? Scotland (http://www.whocaresscotland.org) and others who actively advocate on behalf of care experienced young people. Through their invaluable work they continue to break down barriers to employment and education. However, it is also true to say that parts of society continue to hold pre-conceived views about what being in care means and how the majority of young people become cared for.

A report from OFSTED in 2009 found that children in care in England were four times more likely to be targets of bullying at school. Nearly 10 years later, the Chair of the Independent Review of Scotland's Care System, Fiona Duncan, reminded us that the language and symbols that professionals use whilst interacting with young people in care can lead to bullying by their peer groups (Naysmith, 2018). We cannot be complacent and as practitioners we must play our part in making sure being in care does not mean children are targeted. At Kibble we have spent a lot of time working with young people to find terminology that removes negative connotations. This is why our secure care accommodation is referred to as our 'Safe Centre', and residential units as 'houses'. These small changes can make a huge impact to feelings of self-worth, giving young people a sense of belonging and a place where they feel safe and supported.

Young care leavers left behind?

The provision of evidence-based care is light years away from where we first started in 1859. These improvements often come by asking challenging questions and not being afraid to implement organisational change. One such question we need to ask is: 'Are we preparing young people for leaving care?'.

This question needs to be posed as unfortunately the statistics speak for themselves. Care leavers have lower levels of educational attainment, shorter life expectancy and are more likely than young people in general to receive a prison sentence. The Scottish Government recently produced a report

considering the destinations of school leavers who are looked after and compared the figures to all school age leavers.

In 2016, 37% of school leavers in Scotland from mainstream schools progressed directly to university. For those who were in care, the figure was just 3%, though this was based on a survey with small numbers (Scottish Government, 2017: Table 2.2). This stark contrast can sometimes be hidden in the wider definition of 'positive destinations', i.e. training, employment or education. However, even this figure has looked after children lagging behind all school leavers by a margin of 71% against 91% (Scottish Government, 2017:1). Although more research is required to establish definite figures, it is commonly stated that care experienced young people are more likely to go to prison than to university. As practitioners, this is something we must work harder to change.

The number and level of qualifications looked after children achieve before leaving school also continues to cause concern. Forty per cent of looked after leavers receive at least one National 5 qualification (SCQF, n.d.) compared to 86% for all school leavers. When we consider Advanced Highers, just 1% of looked after leavers achieve this level of qualification, compared to 19% of all school leavers (Scottish Government, n.d.: Table 1.1).

There have been several attempts to reverse these numbers going back as far as the Kilbrandon Report of 1964, the Skinner Report (1992) and the Kent Report (1997). Despite much of this good work improving the odds for looked after young people, the disparities have remained stubbornly high. More recently, the Scottish Government announced a 'root and branch' review of care services, which is being driven and shaped by care experienced young people themselves. This is a positive step on our journey to ensuring our young care leavers can achieve their potential and be adequately prepared for life beyond care. One aspect that this review needs to consider is why so many young people in care leave education at a significantly younger age than those not in care.

The figures published by the Scottish Government show that in 2015/16, almost three quarters (73%) of looked after school leavers were aged 16 and under, (i.e. they left school at the earliest point they could), compared to over one quarter (27%) of school leavers more generally. The proportion of leavers who

were aged 16 and under has decreased since 2009/10, including among looked after leavers, but discrepancies between looked after leavers and other leavers remain consistent (Scottish Government, 2017:4).

For young people to get the qualifications that will allow them to access further training or education, they must be encouraged and incentivised to stay in formal education for as long as possible. There may be several reasons why looked after young people choose to leave school as early as possible, not least their experiences of bullying and stigma described earlier in this article.

The link between staying on at school, the bullying of pupils in care and poorer educational outcomes will not come as a surprise to educators and academics. Nevertheless, we should increase efforts to make schooling a safe and encouraging environment for all young people.

As care professionals, we must return to the point regarding the semantics of the environment that a young person enters into every day. By getting small things right and by creating a safe setting where young people feel valued, we have a better chance of sustaining a young person's interest in education. The result will be that a young person is more likely to achieve qualifications and have better employment and education prospects.

Of course, there continue to be barriers to further and, in particular, higher education for those from a cared-for background. Dame Ruth Silver's Widening Access Commission acknowledged this with her final report giving clear recommendations that would help level the playing field. The Scottish Government has accepted this and replaced student living cost loans with a non-repayable bursary, as well as providing a more flexible package of student support for learners with a care experience from academic year 2017/18 (Silver, 2016: Recommendation 22).

What is even more encouraging is the adoption of minimum thresholds for entry. From 2017, those with a care experience, who meet the access threshold are entitled to the offer of a place at a Scottish university, though more work needs to be done to implement this commitment. Entitlement also applies to those with a care experience who have had to take a break from higher education and wish to return (Silver, 2016: Recommendation 21). These are practical steps that will

make a big difference to both the annual statistics, and more importantly the lives of some of the most vulnerable young people in Scotland.

More than one pathway

At Kibble Group we are proud of the attainment of all our pupils, not just the ones choosing to continue their education at college and university. Ever since our foundation in 1859, work-based learning has played an important role in preparing a young person for life beyond care.

The objective has always been to give young people as many opportunities as possible to enter the workplace and have a fulfilling career in employment. However, our own evidence showed that many placements with mainstream employers were failing and that the gap between care and the world of work was in some cases too great.

In 2005 we established a collective of social enterprises called KibbleWorks that would provide training and employment in a supported setting (Kibble, 2018). Employability programmes help many young people both in care and those lose leaving care avoid the cliff edge that they face when transitioning from full-time education into mainstream employment. This approach is now used widely across Scotland. In 2014, the Commission for Developing Scotland's Young Workforce led by Sir Iain Wood recommended that supported employment schemes be made available to those furthest from the jobs market (Education Scotland, n.d.). The Kibble Group stepped up to the challenge and created a new Young Workforce Development Centre based in Hillington, Glasgow.

Named 'The Experience', the entertainment venue houses an indoor electric go-karting arena, laser tag, restaurant, and conference centre. Young people are given the chance to gain valuable real-life work experience and achieve qualifications in the leisure and hospitality industry. We work closely with partner agencies to reach those furthest from the jobs market and have a track record to be proud of. This approach by the Kibble Group has been found to significantly improve outcomes for young people where mainstream employment schemes have failed.

Since July 2014, over 150 young people have gained skills and experience that have allowed them to enter mainstream employment. Of course, many of the young people we see continue to face barriers to employment. However, by creating supported employment schemes, we can help achieve the Scottish Government's target to reduce youth unemployment by 40% by 2021.

The value of having a job goes far beyond receiving a pay cheque every month. Whether it is for self-esteem, providing for your family, or feeling like a valued member of society, being able to work helps to give us a feeling of self-worth. Even more importantly, by creating opportunities where there were previously none, we can help our most vulnerable young people go on to have fulfilling adult lives.

Cliff edge of leaving care

Government initiatives such as supported jobs and widening access to university have the potential to transform the lives of looked after young people. We must continue to support these policies whilst at the same time using evidence to look at new ways to level the playing field.

Beyond grandiose headline grabbing schemes, professionals must also ensure that their interactions with young people do not make them a target. It may sound oxymoronic to argue that on one hand we need specialist schemes to support care leavers whilst at the same time stating that we cannot use terminology that distinguishes the same people, but ask any teenager what they want and that is to fit in with everyone else. Getting the small things such as language right can be a big deal to the young people we are here to care for.

The statistics do not lie and there is a long way to go, but progress is being made to making opportunities equal for both care experienced and non-care experienced young people.

About the author

Jim Gillespie joined Kibble in 2014 as an Executive Director. In September 2016, after two years of service, he was appointed Chief Executive Designate, before taking over as Chief Executive in May 2017.

Jim brings wide experience at senior management and director level of residential care across secure, residential school with education and community settings, including fostering and supported care. In addition, he has extensive experience of providing consultancy on policy development and implementation to governments in the UK and the Republic of Ireland. In 2006, Jim was awarded a Butler Trust Award by Her Royal Highness Princess Anne and has recently completed his Masters in Business Administration (MBA).

Kibble has undergone significant growth in the past decade, and Jim will lead the organisation in the years to come as it considers its strengths in existing markets and looks at ways to potentially develop new services and enter into new markets. Jim firmly believes that staying strong to Kibble's mission and values will be a key feature in the organisation's development, outcomes and sustainability for the generations ahead.

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Corporate Parenting in the Classroom

Bruce Adamson

Abstract

This speech by Bruce Adamson, Children and Young People's Commissioner was delivered at the CELCIS Conference: 'Corporate Parenting in the Classroom' in March 2018. It sets out the relevant human rights framework and emphasises the international duties placed upon the State to uphold the rights of care experienced children and young people. Mr Adamson reflects on his recent experience at Care Day 2018 and highlights the voices of care experienced young people. The right to education to develop children and young people to their fullest and the support that needs to be put in place for children, young people and teachers to be able to focus on education. The Commissioner explains the role of his office in promoting and safeguarding rights, holding government to account, his particular remit for care experienced children and young people and his office's collaborative work with corporate parents. He concludes with the crucial role of those who work in education to empower and support children and young people to defend their rights and the rights of others.

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Bruce Adamson, Children and Young People's Commissioner was delivered at the CELCIS Conference: 'Corporate Parenting in the Classroom'

Thank you very much indeed for the invitation to address this important conference – it is a great pleasure to be here with you today. A lot of what's been said so far chimes closely with some of the work that I'm doing as Children's Commissioner.

Today I would like to talk a little bit about my role as Commissioner, spend some time talking about human rights and obligations to care experienced children and young people and about my reflections on working with care experienced children and young people from across Scotland.

I've got the best job in the world as Children and Young People's Commissioner. I get to spend a lot of time talking to children and young people across the country with different backgrounds and experiences and then I get to take those voices and experiences and take a rights-based approach to speaking to those in power to demand change on behalf of children and young people. It's a huge privilege and having been appointed in May 2017, I'm just coming to the end of my first year. I spent quite a lot of that first year going around the country and talking to children and young people and one of the things that's came across really clearly in some of those discussions are some of the issues that have been picked up already today.

Poverty is one of the issues that is of huge concern to children and young people of all ages in all parts of Scotland. And there is a link to care experience here and there's a strong link to the duties of corporate parents here which I know you've already discussed. It is quite shocking that in a country as rich as Scotland we have such devastating levels of poverty and the impact that that has on so many of our children's ability to access their human rights.

Mental health is another issue that was raised really strongly across Scotland and by children at very young ages; their acute understanding being that not enough is being done in relation to mental health. I've had some interesting discussions around the role of parents and some of the misunderstandings that we need to break down around the human rights of children and young people and the role that parents have; that human rights isn't about the conflict

between parents and children but rather about ensuring that parents, carers, families and communities are supported by the State to enable children and young people to access their rights.

One of the best things about my job is talking with and learning from children and young people. I was in the session today listening to some of the work going on in Clydebank and I thought this was an amazing example where you have got quite young children having a really deep understanding of human rights. Having a really deep understanding of what human rights means in their communities and actually going in and becoming human rights defenders, standing up for their own rights but also the rights of others. Children and young people acting as human rights defenders is going to be a key piece of my work over the next year or two. That is, the role of children and young people in standing up for the human rights of themselves and others.

Human Rights Framework

When I think about human rights and children, I like to go back to the basic principles of human rights and in my office in Edinburgh I've got on the wall just above my desk a copy of the charter of the United Nations and it begins with these words:

> We the peoples of the United Nations determined to save
> succeeding generations from the scourge of war which twice in
> our lifetime has bought untold suffering to humanity. We reaffirm
> our faith in human dignity and fundamental rights

and they go on to commit, 'we as a global community to put in place the machinery, the laws, the policies to ensure that human rights are delivered' and 70 years ago when we collectively as a global community developed the Universal Declaration of Human Rights we said within that when we're setting out the fundamental principles of human rights to make the world a better place we said that childhood is special and children deserve special care and protection and as we developed the international framework for human rights over the next 70 years we've always placed special focus on the rights of children and young people. This isn't something we're just making up. This isn't something that's

being imposed upon us but this is something that we as a global community, all of us agreed that those in power had to put children and young people first and that their rights had to be built into the framework of our law, policy and practice.

And when the global community created the United Nations Convention on the Rights of the Child, it brought together all the different rights of children and young people and it started with a premise that all children and young people should grow up in a family environment of 'happiness, love and understanding'. This international law that all but one country in the entire world has signed up to starts with the principle of love and that's one of the things when you're speak to care experienced children and young people that they say we are failing on. The number one word that you hear from care experienced children and young people is love; that's what they want, that's what they demand, and they've got a legal right to it.

So, we've got right back to the UN charter and the UN declaration 70 years ago this idea that childhood is special but also consistently that extra special within that group are care experienced children and young people. Article 20 of the Convention states that a child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

Then within Article 4 of the UN Convention on the Rights of the Child 'we commit those in power to applying money and law and policy to those ends'. So, this is that legal commitment that we're talking about. When we talk about the domestic legal framework around corporate parenting that's a useful illustration of the commitment, but the obligation goes back to the heart of the international legal framework. These are promises that already existed. The State was already a duty bearer with additional commitment to care experienced children and young people. Scotland's done some world-leading work on creating a domestic legal structure to support that and to explain it, but the duty is as old as our international legal framework.

Care Day 2018

Last month I attended Care Day, a celebration run by Who Cares? Scotland bringing together children and young people from across Scotland with care experience; But also connecting to care experienced children and young people in four other countries across the world including my home country New Zealand via a Skype call. Care Day put a focus on bringing together those experiences to celebrate care identity but also to bring together those experiences in a way that would demand change. The whole day was very much lead by children and young people and there were some very powerful presentations from care experienced young people.

I would like to share with you part of one of the presentations given by Carmel Jacob, a young woman who has now gone on to great things and is training to be an educational psychologist. Carmel spoke about the impact that her care experience had on her time at school and the low expectations of her teachers.

Carmel has given me permission to quote from her directly:

> ''When I told my head of year teacher that I was dropping out of high school, her response was: 'well Carmel, I think that you have done really well considering.' When I told my Gran I was dropping out of high school, she looked at me with utter disgust. I said, 'Gran, my year teacher says I have done really well considering;' to which my Gran retorted in fury, 'considering what?''

And that really stuck with Carmel who as I say is a truly inspirational person both in education that she's undertaken and the human rights defence work that she's done and particularly in inspiring other young women. But really Carmel talked about this understanding of the idea that there were lower expectations for her than there were for other young people in her class and that really cuts to the heart of what we talk about in terms of education and the way in which the Convention on the Rights of the Child and also other international law talks about what education is for.

Right to Education

Two articles from the UN Convention on the Rights of the Child that are of particular significance to today's Conference are articles 28 and 29. Article 28 recognises the right of the child to education and article 29 calls on the education of the child to be directed to 'the development of the child's personality, talents and mental and physical abilities to their fullest potential'.

Education should develop you as a human being. Education it not just reading and writing, maths, it is about developing you to the fullest potential and if you've got teachers lowering expectations based on care experience, these young people who we've got additional commitments to, something is going horribly wrong. Carmel concluded by saying her message to other care experienced young people was to:

> "Believe in yourself and the own power that you have and the power of your own story and to recognise that in order to use that power effectively you need to own that story and own who you are. Through doing that, you never know what you will be capable of".

This has been a consistent theme from children and young people with care experience that I've spoken to: this idea that others have lower expectations of them and rather than doing what we're supposed to be doing as duty bearers, as corporate parents and putting additional support in place young people are telling us that they feel that expectations are lowered for them and that's the wrong way around. We know that actually those that go through some of those difficult circumstances are some of the most resilient people. The support that's needed and committed to by the State is important but the resilience and the problem solving and the personal strength and character that builds up through difficult circumstances are some of the most powerful assets that we can have as a society, but the failure is on the duty bearers to provide that support. Care experienced children and young people are demonstrably no less bright, no less capable than anyone else yet their educational attainment continues to give us cause for concern and some of the information given earlier this morning that

around even at age five we can see some of those differences coming through, is something we need to address.

It's important when we talk about educational attainment that we focus on what education is, and what it's for. It's not just about achievement in the classroom it's about achieving potential and as broad a definition of education is incredibly important. We need to get better at celebrating some of the non-academic educational achievements. But we know that in addition to fewer qualifications care experienced people tend to have poor attendance records, higher risk of exclusion, are less likely to go to positive employment, further education, and voluntary work. Also, there is a strong correlation between that experience and positive mental health or lack thereof as well as an impact on physical health as well. There's been a lot of discussion recently about adverse childhood experiences — and I think that some of the medical evidence and other evidence is really important — but the human rights framework has recognised this from its beginnings. The fact that human rights are interrelated and having had a good standard of living, having positive support for mental health are all intrinsically linked to education, access to employment and being able to participate in public life.

When I talk to care experienced children and young people, one of the things that often comes through really clearly in those that have had negative experiences are things like: multiple placements, the use of part time education rather than a full time education which is every child's right; More fundamentally than that, and this sits alongside that feeling of not feeling loved, is the feeling of not being listened to. This is a fundamental right that children and young people have, to be listened to and to be involved in decision making. When you hear the group of children and young people who we know that we have an additional obligation to and that we're supposed to be structuring the way in which we do things around that additional support, for them to be saying we don't feel listened to is a massive concern in human rights terms because that's one of the fundamental principles that we have to listen to children and young people and involve them in decision making. And that is not happening at the moment.

Children and young people need to be part of the answer here. I'm sure many of you will know Kevin Browne who is a director at Who Cares? Scotland and who is care experience himself. Kevin has spoken publicly about his care experience and his journey of self-discovery to the point where as an adult he started to claim that care experience identity and began to talk about it.

Recently in an article for the Third Force News, Kevin reflected on his time at primary school and he said:

> At primary school, lots of the people in my class dreamt of being astronauts, firefighters, footballers or teachers. I understood why. But I had been seeing the world from a very different lens since I could remember. I spent a lot of time thinking about how to improve the very world in which I was living. For 15 years, I grew up in care.

I think Kevin really cuts to the heart of the issue: if you've got children and young people who are sitting in the educational setting or who are not even in the educational setting, who are worried about being safe at home, who are worried about where they're going next week or next month. They don't have that stability and security. That's a denial of their right to education. The interlink between the obligation that we owe to care experienced young people particularly around ensuring things like safety, ensuring things like housing, have a direct link into the ability to access their right to education and that's why it's really important that there's a focus and an understanding on supporting those other things as an issue of education.

And that cuts to the heart of what being a good corporate parent is in an educational setting. The reason I've been going on about the international framework is that while I think that the work that is happening in Scotland around corporate parenting and developing our understanding of it is really important, it sits within that broader framework. This isn't something we just invented recently with the recent legislation, these are duties that have always existed, and we just haven't been very good at acknowledging them. The domestic legislation around corporate parenting gives us a good framework; It does focus attention and it does focus minds and I think that a lot of corporate

parents are learning and doing better and there's a lot of support based on research, but this isn't something we just invented recently. This is something that sits at the heart of what even at the beginning days of the human rights system was acknowledged as being essential for human rights.

We need to put in place the supports so that when children are in school they are able to focus on learning. And broader than that, the State needs to be putting in place the support so that teachers in the classroom can focus on teaching. One of the things that many of the teachers and head teachers and educationalists that I meet stress to me — and what I'm seeing when I visit schools — is the expanding role of teachers and the additional pressures being put on them to take on further responsibility and I've got real concerns about that. Not because they aren't capable; I see amazing practice all around the country of teachers going over and above but that's the problem, they shouldn't have to be going over and above the duties of a teacher and we need to put into place additional support in school communities to allow for teaching to be about teaching.

The role of the office of Children and Young People's Commissioner

It's useful to mention that my office was created in 2003 following an Act of the Scottish Parliament. The concept of the Children's Commissioner goes back much earlier, right to the earliest days that I was talking about in the creation of the United Nations. Right back in the 1940s when they were creating the UN they were saying it's all very well that we put together this international legal framework and we set out all the things that states have to do to ensure the rights of people, but we need domestic mechanisms as well. We can't just rely on the international community to hold states to account by then coming every few years to report back to the UN. We need to create a domestic role that is empowered by statute, who have protected funding and who can hold the state to account at a domestic level. In the earliest days of the Scottish Parliament civil society including a number of people in this room were involved in a campaign to create a Children's Commissioner in Scotland. It was one of the few examples of a parliamentary committee sponsoring its own legislation. There is

no link at all to the Scottish Government, the executive and it is entirely a creation of the legislature. I have this incredibly gifted position as that I'm pretty much impossible to sack. Appointed by the Queen, it would take two thirds of the members of the parliament to pass a motion based on cause that I was incompetent and to recommend that the Queen kicked me out of office. The reason that my role has got that protection is to allow me to hold the government to account. So that's what the job is about, it's about holding government to account to the promises that they've made to the children and young people in Scotland.

My remit covers everyone in Scotland up to the age of 18 in terms of all of their human rights but it's extended to 21 for young people with care experience. That's a reflection of that additional commitment that we owe to care experienced children and young people. There are other groups that I spend additional focus on, those rights are most at risk or where there are special obligations to, for example disabled children and young people, but care experience children and young people have a special place within my mandate.

My job is limited to one term of six years and that really focuses my mind and my attention on trying to work on the issues that others aren't working on and being able to say the things that others might find more difficult to say. An example of that is the age of criminal responsibility where I'm taking a very different view to the government position but also some parts of civil society in saying that raising the age of criminal responsibility from either, the lowest of any comparable country in the world to 12, equally the lowest of any comparable decent country in the world is not good enough and we need to raise it much higher. But also it's important to be able to reiterate that in terms of the role of corporate parents: it's great that we've brought in new legislation, it's great that we are learning and going on this journey and seeing fantastic practice all over the country. That's great but it's not enough. What's next? How do we push this further because the experience of children and young people across Scotland are telling me it's still not right and I think that a lot of that has been drawn out by discussions today.

Equally it's important to point out that my role is not a part of civil society. I've been lucky enough in my career to have worked in many different countries and

I think Scotland is far and away the best in the world in terms of civil society organisations working with people for children and young people. I know that a lot of you either work for civil society organisations or work closely with them in your communities and schools. I don't think a lot of people in Scotland realise just how special it is in Scotland, just how vibrant and active and fantastic civil society is in Scotland. We're really lucky. But I'm not part of that kind of third sector; My job is to make the space for civil society organisations.

One of my best friends, whom I worked closely with whilst in Ukraine, has on his wall a brilliant picture of him standing in front a row of riot police officers who are heavily armed and he's got his hand on the chest of the commander of the riot police and behind him is a pride parade which they were trying to break up. The camera angle looks like he is holding off the forces of the state from the voice of the people. I don't get to that so much in Scotland; I don't have to create safe physical space so that you can meet freely and have discussions without state intervention but what I do need to do is focus on things like ensuring that civil society and communities and schools have funding and that when children and young people take on this responsibility of being human rights defenders who speak up about human rights, they are protected when they do that. And that manifests differently in Scotland to other places: That isn't going to be riot police, but it might be attacks on social media; it might be ostracism in the community; it might be the power imbalance; it might be funding. That's what needs protection.

Policy and practice

I think it is important to recognise that over the last 25 years there's been a lot of work around education of children with care experience and CELCIS has a vast amount of work invested in this and some really powerful world leading research has gone on in Scotland and successive governments have engaged with that through a number of major reports which you will be familiar with.

We have got lots of training and guidance for practitioners but one of the real challenges though is how you turn all of that into practice. We've got all of this training and guidance, we've got the research and we have invested a lot of time developing policy and practices. We've brought in legislative changes, yet I go

around the country and talk to care experienced children and young people and they are talking about a lot of the same things that have been happening to them for a long time. I was very lucky to work for the first Children's Commissioner, Kathleen Marshall back when the office was established in 2004 and one of the pieces of work that we did quite early on was around the age of leaving care. It was a really powerful piece of work and one of the pieces of work I'm probably most proud of from that part of my career. And the things that children and young people talked about as they became older children was the pressures upon them to leave care before they were ready. It was powerful work and it did make an impact. In the intervening years, I worked elsewhere in the world but when I returned and took up this post of children and young people's commissioner I really did believe that in the last ten years there had been amazing progress in this issue.

Then I went to the Who Cares? summer camp a few weeks in to taking up the post and spent a number of days with care experienced young people across the country. They told me exactly the same stories. The very same stories we were hearing a decade before and I found it depressing. I also found it angered me but it was also inspiring in that what I think had changed was the children and young people's concept of their own identity. That positive and strong care experience identity is a really powerful mechanism for moving from law and policy, which I think we've invested a lot of time and we've done a lot of good work on, to actually being lead by the solutions put forward by the children and young people themselves. I think that is going to help us lead to practice change. These things don't change overnight. I appreciate that, and I've been absolutely inspired by what I've seen in schools particularly but also in informal educational settings across Scotland.

There are some amazing things going on but there is still a huge amount more to do. I think the corporate parenting statutory framework that's been put in place and the growing understanding of corporate parenting which is a duty which has always existed, is going right to the heart of the human rights framework but has manifested itself in recent domestic legislation in 2014. I think it is a powerful mechanism. I think the growing focus and understanding around what those corporate parenting duties obligations are is important and

I'd like to highlight just two of them 1. 'being alert to matters which, or which might, adversely affect the wellbeing of looked after children and young people' and 2. 'promoting the interests of those children and young people'.

Again, these are human rights obligations that have always existed on duty bearers but what this focus empowers corporate parents and those working in education to be saying actually this is part of the job and I think one of the things I want to be doing is strengthening the ability of those working directly with children and young people to go up to senior decision makers and to people that control the funding and say to them actually this is an obligation, you have to fund this properly.

I think the duty to collaborate is equally important and one of the things that my office has been doing is to help facilitate work with corporate parents. We have set up a corporate parenting facilitation group which has brought together a dozen or so different corporate parents to help share and develop practice and it includes organisations like the fire and rescue service and the SQA so it's quite a dynamic and interesting group and I'm really looking forward to seeing how that develops over time. The way in which we've approached that group is to always bring in care experienced children and young people to share a contribution to ensure that the work of the group is embedded in the experience of children and young people. We've had some of the Champs boards in and also separately I met with three young Inspectors from the Care Inspectorate. These Young Inspection Volunteers have been working on the development of a learning log book, so that they can have a place to record their learning, experience and skills while volunteering with the Care Inspectorate – a journal of real life examples they could take with them that can be used when going for interview for employment or further education. It is a terrific idea and they all told me how much their confidence has increased as a result of their participation. They've got a video online which I thoroughly recommend to all of you because I think it is really useful to watch and learn from their experiences.

Before I finish, I want to mention the Root and Branch Care review being lead by Fiona Duncan. I know you will all be very familiar with it. It's only just finished its discovery phase but already it's starting to make very clear recommendations for change. I also think it's a useful model about how you put children and

young people's voices, stories and experiences in to the heart of decision-making and recommendations. I think that that's what this is about. When we go right back to what Kevin Browne said, and to what Carmel Jacob said and to what I hear across the country from children and young people with care experience. When they talk about feeling that they don't have that love, that they don't have that stability, that they are spending their time worried about where they are going up to school, where they are going next week, whether they are safe. And then we see very clearly in the statistics the consequences of low aspirations for them and low educational attainment, we are not helping them develop to their full potential. We know that something radically needs to be done

I'm absolutely inspired by what I saw downstairs this morning and the presentation from the school in Clydebank where Primary 7 children standing in the middle of town with a megaphone speaking about the sustainable development goals and what that means and going back to the Eleanor Roosevelt quote which I'm sure you are all aware about that human rights happens in the small places close to home and it happens with the small people. If you can get children and young people and care experienced children and young people understanding their rights, claiming their rights and then speaking up for their rights as human rights defenders and putting forward solutions, that's where the change is going to come from. The role that all of you play in that in empowering them and giving them the tools to achieve this and in supporting them, I think, is one of the most inspirational things that you can do as teachers, educationalists and those that care about children and young people.

Thank you.

About the author

Bruce Adamson became the Children and Young People's Commissioner in Scotland in May 2017. The Commissioner's statutory duty is to promote and safeguard the human rights of everyone in Scotland under 18, or up to 21 if the child or young person has care experience. The Commissioner's office was set up by an Act of Parliament in 2003 and is fully independent of government.

Bruce is a lawyer with over 20 years of experience in children's rights.

A Member of the Children's Panel for 13 years, he has worked directly with vulnerable children and families, listening to their experiences, and making decisions on their safety and wellbeing. He is also the former Chair of the Scottish Child Law Centre.

Bruce has acted as an international expert for the Council of Europe, the European Union and the Organization for Security and Co-operation in Europe. Working in the Western Balkans and Ukraine he has worked to improve the lives of children in some of the most challenging situations in Europe.

Whilst working for the Scottish Human Rights Commission he was central to the development of law, policy and practice covering the broad spectrum of children's rights in Scotland.

Be Bully Free, A Hands-On Guide to How You Can Take Control

London: Jessica Kingsley Publishers, 2017. 160p. ISBN: 978-1785922824.

Michael Panckridge and Catherine Thornton

Reviewed by

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This is a short and easy to navigate book that aims to talk directly to children and young people affected by bullying. It takes the reader through a range of scenarios and suggests ways to respond and ways to think about what is happening to them. The Introduction to this book tells its reader to get ready for 'their world and the world around them to become a much better, much happier place'.

The definition of bullying used in this book is a common one used in many places but it is out of step with the definition and approach taken in Scotland. Rather than focus on bullying as a combination of behaviour and impact, the book takes a different approach and focuses on types of bullying, such as Covert, Overt or Cyberbullying.

Over the years, children and young people have told me they find this information of little use. Bullying is about what someone does and the impact it has and young people are less concerned if it is covert or overt. This information does not help them. Also, cyberbullying is where behaviours take place, it is not seen by young people as a whole other type of bullying. It is where things like name calling and rumours can also happen.

The main strength of this book is that it recognises that there is never one simple answer to bullying and that each situation is unique. The research I carried out in 2014 showed children value choice and the opportunity to consider options when responding to bullying. This book offers up 26 scenarios and covers a range of incidents including some, but not all of the protected characteristics. It is pleasing to see race, homophobia and transphobia covered. Twenty-six scenarios is probably too many for your average teenager and they may prefer to engage with this level of choice via a different medium such as a video.

The challenge the scenarios have in this book is that they play heavily to stereotypes. Those who bully are characterised as 'lacking intelligence' and are more likely to end up 'abusing substances or engage in criminal behaviour'. While for some who bully this may be the case, it is not the case for all and this only serves to reinforce stereotypes. The problem with this approach is that those who do not fit the stereotype might not see their behaviour as bullying

when it is. Crucially adults may also not see their behaviour as bullying because the person accused is not a stereotypical 'bully'.

Some of the advice offered to readers includes 'Be your own best friend' and to 'write down your accomplishments'. I know from my own work that this kind of advice is not what young people find useful or realistic. A great deal of the advice offered is quite practical, such as 'stay out of their way'. The authors also suggest that readers 'evaluate your friendship groups, are these people really your friends?' This is very difficult for young people to do as it can lead to further isolation which can compound the impact of what they are experiencing.

The scenarios could benefit from being more solution focused and speak to readers about dealing with the impact of bullying more realistically rather than just steps to avoid where it might happen. Like many publications, the standard advice for online bullying is to 'Block' someone. This appears to be sensible advice and adults can see the logic in taking this step. Our young people have a different experience of this. It can be very socially damaging to Block someone, there can be social consequences and this act can be derided by many peers, not just those involved in bullying. It is a norm that has emerged in recent years, blocking is not cool, even if someone is being horrible to you. Children and young people shared with me that they don't like this advice and it tells them the adults don't fully appreciate how hard this is.

The book does attempt to talk to children who are bullying others but it does not afford this issue much space and it is done towards the end of the book. The advice it offers for those who are bullying is not realistic or something young people would relate to. There is a missed opportunity here.

The latter parts of the book focus on things like developing school polices. The advice here is good but as the rest of the book is written directly to young people, this section is far more suited to a professional reader so feels a little out of place.

The book offers advice on sleeping, breathing, physical activity and a surprisingly high amount of advice on nutrition for an anti-bullying book.

The section on 'Self-Talk' is welcomed and offers a realistic and solution focussed approach to how young people can improve their mind-set and outlook on what is happening and what to so.

In conclusion, the best way to describe this book is that it is 'out of step' with how we approach bullying in Scotland. The advice and guidance we offer for our young people in Scotland and those who play a role in their lives is, in my view, more realistic and reflects what young people themselves have said works.

As I mentioned earlier, children and young people value choice when it comes to bullying, they need help to explore what their options are and to consider the impact or consequences for the choices they make.

The approach the book takes, recognising that situations are unique, is to be welcomed. Sadly, some of the language and advice used in the book would, in my view, fail to effectively engage the intended reader. As such, I am not convinced it will achieve the ambitious claim made in the Introduction.

About the author

Brian is International Projects Coordinator at CELCIS. He was the Director of Scotland's Anti-bullying service respectme for 10 years and still works with adults, young people and organisations on anti-bullying. He carried out the largest research on bullying undertaken to date in Scotland in 2014, over 8,500 children from across Scotland shared their views and experiences.

Right from the Start: Investing in parents and babies

Alan Sinclair

Reviewed by

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It is widely accepted that the earliest months and years of a child's existence have the most profound impact on the rest of the life. Attachment theorists believe that the early bonds and relationships that a child forms with his or her carer(s) or parent(s), informs that child's ability or inability to form successful and healthy relationships in the future.

Alan Sinclair's *Right from the Start* is the latest in the Postcards from Scotland series of short books, which aim to stimulate new and fresh thinking about why us Scots are the way we are.

[In my previous book review in this journal](), I commended the author of *Hiding in Plain Sight* (another book in the same series) Carol Craig for her ability to write succinctly and accessibly about a complex subject matter. I feel the same way about Alan Sinclair's writing in this book.

The premise of this book, put simply, is laying out the bare truths of how good and bad us Scots are at parenting as well as having the appropriate supporting systems in place for parents and carers of our most vulnerable children.

A consistent thread throughout the book is the author arguing that by investing in parents and babies 'from the start', governments and the surrounding systems that support children and families, can relieve the heartache of tomorrow in the form of poorer outcomes in education, employment and in health.

The book begins by acknowledging the UK's position on the UNICEF global league table of child wellbeing, ranking 29 of the world's richest countries against each other. The UK is placed 16th, our particular challenge being a high proportion of young people not in work, training or education. Although the league table did not single out the devolved nation of Scotland, the author describes the UK as a 'decent proxy for Scotland'.

The author goes on to explore the theory that the first 1,000 days of a child's life are the most significant indicator of what the future holds for them. He touches on child poverty, which we know from well-cited research can lead to adversities in life, but he also mentions that too much money can be an issue as well.

This point is explored more deeply later in the book's in a chapter titled: 'Is social class a factor?'. The author is effective at challenging the popular rhetoric

that it is the least educated and most poverty-stricken parents in society who are most likely to neglect their children. He talks about the longitudinal study, Growing Up in Scotland, that tracks the lives of thousands and children and families from birth to teens. Amongst many other findings, the survey shows that 20% of children from the top income bracket have below average vocabulary; and also finds problem solving capabilities are below average for 29% of this group. The proposition is that child poverty is only a small indicator of the child's developmental prospects.

The most intriguing part of the book from my point of view is the comparison the author makes between raising a child in Scotland versus the Netherlands (which ranked first in the UNICEF league table). In Holland, pregnant women have visits from a Kraamzorg, an omnipresent healthcare professional who identifies the type of support required. Post-birth the Kraamzorg plays a very active role and can typically spend up to eight hours a day supporting the new mother in her first week of childcare. Over and above that, the Kraamzorg becomes involved in household chores including shopping and cooking. And it doesn't stop there. The Dutch system includes Mother and Baby Wellbeing Clinics, which support families from birth to school age and have been doing so effectively for the last century.

On reading how the Dutch system operates, it's hard to not make comparisons to the system here in Scotland (and the wider UK) within our NHS where mothers are wheeled in to give birth and very quickly wheeled out again to free up bed space. I exaggerate slightly here and I do not want to discredit the incredible job hard working NHS staff do, but I am sure I am not alone in feeling envious of the Dutch system and thinking that they've got something right, in comparison with Scotland. This was neatly summarised at the start of the book in a quote from a Dutch woman who had spent time living in both Holland and Scotland, when she said: 'In Holland we love children. In Scotland you tolerate children'.

But it's not all bad. As the author remarks himself: 'Scottish parenting is not universally awful: if we were we would not be almost halfway up the global table of child well-being' (p. 12).

The penultimate chapter explores some real-life examples of parents who are struggling and striving to succeed in bringing up children with some success despite the odds stacked against them. I found the author's injection of such human stories among the explanation of evidence as useful as it allowed a chance for the reader to reflect on how all this is applicable in everyday life in Scotland.

To me there was however a glaring emission in these stories: a voice from the LGBT community. Gay adoption in Scotland was legalised almost 10 years ago in 2009, and at the same time the Looked After Children (Scotland) Regulation 2009 came into force allowing same-sex couples to be considered as foster parents. It would have been interesting to hear from this historically marginalised part of our society what the experience has been like and how different, or similar, this was from the other stories included in this chapter. Are they arguable better equipped as carers of Scotland's most vulnerable children given their own life experiences of being marginalised?

The book ends with the author setting out his vision for a better future for Scotland's children where they have better life chances and are fully nurtured. It's clear we have some way to go but reading this book makes you feel a glimmer of hope that could, one day, become a reality.

About the author

Mike Findlay is a communications and media relations practitioner with over fifteen years' experience working across the higher education, children's, health and culture/arts sectors. He spent 10 years in London working in a number of high profile organisations helping them to increase their profile returning to his native Scotland in May 2016.