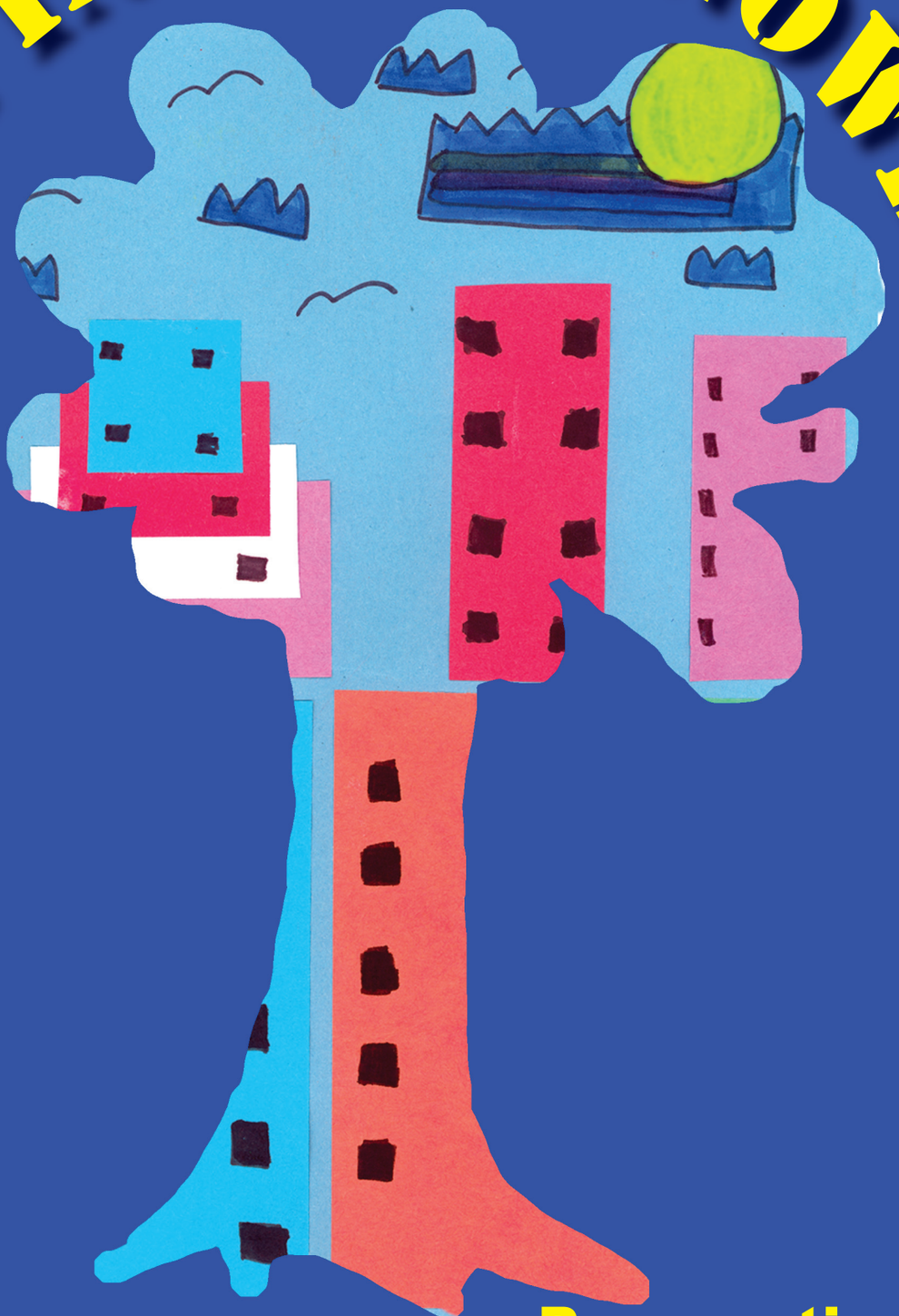
SECURE IN THE KNOWLEDGE



SIRCC
Scottish Institute for
Residential Child Care

Perspectives on practice in secure accommodation

Secure in the Knowledge

Perspectives on Practice in Secure Accommodation

Edited by

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with

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These papers reflect the personal views of the authors and not necessarily those of the organisations they represent.

Introduction

Mark Smith

Background

In 2002 The Scottish Executive announced an expansion and re-configuration of secure accommodation services for young people – from 96 to a proposed 125 beds.

The expansion of the secure estate is taking place at a point when agencies across Scotland have to prepare to meet the requirements of the Scottish Social Services Council's (SSSC's) qualifications framework which demands that all workers in residential child care hold a recognised qualification by 2008/9. Agencies charged to develop new secure services are faced with the need to qualify their existing workforces and significant numbers of additional staff.

The Scottish Executive approached The Scottish Institute for Residential Child Care (SIRCC) with a request to develop a corpus of practice literature around themes relevant to working in secure accommodation to support these agencies.

Developing the papers

It was recognised that if this initiative were to have any significant impact on practice in secure accommodation and ultimately on the experiences of the children and young people placed there, it needed to be informed by the views and experiences of those who work in the sector. A number of preliminary meetings were held with providers of secure accommodation who were asked to nominate representatives to a steering group which would help produce the papers that make up this volume. The project was co-ordinated by SIRCC staff, one lecturer and two associates, all of whom have management experience in secure accommodation. This group produced a number of the papers, supported practitioners in writing others and undertook an editorial role for the project. Research and administrative support was provided through the services of a research assistant and the SIRCC library staff

Content and format

Secure accommodation does not exist in a policy vacuum. Staff working in the sector should be able to locate what they do within an understanding of the development of secure accommodation as a mode of intervention with young people. The first chapter of this volume traces the history of secure accommodation and the policy trends that have informed the way it has developed.

A number of tensions and ethical dilemmas are inherent in any setting in which children and young people are deprived of their liberty. The second chapter considers the importance of practice being underpinned by an appropriate values framework. It is only through continually revisiting, contesting and reconstructing beliefs and assumptions that secure accommodation can become a dynamic and powerful way of intervening in and changing the lives of children and young people for the better. The chapter goes on to examine the importance of relationships within a values context.

Work with children in residential care has been influenced by a number of theoretical orientations, ranging from psycho-dynamic through behavioural, social learning and developmental theories to the current fashion for cognitive behaviourism. Staff on the ground can be left to draw on little bits of theory without necessarily understanding much about where it comes from or what it says about children, their behaviour and how we might best respond to them. The third chapter offers a brief overview of some theoretical approaches that may be useful in helping staff locate and think more deeply about what they do.

Staff are encouraged to reflect on their own workplaces against the historical, values and theoretical understandings gained from these three sections, the focus of which are primarily information giving. The next chapter moves to an applied practice focus. It is arranged along a timeline of pre-admission, stay in care and through and after care. The stay in care section inevitably accounts for the bulk of this chapter. Each of the practice papers provides a context to the topic under discussion, drawing on relevant literature on the area. It goes on to introduce some implications for practice. Interventions though do not proceed along tram lines. What happens in specific programmed interventions will affect and be affected by what happens in the lifespace. Issues of anger management might (or might not) be related to struggles over sexual identity, issues of self harm or to past abuse. These are the kind of complex interplays that practitioners have to try to make sense of on a daily basis. We have tried to draw some of these possible links as we have gone along. Practitioners will themselves identify additional and more intricate ones. The ability to make connections and not to think along tram lines is indicative of good learning.

Secure accommodation is a unique environment. It reflects many of the dynamics of any organisation, compounded and lent a particular flavour by the enclosed and intense nature of the setting. The fifth chapter considers some of the wider organisational factors that impact life in secure accommodation.

The assumptions behind our thinking

Secure accommodation is a contentious area of practice. Frequently politicians, the media and many professionals choose to portray it as providing for offenders within a criminal justice framework. Whilst it does in some circumstances fulfil such a role,

these papers proceed from a basis of secure accommodation being located primarily within the wider welfare model which frames Scottish approaches to children and young people. Youth offending and how best to respond to this will be covered in some of these papers but within a 'whole child' context. Similarly, secure accommodation as a mode of intervention is located within the wider continuum of services for children and young people.

The programme of expansion and investment in the secure estate and the heightened political interest in this area (of which this volume is a product), offers opportunities to develop approaches to secure accommodation that can make a real difference to the lives of some of Scotland's most disadvantaged young people. Physical surroundings will be state of the art. Initiatives around ensuring appropriate health provision and boosting expectations of educational achievement create opportunities for secure accommodation to move significantly beyond simple containment and keeping young people safe.

However, physical surroundings and levels of investment are only part of the equation. Of greater importance is the quality and commitment of staff who lead and work in secure accommodation. Ultimately they are the ones who are going to make a difference to the lives of young people.

There are no procedures manuals or sets of standards that, on their own, can bring about this outcome. There is no pixie dust that sprinkled in proper measure will turn around recalcitrant youth. The only thing likely to do this in any long term and meaningful way is the strength of the relationships young people build up with the adults around them, the skills of these adults in using themselves for the benefit of young people and the message given to young people that they are worthwhile, redeemable and that they have hope of different and better futures.

Themes, around the importance of work being located in an appropriate value base, the centrality of human relationships and a spirit of optimism, underpin our beliefs in writing this volume. If these themes are to be translated into practice, staff working in secure accommodation need to have fire in their bellies - they need to believe that what they are doing is worthwhile and that they can make a difference.

Fire in the belly can be easily extinguished, however, in unsupportive work environments. It needs to be nurtured and stoked by those who have management and leadership responsibilities for secure accommodation. If young people are to feel valued, staff need to feel similarly valued, stimulated and challenged. Staff teams have a responsibility to themselves and to the service to stoke those fires. We hope that this volume will provide some of the stimulation needed for this.

Using this volume

Staff who work in secure accommodation will come from a variety of backgrounds and life experiences. Some will be degree educated and will have existing professional qualifications. However, they are unlikely to have been exposed to any training specifically on secure accommodation. Others may not have an academic background but relevant experience. These papers hopefully have something of interest for all of them.

There are practical, emotional and intellectual dimensions to working in secure accommodation, or indeed any residential child care setting. We have tried to strike an appropriate balance in our coverage of these areas.

The papers are written in such a way as to resonate with the everyday practice of those working in secure accommodation. They reflect the experience of current and past practitioners. They are also underpinned by the available literature on secure accommodation and on residential child care more generally. Reflective questions prompt practitioners to link theoretical knowledge to their own settings and their own practice. Those who wish to extend their thinking around particular areas of practice are pointed towards further reading. Links are also provided directing readers towards how this material may be used to support vocational training frameworks. It is intended too that many of the papers will prove to be useful tools in the supervisory process and in team discussions.

Working in secure accommodation presents practitioners with a range of judgement calls that have to be made on a shift by shift basis. Social care values such as privacy or confidentiality cannot be absolute in such settings (and arguably in any social care setting). They become dilemmas that need to be negotiated according to the particular circumstances of a situation. This requires critical thinkers or reflective practitioners. Both critical thinking and reflective practice require a context. Practitioners need to be able to reflect on relevant content; otherwise their reflection becomes introspective and not particularly useful. It is hoped that these papers will provide content that links theory to practice experience, encouraging them to ask questions of that experience and thereby extending their understanding of their work. The most effective learning is collaborative. It happens best when undertaken alongside others. So although these papers will hopefully have a role in helping individuals work towards relevant qualifications, they will achieve their optimum effect if used to involve staff teams and groups in discussing and debating particular areas of practice. That way lies the possibility of developing learning organisations and cultures. In learning organisations the impetus for learning and practice development comes from a ‘bottom up’ curiosity and desire for knowledge.

The intention of this volume is not to supplant units’ existing policies and procedures or to provide them with ‘off the shelf’ versions. Developing policies and procedures is a task that lies with units themselves and these will reflect the different histories, remits, philosophies and indeed physical layouts of units. Hopefully this volume will provide a resource they can draw upon in the preparation of unit specific documentation.

One suggestion is that units might take particular themes and develop approaches around these to suit their own particular circumstances. There may be some merit in taking some of the discussion and the practice development beyond the walls of individual units, so that those working in secure accommodation develop a community of practice around this area of work. We envisage also that the volume will have a currency beyond secure accommodation. Many of the principles and much of the content will have a resonance across residential child care and we would hope that it proves useful to practitioners wherever they work.

Like any exposition of knowledge, this volume is a snapshot of where we are in time and place. There is no universal ‘best practice.’ What we consider to be best practice today is unlikely to be considered so by tomorrow’s practitioners. This

volume then is not definitive. There may be areas of practice not already included that would benefit from being so at some future point. It is likely too that what is currently written will need to be updated sooner or later.

As already indicated, practice in secure accommodation is dynamic. The loose-leaf format lends itself to the updating and addition of new papers so that what is written here continues to reflect the changing landscape of secure accommodation in Scotland. The various sections are colour coded and arranged in a loose leaf folder, allowing staff and staff groups to work their way through the papers or to identify and work around particular ones. The material will also be available on-line on the SIRCC website.

Running alongside the development of the volume and informed by it, the Scottish Qualifications Authority (SQA) have produced two Higher National units on secure care:

- SQA DMOF34 Caring for young people in secure settings
- SQA DMOG35 Supporting and managing provisions in secure care setting.

Together, these initiatives form an integrated educational package for those working in secure accommodation.

Chapter 1

Historical and policy context of secure accommodation

Mark Smith, Bob Forrest, Fergus McNeill & Neil McMillan

..seek to prevent that there may be no occasion to punish.

(Dr Thomas Guthrie)

Introduction

Secure accommodation cannot be properly understood except through reference to the way in which history and social policy have shaped the development of services. This chapter charts the history of secure accommodation through its origins in the approved and List D Schools. It will outline the legal context that frames the use of secure accommodation. Social, political and demographic trends and how these impact on the demand for secure care are identified. Readers are encouraged to consider their own workplaces within wider historical, policy and legal contexts.

1.1 Historical background

Throughout history children and young people have been a source of social and political concern. This chapter charts some important themes and milestones in Scottish approaches to dealing with them. It takes as its starting point the processes of industrialisation and urbanisation which occurred around the middle of the 19th century. During this period new centres of population grew up around developing industries. The emerging towns and cities attracted a flood of new city dwellers from the countryside. Initially children were treated as economic units of production alongside their parents and were forced to work in mills and factories to supplement family incomes. Ironically, some of the social reforms of the early 19th century, such as the Factory Acts, which prevented the employment of children below a certain age, cut off any legitimate means for them to earn a living. Many were forced to do so in other ways through recourse to begging, crime or street theatre. Children as young as five could be imprisoned alongside adults when their actions were deemed to be criminal. The problems caused by this growing army of displaced, and vagrant children ('Street Arabs' as they were called) exercised the minds of social reformers of the day.

The 'Ragged' schools

The Scottish response to the problems experienced and presented by the displaced child on the street was in many respects an innovative and enlightened one. It drew upon traditions of education and social welfare that had their roots in the Reformation, which saw parishes assume responsibility for education and social welfare provision. Industrialisation happened simultaneously with a breakdown of the parish system. A group of Church of Scotland ministers sought to ensure the continuance of a religious tradition in the new cities. The resultant movement led to the Disruption of the Church of Scotland in 1843. The Disruption saw the evangelical wing, led by Thomas Chalmers, often regarded as the father of Scottish social work, break away from what was perceived to be an increasingly comfortable and complacent established Kirk to form the Free Church. The mission of the evangelical movement was to bring a Christian presence into the developing centres of population. A practical realisation of this philosophy was the opening of the first industrial feeding school in Aberdeen in 1841, under the patronage of Sheriff Watson. The school sought *'to feed, train in work habits and give basic education'* to the children who attended. The industrial feeding or 'ragged' schools were characterised by an aversion to institutional care in Scotland. They stressed a preventative as opposed to a punitive philosophy. This was encapsulated in the exhortations of Dr Thomas Guthrie, a pioneer of the movement to *'seek to prevent that there may be no occasion to punish.'*

Guthrie promoted the cause of the ragged schools through three national 'Pleas'. The movement was a remarkable success with schools being established in every city and most sizeable towns within months of his First Plea. Alongside the voluntary principle went a commitment to day schools, which sought to strengthen rather than weaken family links. Such beliefs challenge present day assumptions of the child as merely a victim of abusive family influences, by stressing a more interactive relationship and attempting to use the child as a positive influence upon the family to which he or she returned each evening. Children unable to return to their families in the evening were boarded out to what would now be called foster carers or occasionally offered respite accommodation on school premises. Proponents of the ragged schools were opposed to a 'hospital' model of care, which involved removing children from their families into large institutions such as workhouses.

The ideas of the ragged school pioneers differed significantly from prevailing English approaches to delinquency, which were based around a workhouse model. They differed too in their emphasis on the importance of education. Whilst education was considered to be a positive force contributing to social cohesion in Scotland, the English tradition considered the education of the working classes as encouraging of sedition.

The response to delinquency offered by the ragged schools seems to have met with remarkable success. By the early 1850s, Governor Smith of Edinburgh Prisons reported that, whereas in 1847 more than 5% of the prisoners in Calton Jail were under 14, by 1851 this had fallen to less than 1%. He went on to assert his belief that the ragged industrial schools had been principally responsible for this fall. The success of the approach supported Guthrie's belief that it was better to pay for the education of the child than the imprisonment of the adult in later life.

Acts of Parliament passed in 1854 secured state funding for the ragged schools; however, subsequent Acts of 1861 and 1865 ensured that funding applied only to children committed to the schools through the Courts. As such the legislation sounded the death knell for Watson's and Guthrie's peculiarly Scottish conception of the industrial feeding school, through superimposing the prevailing English reformatory and industrial school model under the direction of the Home Office. Nevertheless, an interesting insight into the durability of underpinning Scottish beliefs is provided in a government report from 1896, which states that, *'Scotch reformatories are not looked upon with public favour on account of the aversion felt by the Scotch people to the imprisonment of children'* (quoted in Seed, 1974, p. 326).

In summary, the key features of the Scottish tradition were: the need to cater for children's physical needs; the importance of education; prevention rather than cure; a focus on needs rather than deeds; the voluntary nature of provision; the preference for day provision which maintained family ties; structure and discipline.

The rescue period

The second half of the nineteenth century has become known as the 'rescue period' in social welfare provision. In contrast to Guthrie's and Watson's visions of family oriented care, poor families came to be seen as a contaminating influence from which children needed to be removed. This was the era of the large orphanage, removed from public view and consciousness. One manifestation of the 'rescue' philosophy was the forced (or indeed voluntary) emigration of children to the Colonies in pursuit of a better life. Large charities were foremost in the orphanage movement, Quarriers and Aberlour being the most obvious examples. Many reform or industrial schools operated their own assisted passage schemes. Boarding out (fostering) was still common but, in line with the rescue philosophy, children were sent further afield, often to isolated farms or crofts throughout Scotland. Those who offended could be committed by the courts to reformatory schools (the successors to the 'ragged' schools).

Psychoanalytic influences

The emergence of the psychoanalytic movement in the early twentieth century (see chapter 3) led to a questioning of some of traditional and authoritarian ways of responding to children. This led to some interesting experiments in child rearing and education. Perhaps the best known of these are Summerhill, established in England by a Scot, A.S. Neil, and Kilquhanity in the south-west of Scotland, established by John and Morag Aitkenhead. These schools, known as 'free schools' sought to allow children to develop free from the constraints of adult or societal oppression. Whilst the ideas behind Summerhill and Kilquhanity remained minority ones, the influence of Freudian psychology was also apparent in the growth of the child guidance movement, which emphasised the importance of working with children in the context of their family relationships. In keeping with Scotland's educational tradition, the child guidance movement was rooted within the field of educational psychology. The large children's home or children's village, however, remained the most common response to children who were deemed unable to live at home.

Reflective Questions

- *What is the history of your unit?*
- *What period/phase in the development of secure accommodation services does it reflect? (In older establishments some interesting material may be available in old documents such as admissions books).*

1.2 Legislation

The UK Children Act 1908 brought together and tidied up previous legislation relating to children. The Children and Young Person's (Scotland) Act 1937 established separate juvenile courts, which were required in their proceedings to have regard to the welfare of the child. Essentially, this piece of legislation marks the formal embodiment of the 'welfare' principle, which has been central to subsequent child care philosophy and regulation. Following the 1937 Act Remand and Reform schools were brought together under the term Approved School. The distinction within the 1908 Act between those children who had offended and those in need of care and protection was removed, and approved schools admitted both categories of child. Approved Schools were funded by the Scottish Office.

The Clyde Committee, reported in 1946, in response to concerns about the welfare of children in foster care. It also criticised large scale institutional living and proposed that provision for children should be provided in smaller units, located nearer to centres of population. Clyde was influenced by some of the thinking of the child guidance movement and proposed the family as the preferred unit of care. Substitute care was to be modelled on family life. This resulted in the development of the family group home model, whereby groups of children were looked after by 'auntie' and 'uncle' figures, ostensibly modelling the experience on family living. Family group homes were set up throughout Scotland in the 1960s and 70s and were the preferred model of providing community based residential care for children. The family group model was replicated in many List D Schools with the housemaster/housemother system.

Kilbrandon and the Social Work (Scotland) Act 1968

A watershed in Scottish welfare provision came with the publication of The Kilbrandon Report in 1964. This reaffirmed a 'welfare' as opposed to a 'justice' model of dealing with young people. The preferred approach was to be education…. 'in its widest sense.' Kilbrandon proposed the establishment of Social Education Departments to oversee his proposed developments. These ideas were developed by the emerging social work lobby and taken forward in a white paper, Social Work

and the Community (1966), thereafter becoming law in The Social Work (Scotland) Act (1968). The 1968 Act established professional social work, rather than the social education departments envisaged by Kilbrandon and located provision for children and young people within the new generically structured departments. The Social Work (Scotland) Act heralded the introduction of the Children's Hearing system.

The Hearing system involves a panel of three trained lay volunteers. A key figure in the Hearing system is the Reporter. S/he is the administrative officer who ensures that Panels operate within their legal remit. The Reporter's principal function is to decide, on the basis of reports provided by social workers, whether a child may be in need of compulsory measures of care. If so, they convene a Hearing which will discuss the full circumstances of a case before reaching a decision in the 'best interests of the child'. The 'best interests' test means that any disposal made by a children's hearing has to be justified on the grounds of what is best for that individual child in their particular circumstances. The child and their parents ought to be full participants in this decision-making process.

A Children's Hearing has the legal status of tribunal and may only proceed if the child and their parents agree with the grounds of referral. If they do not agree, the case can be referred to a Sheriff for proof. Similarly, if a young person or their parents disagree with the decision of a Panel, they can appeal to the Sheriff.

Children can be referred to the Children's Panel on a range of different grounds, only one of which involves offending, the others reflecting their need for welfare or protection. Philosophically the system works on the same assumptions which characterised earlier approaches, namely that the underlying needs of those who offend and those in need of care and protection are essentially similar.

Having considered the circumstances of a case there are a number of possible disposals open to panel members. They can impose a supervision requirement (through which a child becomes legally 'looked after'). Being 'looked after' can, at its least intrusive, involve supervision by a social worker whilst the young person remained at home; however, hearings can also set a condition that attaches a place of residence to the supervision requirement. In such cases young people become 'looked after and accommodated.' This particular terminology was introduced following the passage of the Children (Scotland) Act 1995. The Children (Scotland) Act also saw the administration of children's hearings move away from local authority control to become centralised under the Scottish Children's Reporter Administration (SCRA).

If particular legal criteria are met (see section on secure legislation), hearings can authorise placement in secure accommodation. Increasingly, other measures are becoming available to panel members under the Scottish Executive's Intensive Support and Management Service (ISMS). One such option for those young people deemed to meet secure criteria (and as a direct alternative to placement in security) is the use of electronic tagging.

Residential schools after the 1968 Act

The Social Work (Scotland) Act had envisaged the integration of child care provision to ensure a coordinated approach to placements. It failed however to locate List D

schools, as they became known (simply due to being on an administrative list under the heading 'D'), within the local government structures, but maintained them as a separately managed service within the Social Work Services Group of the Scottish Education Department. One of the advantages of this centralised structure was the development of the List D Schools psychological service which saw psychologists attached to all of the schools from the early 1970's. The psychological service was responsible for a body of progressive thinking around child development and child care generally.

In 1986, following a review, central government withdrew funding from the List D Schools and essentially devolved responsibility for them to the user local authorities. A number of schools closed around this time. Others entered into user agreements with particular local authorities. The break-up of local government in the mid 1990s led to further adjustments to the landscape as far as residential schools were concerned, as the new smaller local authorities were unable to sustain sole user arrangements with particular schools. This has resulted in schools selling beds in an open market to a range of local authorities. This reflects a wider trend in the way in which care is delivered in Scotland, with local authorities increasingly purchasing services from voluntary or charitable providers rather than providing and managing these services directly.

History and development of secure accommodation in Scotland

In the late 1950s, Chief Constables expressed concerns about the perceived number of absconders from Approved Schools. In response to this and a riot at one school, the Scottish Office offered building capital to any school prepared to run a secure unit for the more recalcitrant youngsters. Rossie School, near Montrose, eventually agreed to this and the first secure unit in Scotland (and indeed in the UK) opened there in 1962 for 25 boys.

Over the next 40 years the number of secure beds increased significantly – doubling in the 1970s, trebling in the 1980s and quadrupling in the 1990s. Numbers currently stand at 96 for a mix of boys and girls. Eighty of these places are in the large units of Rossie, St Mary's Kenmure (1975), Kerelaw (1983) and the remaining 16 in the Edinburgh secure services, St Katharine's (1994) and Howdenhall (1983 - rebuilt 2004), and The Elms (2000) in Dundee.

It was only after the mid 1970s that girls were admitted to secure care. The first unit to include girls was St Mary's, Kenmure. All other units subsequently followed. For a few years in the 1980s and 1990s, some assessment centres operated small suites of secure rooms (10 beds in all) but approval for the use of these was discontinued over time. During the 1970s and 1980s, paralleling the increase in secure accommodation, there was a steady reduction in open beds within the List D System with the closure of 16 schools, 62% of the total Scottish system.

Secure legislation

Prior to 1983 there was no specific legislation controlling the admission of young people to secure care (except for those young people convicted of serious offences through the criminal courts and placed in security by the Secretary of State). A

Children's Hearing could make a Residential Order naming a particular school which had a secure unit, but it was up to the Head of Establishment to decide whether to place the young person in the open or secure setting. In principle this meant that if a young person in Kenmure, Kerelaw or Rossie open settings proved particularly difficult he could be simply transferred to security without reference to any other authority.

In practice, the general rule was that a young person had to have had at least two previous placements in other List D Schools and had to be recommended by a consultant psychologist/psychiatrist before he/she would be considered for a secure placement. The Head of Establishment sought advice from a screening group, which included psychological and psychiatric representatives, as to the appropriateness of secure care for a young person. The Heads of the three large units (which provided almost 90% of all secure beds in Scotland) met regularly between themselves and the Scottish Office to review the overall secure situation. They felt that there should be consistent criteria applied to young people across the country for placement in security. Also in the early 1980s, prompted by concerns that Scotland might be in breach of the European Convention on Human Rights – that a person can only be deprived of their liberty after due process of law – the Scottish Office consulted around the behavioural criteria and procedures that might apply to placement in secure accommodation. The subsequent legislation was appended to the Health and Social Services and Social Security Adjudications Act (HASSASSAA) 1983 and came into effect on 1st February 1984.

The criteria laid down in the act were that:

a) he (sic) has a history of absconding and he is likely to abscond unless he is kept in secure accommodation and if he absconds, it is likely that his physical, mental or moral welfare will be at risk:

or

b) he is likely to injure himself or other persons unless he is kept in secure accommodation.

The legislation was fleshed out in a Code of Practice issued by the Social Work Services Group (SWSG, 1985) on behalf of the Secretary of State for Scotland. In section 3.5 the Code stated that:

> the use of secure accommodation for children is seen as an exceptional measure:
>
> only those children who genuinely need secure accommodation are placed and kept there;
>
> where it proves necessary to use this type of accommodation, the length of time during which any child stays in it is restricted to the minimum necessary to meet the child's particular needs; and
>
> the use of secure accommodation is seen in the context of an appropriate child care framework which is fully consistent with the 'welfare principle' contained in sections 20 and 43(1) of the Social Work (Scotland) Act 1968 (The welfare principle demands that placement in secure accommodation be justified through reference to the best interests of the child).

The HASSASSAA legislation as well as introducing legal criteria that had to be met before a young person could be placed in secure accommodation also required that units providing secure accommodation be registered and inspected by the Scottish Office.

If a Children's Hearing deemed that a young person satisfied the above criteria, it could authorise the use of secure accommodation under Section 58 of the Social Work (Scotland) Act (as amended by HASSASSAA 1983). The young person could only be admitted to security if the Director of Social Work and Head of Establishment considered it to be in the child's best interests. In effect this tripartite arrangement ensured that a young person could only be placed in secure accommodation with the agreement of three independent parties – the Children's Hearing, Director of Social Work and Head of Establishment. The system was designed to restrict usage and to ensure that appropriate checks and balances were attached to the decision to deprive a young person of their liberty.

In practice, secure accommodation was regarded as part of the continuum of care and a young person with a secure authorisation was often placed in an open setting with an option of moving into security if deemed necessary; however, within two years of the legislation coming into effect, the open schools at Rossie and Kenmure St Mary's closed leaving them as 'stand alone' secure units. They retained a few hostel places for young people leaving security – not as a precursor to security. Only Kerelaw of the larger units retained the open/secure option. A significant proportion of those young people admitted to the open school were subject to secure authorisation.

From the outset there was some tension around what was perceived as the limited authority of Children's Hearings. Some panel members wanted the power to require a young person to be placed in secure care rather than merely authorising it. In 1984 the Government tried to introduce legislation giving such power to the Children's Hearing in the Miscellaneous Provisions (Scotland) Bill 1984, but after its second reading in the Commons, the Minister responsible withdrew it following opposition. Had such legislation been enacted it is likely that many more secure beds would have had to be provided.

The HASSASSAA (1983) legislation did not stipulate a minimum age below which a young person could not be admitted to secure care since until then no child under the age of 12 had ever been admitted. However, the age of legal responsibility in Scotland remains as low as eight. Children as young as this can and have been placed in secure accommodation on both offence and non-offence grounds.

The Children (Scotland) Act 1995

The Children (Scotland) Act 1995, which replaced the 1968 Act in relation to social work with children, introduced a concern for the interests of the wider community rather than just the individual child to the Hearing system. However, it left the legal framework for secure accommodation unchanged apart from a slight change in wording around the absconding criteria, from 'having a history' to 'having previously absconded'. The criteria relating to the use of secure accommodation were incorporated in the Children (Scotland) Act 1995, section 70(10) and could be invoked under a warrant to detain a child or as a condition of a supervision

requirement. The Regulations concerning secure care were updated and again repeated the focus on the child's needs:

> *'Secure placements once made, should only be for so long as it is in the best interests of the child.'*
>
> (The Children (Scotland) Act 1995 Guidance, Volume 2, ch.6:4)

The inclusion of the 'best interests' test, the cornerstone of Scottish approaches to children, locates the criteria within a welfare frame, recognising that decisions should be made on the basis of needs rather than deeds. The welfare principle remains paramount in law today and is, if anything, strengthened by the overarching principles of the 1995 Children (Scotland) Act; namely that the interests of the child are paramount; the views of the child are taken into account, where reasonably practical; and that any supervision requirement should be made only if it is considered better to do so than not to do so (the 'no order principle') (Children (Scotland) Act 1995: 17(3)).

Routes into secure accommodation

Placement through Children's Hearings

Young people can be admitted to secure accommodation through a variety of routes. They can be authorised to stay in security by virtue of a supervision requirement naming a particular secure unit. Unlike normal supervision orders which only require to be reviewed annually, secure authorisations, in line with the imperative to use secure accommodation for the shortest possible time, need to be reviewed every three months.

Young people can also be authorised to stay in secure accommodation on a warrant from a children's panel (see the Children (Scotland) Act 1995 and the regulations attaching to this). Panel members may be likely to use a warrant in cases where they do not have the full facts of a case at their disposal. Warrants last a maximum of 22 days and should allow time for the preparation of reports which will allow panel members to reach a substantive decision on a case. Warrants do not require a young person to be placed in a particular establishment.

In emergency situations young people can be held in security in cases where the Chief Social Work Officer and the Head of a Secure Establishment agree that legal criteria are met and there is a need for this level of intervention. This type of admission is sometimes termed 'by administrative process.' It is used in emergency situations where there is serious and immediate risk to self or others or perhaps in situations where a young person has been awaiting a secure placement and one becomes available. Placements through this route need to be considered by a Children's Hearing within 72 hours of being made. At this point a Hearing, assuming it agrees on the need for security, is likely to issue a warrant (or possibly make a supervision requirement), allowing the young person to remain in secure accommodation.

Placement through a criminal justice route

Whilst most (two thirds) placements in secure accommodation are made through a Children's Hearing there is provision under the Criminal Procedure (Scotland) Act 1995 for juveniles to be placed in secure accommodation through a criminal justice

route. Children awaiting trial can be held in secure accommodation on remand Section 51 (1) allows a court to remand children under 16 years to the care of the local authority and this may (although need not be) be in secure accommodation. Remands are generally for an initial seven days and may extend to 110 days. The Courts deal with more serious offences involving juveniles under solemn procedure. Children convicted of murder may be sentenced under section 205 of the 1995 Act and which carries a mandatory life sentence. Those convicted of other cases heard on indictment, under section 208 will receive a determinate length of sentence.

Young people convicted of an offence under summary procedure may be sentenced to residential accommodation under Section 44(1) of the Act for a period of up to a year, although they can only be kept in secure accommodation if the legal criteria within the Children (Scotland) Act 1995 are met. Again, this decision is taken by the Chief Social Work Officer and Head of Establishment. They serve a maximum of half sentence and may be released within that period on the decision of a review held by the local authority. Interestingly, after sentence has been passed, responsibility for such cases passes to the local authority and youngsters held under section 44 are to be treated as though subject to supervision requirement, with all this implies in terms of being granted time out of security. Again, the welfare principle is paramount.

For all placements in secure accommodation other than those sentenced and those remanded under Part V s.51 (1)(a)(i) (Criminal Procedure (Scotland) Act 1995) and under Part II s.66 of the Children (Scotland) Act 1995, legislation is permissive and its thrust is to limit the length of time a youngster is held in secure conditions. Both the original guidance issued by the Scottish Office (SWSG, 1985) and *A Secure Remedy (SWSI, 1996)*, a review conducted by the Chief Social Work Inspector in 1996, emphasise the need for units to operate in accordance with quality child care standards. *A Secure Remedy* draws on the UN Convention on the Rights of the Child, re-stating that:

It should only be used as a measure of the last resort and for the shortest appropriate period of time. (p. 5)

Young people can also be placed in penal establishments by the court if they are deemed ‘unruly’. In such cases they do not have to satisfy the behavioural criteria laid down in the HASSASSAA legislation. Young people in this category are placed in Young Offenders Institutions.

Reflective Questions

- *Chart the legislation governing the admission and stay in secure care of a young person you are working with.*
- *Are some young people placed through a different route? What legislation governs their placement?*

1.3 Societal factors affecting secure accommodation

The use of secure accommodation for children and young people reflects prevailing social trends and problems. This section considers the impact of poverty and misuse of drugs. It will examine the social backgrounds of the young people referred to the Hearings system. The issue of youth offending will be covered in a separate paper (4.16).

The latest estimate of Scotland's population (for 30 June 2003) is 5,057,400. Children aged 15 and under accounted for 19 per cent of the population. The general demographic trend sees Scotland's population falling as a result of lower birth rates and net emigration.

Poverty

Poverty continues to cast a shadow on the lives of children and families in Scotland. The literature on poverty differentiates between absolute poverty and relative poverty. Absolute poverty is where individuals or families do not have sufficient resources to access the bare essentials of life such as food, clothing and shelter. State benefits are designed to prevent absolute poverty although there may, for a variety of reasons, be times when people do experience situations when they do not have enough money to get by on a day to day basis.

Relative poverty is a far more common experience, as some of the figures below indicate. Relative poverty is a state where individuals and families cannot access what would be considered to be a reasonable standard of living in the society they live in. They may not be starving, but they cannot enjoy the comforts that most people can take for granted - things like being able to organise a birthday party for their children or going out to the cinema or for an occasional meal out. Not being able to do things like this can lead to a grinding existence. People who experience this kind of existence may turn to drink or drugs to alleviate the lack of stimulus or meaning in their lives.

The present government has set targets to reduce levels of child poverty and recent figures suggest they are making some inroads in this regard. However the gap between rich and poor continues to increase and this has implications. Poverty and the unequal distribution of wealth in society contribute to social exclusion. People who cannot access some of the finer things in life are unlikely to buy into the values of that society. Bringing up children in such circumstances can become a drudge for parents. Children brought up in such environments are likely to lack the kind of stimuli they need to consider alternative lifestyles for themselves.

Sharp local concentrations exist in the geographical spread of poverty. Glasgow, overwhelmingly has the highest concentration of deprived areas in Scotland, accounting for more than half (57%) of the worst 10% of postcode areas. Recent research by Sheffield University found that 41% of Glasgow households were living in poverty, the city was suffering population decline and unskilled worker numbers were up (Dorling & Thomas, 2004).

There are then significant socio-economic factors affecting the experiences of children and families growing up in Scotland. The kind of behaviours which lead children and young people into lives of crime or exploitation need to take this wider context into account.

Misuse of drugs and alcohol

The use of drugs introduces particular dimensions and difficulties to working with children and young people in Scotland today. Drugs will affect the lives of many if not most young people in secure accommodation either directly or through family involvement. Amendments to legislation to include specific grounds for referral within the Children's Hearing system are indicative of the trends in drug use by children in Scotland and a heightened awareness of such trends. For example, although not a criminal offence, growing concern about misuse of volatile substances by children and young people through the early 1980s saw the introduction of the Solvent Abuse (Scotland) Act 1983 which then led to solvent abuse becoming a specific ground of referral. Similarly, a growing trend in the abuse of drugs and alcohol by children and young people saw this become a ground for referral in 1995 when the Children (Scotland) Act was introduced.

Grounds for referral for solvent abuse have dropped considerably over the years. This may be more of a reflection of the growing trend in the availability and misuse of other drugs and the abuse of solvents becoming less fashionable or acceptable within youth culture. Statistics on misuse of alcohol and drugs have only been collected by the Scottish Children's Reporters Administration since 1997 although in this short period there has been a steady rise in the number of referrals on this ground. The figure rose more than threefold between 1997/98 and 2001/02 from 553 alleged referrals. Nevertheless, referrals on grounds of alcohol, drugs and volatile substance misuse particularly remain relatively low when compared with other referrals.

The Scottish Schools Survey (2004), a self-reporting study examining the drug, alcohol and tobacco consumption of pupils aged 12-15 across Scottish schools, stated that 20% of 13 year olds and 43% of 15 year olds reported that they had drunk alcohol in the week before the survey. Seven percent of 13 year olds and 20% of 15 year olds reported that they had used drugs in the month before the survey.

Cannabis was the drug most frequently reported as having been used. Boys were more likely than girls to have used drugs and many more pupils have been offered drugs than have ever tried them. More than a third had been offered one or more drugs, and again, boys were slightly more likely to have been offered them than girls. Unsurprisingly the likelihood of ever having used drugs was found to increase sharply with age.

Whilst the issue of drugs evokes considerable public anxiety and confronts staff in secure accommodation with particular problems, the impact of alcohol remains perhaps a more common concern. Alcohol abuse is implicated in a range of the difficulties that bring young people into secure accommodation, again either directly or as a result of family histories of alcohol abuse.

Smoking, drinking and drug use were all found to be highly interrelated behaviours. Pupils who smoked were more likely to drink and vice versa. Similarly, pupils who drank or smoked were more likely to take drugs. Social characteristics were also significant with drug use and smoking more prevalent amongst those in relatively disadvantaged groups such as those taking free school meals and those in lower socio-economic groups.

Children referred to Children's Hearings

The rationale for an integrated system dealing with both children and young people who offend and those in need of care and protection is that they are considered to have much in common in that the roots of their difficulties often stem from broadly similar experiences of disadvantage and social adversity. Studies, such as the youth transitions study being undertaken by Professor David Smith at Edinburgh University, support this assumption (see website listed in references).

Around 40,000 children are referred to the Reporter to the Children's Panel each year. Those referred experience high levels of social adversity. In 2003 the Children's Reporter's Administration conducted a small scale study on the case files of those children referred in three different geographical areas (SCRA, 2004). The main findings of the study were:

Almost half of children had physical and/or mental health problems.
58% had social, behavioural or emotional difficulties.
33% had experienced physical, sexual or emotional abuse.
37% had been neglected or diagnosed with failure to thrive.
36% of their parents/carers had mental health problems.
43% of children had experience of domestic abuse in their homes.
39% of parents/carers abused alcohol.
35% of parents/carers misused drugs.

Children in all three areas studied experienced these problems despite different levels of affluence and deprivation.

The vast majority of young people in the Children's Hearing System because of their offending live in poor economic and social circumstances and the most persistent offenders have the highest levels of social adversity. Children who end up in secure accommodation are likely to have experienced a range of personal and family problems which have contributed to their placements there. The behaviours of children and young people therefore need to be understood in the context of their social circumstances, and the regimes in secure units need to recognise and seek to address the multiplicity of these social problems.

Over the period of its existence, the emphasis of referrals to the Reporter has changed. Whilst there has been some increase in the number of referrals on offence grounds over the past ten years, referrals on care and protection grounds have almost doubled over the same period. It is considered that the steep rise in protection referrals reflects the impact both of drug abuse and changed professional attitudes in the reporting of domestic violence as well as a wider interpretation by society of what constitutes lack of parental care, child abuse and neglect.

Reflective Questions

- *What social issues face the young people you work with and their families?*
- *How might these have contributed to the young person's placement in secure accommodation?*

1.4 Developments in residential child care

The early 1990s witnessed the uncovering of a number of abuse scandals in residential child care. These spawned a number of Inquiry reports, primarily in England. The major policy document in Scotland was the 'Skinner Report' *Another Kind of Home*, (SWSI, 1992), a wide ranging review of residential child care. The report discussed the purpose and role of residential care in general terms, and then proposed a set of fundamental principles to provide a framework within which relevant standards for evaluating the quality of care could be developed. The 'Skinner Principles', have provided a backdrop to any developments in residential child care in Scotland since their publication. The eight principles are;

- Individuality and development
- Rights and responsibilities
- Good basic care
- Education
- Health
- Partnership with parents
- Child centred collaboration
- A feeling of safety

The report also reviewed historical changes in the nature of residential care: how it had shrunk as a proportion of total numbers of children and young people in the care system, and how the average age of children and young people in residential care had increased to the point that the vast majority of children cared for in residential settings were now adolescents.

It went on to tackle issues of training and qualifications and of management, planning and inspection, again making a series of recommendations, including targets for numbers of qualified staff. It recommended that child care agencies should aim to achieve a position in which 30% of all residential child care staff and 90% of all senior residential child care staff held a Diploma in Social Work or equivalent. In addition, 60% of residential child care staff were to be assessed as competent at HNC/SVQ level 3. The Diploma in Social Work was at the time the

baseline professional qualification for practicing social workers. It has recently been replaced by an honours degree. One of Skinner's recommendations led to the establishment of the Centre for Residential Child Care.

The Skinner Report was underpinned by three important research studies: a review of the literature; an evaluation of statements of functions and objectives of children's homes; and a questionnaire completed by officers in charge of children's homes in Scotland.

The second significant Scottish report pertaining to residential child care in the 1990's was the *Children's Safeguards Review* (Kent, 1997). This made a number of recommendations for improvements to children's safety, and for staff recruitment and training, and carried out a major literature review. Among other things it tentatively explored the possibility of developing training along the lines of a European 'social pedagogy' model, but this has not been followed up. One of Kent's recommendations envisaged the development of a centre of excellence in various aspects of residential child care education and development. This recommendation resulted in the establishment of The Scottish Institute for Residential Child Care (SIRCC), which built on and developed the role of the Centre for Residential Child Care.

1.5 Recent policy trends

Recent years have seen the establishment of two new statutory bodies with a role in residential child care. The Scottish Social Services Council (SSSC) is responsible for the registration of individual workers. All those who work in the social care field will have to be registered with the SSSC and to hold specified qualifications deemed appropriate to the task. The Council's qualifications framework has set minimum registration requirements for residential child care workers at HNC (in any discipline) and SVQ (level 3). Skinner's targets to qualify a proportion of the workforce up to the level required for other areas of professional social work have been dropped.

Residential child care staff have to meet the requirements for registration with the Council by 2008/9 if they are to be employed or to continue in employment. As well as maintaining a register the Council regulates professional and vocational education and publishes codes of conduct for all staff. It has the power to de-register staff for breaches of the codes of conduct. In addition to the Council's powers to de-register staff, the government has set up a consultancy index, which will contain information about staff considered unsuitable to work with children. Organisations are required to check with the index before employing anyone to work with children even in a voluntary capacity.

The Scottish Commission for the Regulation of Care (the Care Commission) has responsibility for registering and inspecting all residential child care units whether provided by local authorities or other agencies. Secure accommodation, which has until now been inspected by SWSI, is now also the responsibility of the Commission

(and Her Majesty's Inspectors of Education - HMIE). Inspections take place against a framework of national standards (although these do not specifically relate to secure accommodation). The Commission has powers of enforcement including the right to impose conditions on registration, report cases to the procurator fiscal and to de-register services, including emergency de-registration if necessary.

The establishment of the SSSC and SCRC are consistent with government priorities to improve standards in the workforce and improve protection for social service users. Other priorities include improving partnership and improving service delivery and efficiency.

The partnership strand in the government's priorities acknowledges that people's needs are often complex and cannot be met by any one professional group. Services therefore have to cross professional boundaries in order to meet the range of these needs. In secure accommodation for instance, young people may have general health needs, mental health difficulties, a drugs problem and particular family problems (which will be covered in more detail in chapter 4), all of which need to be addressed to help them move forward. The government's aim is that the different services responsible for these services work together in a 'joined up' way to provide them as seamlessly as possible. This policy aim is underpinned by particular policy initiatives:

Joint Future brings together health and social services;

For Scotland's Children draws together education and social work for children and young people;

Youth Justice Strategy Groups set up in every local authority bring together social work, housing, the police and the Reporter to the Children's Panel amongst others to address issues of youth crime and disorder.

The final strand, that of improving service delivery and efficiency, aims to bring all services up to the standard of the best. The 'best value' reviews which social work services are obliged to undertake, and the focus on targets and outcome measures are all part of this drive towards improving service delivery.

1.6 Recent trends in criminal justice

In post-devolution Scotland, policy developments in the field of youth justice have been rapid. Recent trends see a challenge to the general consensus that has existed to this point around the appropriateness of a 'welfare' based approach to working with young offenders.

In order to understand recent developments around secure accommodation it is helpful to know a bit about trends in criminal justice. Put simply, in the 1970s and 1980s there was a sense amongst those working in the field that offending did not respond particularly well to social work intervention. A catchphrase at that time was

'nothing works,' essentially suggesting that doing nothing might be the best approach to work with offenders. Most would grow out of their offending, some would not.

Over the 1990s a literature developed that indicated that some types of intervention were in fact more effective than others in helping offenders turn round their behaviours. The professional focus turned to ‘What Works?’ This is a phrase that has characterised criminal justice social work ever since. It is linked with a political push towards ‘evidence-led practice’ where interventions are evaluated as to their effectiveness. A manifestation of this wider trend is the proliferation of programmes aimed at tackling offending behaviour. There is a drive to have programmes ‘accredited’ in order to identify those for which there is some evidence of effectiveness. Current thinking seems to favour cognitive behaviour based programmes as being the most successful, although there are question marks around whether much of the population of secure accommodation has the intellectual, emotional or developmental capacity to make best use of such programmes. The effectiveness of such approaches in isolation of the wider care experience is also questionable. Most of the 'What Works' focus was on adult offenders. Youth offending, for the most part, continued to be dealt with in children's hearings and approaches reflected the welfare underpinnings of this system.

The first intimation of a change in direction in youth justice came in 1999 when the Scottish Cabinet set up an Advisory Group on Youth Crime with a remit to:

> *assess the extent and effectiveness of options currently available to Children’s Hearings and Courts in cases involving persistent offenders, and look at the scope for improving the range and availability of options aimed at addressing the actions of persistent young offenders*

The Advisory Group’s report reflected a focus on how best to respond to those already involved in persistent offending. One of the key issues identified concerned responses to 14-18 year olds. It was felt that the gap between the welfare-oriented children's hearing system and the adult criminal justice system was too stark, yet young people could move between the two almost overnight. The report sought to mediate some of these contrasts, advocating that:

> *the system should promote the responsibility of the community for the young people it produces, support community safety and recognise the rights of the young person to the due process of law.*

The report concluded that:

> *there needs to be a unified approach at the practical level, combining care and protection with the public’s concerns over the need to address offending behaviour.*

The Advisory Group, whilst acknowledging the political concern with addressing offending, did retain some of the broad principles of the Scottish system. Its findings were located within a broader discourse of effective intervention which struggled to look beyond individuals and families for both the ‘causes’ and ‘cures’ of persistent offending.

A change in direction came in June 2002, when The Executive's '10 Point Action Plan on Youth Crime' was published (Scottish Executive, 2002a). It included new measures to tackle persistent offending: a pilot of a specialist Children's Hearings to fast-track persistent offenders under 16; a youth courts feasibility project for persistent offenders aged 16 and 17 (with flexibility to deal with 15 year olds); and a review of the scope for imposing Restriction of Liberty Orders, Anti-Social Behaviour Orders and Community Service Orders on persistent young offenders. The Plan also announced proposals to develop national standards for youth justice, to promote parental responsibility and to consider increasing the number of available places in secure accommodation. When the National Standards were subsequently issued in December 2002, they set as the national target for Youth Justice Services to reduce the number of persistent offenders by 10 per cent by 2006. Objective 5 within the National Standards deals specifically with secure accommodation. It is to 'target the use of secure accommodation appropriately and ensure it is effective in reducing offending behaviour'. This standard requires that records are kept in relation to numbers of secure authorisations made and numbers of authorisations made but not implemented by the chief social work officer or principal of a secure unit. These figures are to be made available to appropriate agencies and communities.

Provisions of this standard which affect practitioners are:

> *All relevant background information, including the ASSET/YLS-CMI assessment* (see paper 4.18)*, held on the young person should be passed by the young person's caseworker to the secure unit within two working days of admission. Information that may indicate concerns about risk of harm either to self or to others should be passed on immediately.*
>
> *The young person should have a named caseworker from within their home authority with whom the secure unit maintains regular contact and who is responsible for developing the aftercare plan for the young person.*
>
> *An action plan detailing the objectives for the care of the young person while in secure, including educational provision and a health assessment, should be completed by secure staff, within ten days of their entry into the unit.*
>
> *The individual's plan should be reviewed at least monthly by the unit, the named caseworker, the young person and their parent/advocate.* (see paper 4.04)
>
> *Other provisions within this standard relate to aftercare arrangements* (see paper 4.27)

The passage of the Antisocial Behaviour etc. (Scotland) Act (2004) underlines the Executive's commitment to driving forward their agenda on youth crime.

1.7 The expansion of the secure estate

The expansion of the secure estate needs to be understood against the backdrop of the above changes in thinking around criminal justice and particularly around youth crime and disorder. In March 2003, the Scottish Executive announced an increase in the number of beds to 125 by 2007. Following the recent announcement about the imminent closure of Kerelaw, the proposed configuration of places is:

Good Shepherd (Bishopton)	18
Howdenhall (Edinburgh)	5
Kibble (Paisley)	18
Rossie (Montrose)	18
St Katharine's (Edinburgh)	7
St Mary's Kenmure (Bishopriggs)	31
St Philip's (Airdrie)	24
The Elms (Dundee)	4
Total	**125**

Of these, 13% will be owned and managed by local authorities and 87% by the charitable/not for profit sector. The agencies providing the service have long traditions in residential child care. Unlike in England where young people can be locked up in local authority secure units, secure training centres or in the prison system, there remains a discernible system of secure accommodation in Scotland. This offers opportunities to develop practice through dialogue among providers.

Trends in the use of secure accommodation

In relative terms Scotland places more children in secure accommodation than England and Wales, although the comparison is not a direct one due to the different ways secure accommodation has developed in the two countries. Nevertheless, even taking these differences into account, Scotland has a higher proportion of juveniles in secure accommodation.

Demand for secure accommodation has remained fairly static since the late 1990s. Within this general picture there have been some changes in patterns of admission. Admission of boys aged 14 and 15 increased by over 50%, whilst admissions through the Courts as opposed to the Hearing system have more than doubled. Admission of children direct from the family home rather than from other parts of the care system has also doubled.

Children are staying for longer in secure accommodation rather than more of them needing this type of care. There is an increasing gap between the length of time between release and readmission in those cases where young people have to be re-secured. This suggests that secure units are taking fewer risks in moving children on from secure accommodation. The longer stay in security may also be linked to the proliferation of programmes targeting particular patterns of behaviour, such as sexual aggression.

There are considerable geographical differences in the use of secure accommodation, with some authorities using significantly more places than others. Some of this difference might indicate variations in social composition and social problems between areas, but they also reflect different policies and practices. Research (Harris & Timms, 1993) suggests that one of the biggest determinants of the use of secure accommodation is accessibility to a secure unit. Thus, authorities that manage secure accommodation or have ready access to beds are likely to be the biggest users. Authorities that do not have such access may be forced to think more creatively about how they support young people without the use of secure accommodation.

Secure accommodation is a costly resource. The average weekly cost in 2002/2003 was £2,750 per young person.

Implications for secure accommodation

Recent changes in the political profile of secure accommodation shift its emphasis from primarily a welfare focus to one where there are increased expectations to address offending behaviour very directly. In such a climate units may feel under pressure to be seen to be doing something about 'offending behaviour' rather than dealing with the whole child or young person. There is an inevitable pressure to respond to what they believe referring agencies such as local authorities and the Scottish Executive want. The perceived demands of the marketplace can drive the type of service offered.

Yet secure accommodation continues to operate within what is essentially a welfare-oriented system. It can be argued to occupy a complex and potentially contradictory space in provision for children and young people. As a mode of intervention it has been characterised as operating 'Between hospital and prison or thereabouts' as the subtitle of Harris and Timms (1993) suggests.

Once a child is admitted to secure accommodation particular priorities become apparent. The SWSI over recent years inspected secure units against the framework of Skinner's Principles, which are broad and require a comprehensive approach to children's needs. Over the past decade, inspectors have pushed agendas which emphasise the importance of a broad educational curriculum along the lines of that on offer in mainstream schools. They also stress the importance of addressing the health (including mental health – see relevant papers in chapter 4) needs of those young people placed in security. Another focus is on improved assessment and programmes of intervention.

A role for secure accommodation

In this potentially confusing space practitioners might find it helpful to think of secure accommodation within a wider conceptual frame.

Fulcher and Ainsworth (1985) identify four societal resource systems within which group care facilities are located; health care, education, social welfare and criminal justice. The purpose of each of these systems is respectively to treat, teach, nurture and control. 'All of these systems' they argue, 'embody value preferences, organisational features and occupational characteristics that reflect these purposes (p. 6).' They go on to say that:

> *..any group care centre has in various ways to incorporate aspects of treatment, teaching, nurturance and control according to the specific needs of children referred there. Yet experience has shown that the ethos of most group care centres is heavily dominated by the single yet simplistic purpose that underpins the resource system sponsoring a centre. This often results in the overall developmental needs of children being overwhelmed by a single purpose, which although important, is an incomplete response at best. (p. 7)*

They continue:

> *It is worth noting, however, that facilities which seek to transcend or overlap boundaries, and in that respect respond to a broader conception of children's developmental needs, are invariably the most controversial programmes. Public debate frequently surrounds the operation of these programmes, with strong pressure being exerted from many sources for these group care services to concentrate on a single purpose rather than operating from a multi-purpose orientation. (p. 8)*

Secure accommodation by its nature overlaps boundaries. It is expected to meet a broad range of children's developmental needs. As such it is likely to be a controversial area of practice. Given this complexity of task and competing public perceptions about its role, staff who work in secure accommodation may feel they are pulled in different directions. Their difficulty is compounded by the fact that the time a young person spends in secure accommodation is limited (other than for those placed under sections 205 or 208). The period to be spent in security will determine what can be done in this time. It may be worth considering what can be done realistically within limited time-scales.

The primary task of secure accommodation is to bring some order and control to young people whose lives have been out of control. This is done through the physical confines of the building but also through the rhythms and routines of care (see paper 4.06) and through exposure to caring and authoritative adults. The establishment of these relationships are critical and, even if only short term, they may act as templates for future relationships. The next task is to get some sense of where young people are coming from, what are some of the defining features of their lives and where they might move onto from secure accommodation (see paper 4.04). There is then a role to address specific problems. Some of this may involve a 'first-aid' type role such as ensuring appropriate medical and dental treatment. other aspects of intervention may involve pieces of work around specific difficulties such as offending, self-harm or drugs/alcohol misuse.

None of this work however should take place in a vacuum. Staff need to keep an eye on the next move, and to build in family and community links so that any progress made in secure accommodation can be carried through beyond placement. A number of agencies can complement the work done in secure accommodation. Increased concern over youth justice for instance has brought with it a number of initiatives aimed at supporting young people who offend. Agencies such as SACRO and Includem may have a role to play in providing a continuum of provision and support to young people before during and after their stay in secure accommodation.

Reflective Questions

- *Look out some inspection reports from your unit (or, if none are available, from other secure units. These are public documents and are available on-line). What are some of the main issues inspectors identify?*

Conclusion

This chapter has attempted to locate secure accommodation within historical and policy contexts. Some key themes which should be borne in mind when considering practice in secure accommodation are:

- the use of secure accommodation involves the deprivation of an individual's liberty. This is a serious step that should only be taken within exceptional circumstances and for the shortest possible time.
- secure accommodation needs to operate in the best interests of the child where 'needs rather than deeds' are paramount.
- secure accommodation should be considered within the wider context of families and communities.
- secure accommodation needs to have regard for the 'whole child'. As subsequent papers in this volume suggest, addressing community interests such as reducing offending requires such a broad focus on the child within this wider social context.

Training links

HNC in Social Care:

HN unit *Caring for young people in secure care settings:* outcome one (optional unit).

Further reading

Furnivall, J., Macquarrie, A. & Smith, M. (unpublished). *A review of residential child care in Scotland*. Glasgow: Scottish Institute for Residential Child Care. As the title suggests, this provides a review of residential child care in Scotland, identifying salient policy developments and the implications of these.

McGhee, J., Mellon, M. & Whyte, B. (2005). *Meeting needs addressing deeds – working with young people who offend.* NCH Scotland. A good account of working with young people who offend drawing on the principles of the Kilbrandon Report.

McNeill, F. & Batchelor, S. (2004). *Persistent offending by young people: developing practice issues in community and criminal justice, Monograph 3*. London: National Association of Probation Officers. A comprehensive outline of a range of issues,

such as risk assessment and restorative justice, that are central to current debate on youth justice.

Scottish Schools Adolescent Lifestyle and Substance Use Survey 2004 Interim Report (October 2004). A survey undertaken by the Child and Adolescent Health Research Unit (CAHRU), The University of Edinburgh, commissioned by the Information Services Division of NHS National Services Scotland on behalf of the Scottish Executive.

Seed, P. (1974). Should any child be placed in care? The forgotten great debate 1841-74. *British Journal of Social Work,* 3, 3, 321-330. Provides a fascinating account of the ideas behind the Aberdeen Feeding Schools.

Smith, M. (2002). Stands Scotland where it did? Perspectives and possibilities for child and youth care. *CYC-Online*. Issue 47 Dec 2002, www.cyc-net.org/cyc-online/cycol-1202-smith-scotland.html

Smith, M. & Milligan, I. (2005). The expansion of secure care places in Scotland: in the best interests of the child? *Youth Justice, 4(3),* 178-191.

Websites

http://www.childrens-hearings.co.uk (provides some background to the Hearing system and its workings).

http://www.law.ed.ac.uk/cls/esytc/aboutthestudy.htm (the website of the youth transitions study, which gives access to the developing body of work being undertaken by the team - a useful source for those wanting to understand contemporary youth issues in Scotland).

The Scottish Parliament's Justice 2 committee's report on youth justice will be available shortly on their website:

www.scottish.parliament.uk/business/committees/justice2/index.htm

Chapter 2

Values and ethics in secure accommodation

Mark Smith

Care is a practice rather than a set of rules and principles… It involves both particular acts of caring and a 'general habit of mind' to care that should inform all aspects of a practitioner's moral life.

(Joan Tronto, 1994, p. 127)

Introduction

Secure accommodation as a field of practice sits at the interface of different resource systems. It is expected to treat, teach, nurture and control. At different points, the emphasis will fall down more on one side than the others. Those who work in secure accommodation and those who take an interest in it might have different perspectives as to what its primary purpose might be. Ultimately, many of these differences come down to differences in values. This chapter will consider some fundamental questions around the nature of childhood, the nature of care, values and ethics, and an ethic of care.

If values are fundamental to care so too are relationships. Change and growth occur when human beings interact with one another in ways that are mutually beneficial and growth-enhancing. Residential child care can be a medium for growth, not only for the young people who live there, but also for the staff who work there. Relationships need to be played out in an ethical context.

If values and relationships are central to practice in residential child care it becomes essential that staff who work in this field are given the opportunity to examine values and to explore the nature of the personal and professional relationship. These are vast areas, taking us into the realms of philosophy. They are areas of practice that are underdeveloped in residential child care in this country. This chapter merely skims the surface, but also it is hoped offers some perspectives that might prompt discussion in teams and further reading by individuals.

2.1 What is childhood? Constructing children

Childhood does not exist; we create it as a society, as a public subject. It is a social, political and historical construction.

(Rinaldi, 1999, cited in Moss & Petrie, 2002, p. 55)

Some of the first questions we need to address may at first reading seem silly. We probably think that what we mean when we use terms such as children and childhood is self-evident. But is it? We have seen in Chapter 1 that in early Victorian times, five-year-olds could be sent out to work or even imprisoned alongside adults. Why do we not do so today? In fact we have gradually extended the period we know as childhood through policies such as the raising of the school leaving age. Our understandings of children and of childhood have changed. We have come to see them less as economic units or as morally rational and responsible beings and more in need of adult care, protection and guidance. Why?

Other than physical immaturity there are few tangible characteristics that mark children or childhood out as a discrete stage of human development (and even physical development can be extremely variable). In most respects we create children and childhood by the ways in which we have come to understand them historically, culturally, socially and politically. They become defined by the kind of beliefs and assumptions we make about them and by the kind of policies that follow from these. This way of thinking is called social constructionism.

In present day society we construct children in a number of different, sometimes contradictory ways. It is important that we understand how we do so as this will determine how we think about them, the kind of services we put in place for them and the kind of relationships we enter into with them.

Constructing the child as villain

As was noted in Chapter 1 there has been a hardening of political and public attitudes in recent years towards young people who offend. We are faced with story after story in the media about youth crime and 'ned' culture. It can be an easy step to demand that something be done to counter such behaviours. Indeed, there have been a number of policy developments designed to allay such public concerns, one of these being to increase the number of places in secure accommodation. Others include the provisions of the Anti-Social Behaviour Act (2004). Proponents of such legislation argue that it is about making people and communities safer. Critics claim that such correctional measures risk demonising young people. Staff working in secure accommodation are not inured to these wider social and policy debates. In practice they are manifest in increasing demands to be seen to address offending behaviour more directly than in the past. In such a climate, care has to be taken that the regime in units does not become overly correctional or punitive.

Constructing the child as victim

Criteria for secure accommodation draw in not just those who offend, but also those deemed to be vulnerable and needing protection. Over the past 20 to 30 years, child protection has been the dominant professional concern in work with children and families. Just as we are faced with a media barrage over the need to stamp down on youth crime, we are also confronted with newspaper stories or policy initiatives which seek to protect children. Consider the concern generated over child abuse, the measures put in place to tighten the vetting of those who have access to children, or the ongoing debate about the appropriateness or otherwise of smacking children. Such measures speak of constructions of childhood which see children as vulnerable and needing protection from predatory or abusive adults.

The child abuse discourse also proceeds from a position of children being traumatised by the effects of past experience. Most of the children who are placed in secure accommodation have experienced a range of life experiences that might result in trauma. Past trauma can indeed have a fundamental impact on current functioning. Such an orientation can push staff in the direction of wanting to counsel young people to try to get to the root of their difficulties. A risk in such situations is that staff are insufficiently knowledgeable or skilled in such interventions and may do as much harm as good. They may also underestimate the resilience of many young people (see chapter 3).

Both of the above constructions of childhood place adults in positions of power over young people. In the former case, that power derives from an urge to control; in the latter from a desire to protect, which again makes assumptions about the superior knowledge of adults in determining what is right and wrong for children.

The child with rights

There has been an increasing awareness and emphasis on children's rights over the past two decades. Elsewhere in this series of papers (paper 4.20) we outline the background to, and implications of, adopting a rights perspective in secure units.

At this stage it is worth reflecting on how a rights perspective might lead to young people being constructed in different ways. If rights are considered only legally rather than within broader moral and ethical frameworks, there is a risk that society's responsibilities to young people become limited to ensuring that a due process of law is followed in any decision to place them in secure accommodation. An example of this might be the fact that young people now have legal representation built in to the decision to place them in secure accommodation. This has not led to fewer such placements or to children's rights being interpreted or addressed beyond ensuring that the legal process was properly followed.

Within a predominantly legal frame of reference, if young people have rights they are also deemed to have responsibilities. Some commentators (e.g. Goldson, 2002) argue that we currently 'responsibilise' and 'adulterise' young people too readily without taking into account their particular status or needs as children. We can impose too great a responsibility and rationality upon them. This way of thinking can be argued to have contributed to the increased use of secure accommodation and custody over recent years.

The child with agency

The constructions identified above position children and young people in relation to adult systems and adult ways of thinking. Adults within such interpretive frames are called on to control, protect or safeguard the rights of young people. Recent writing (Moss & Petrie, 2002) suggests that we need to re-examine the ways in which we think about children and childhood and about the kind of relationships we have with them. Such writers suggest that children have 'agency'; a status and certain natural rights that accrue to them as children, not just as 'becoming' adults.

Adopting such an approach to children and childhood has implications for the way adults work with them and 'are' with them. The power differential becomes less pronounced and adults and children enter into relationships in which they can both grow and develop. Such an orientation to practice requires that rather than one party (the adult) being cast in the expert role, both parties strive to enter into some shared rhythm or way of being together. They construct common meaning and understanding within that developing relationship.

None of this detracts from the need for adults to impart their own wisdom to young people or to impose appropriate authority when required. It does, however, mean that adults operate with a greater humility than is sometimes the case, accepting that they, as much as the young person, can grow and change through their shared relationship. It also requires that units and agencies operate similar standards and expectations of behaviour for both adults and young people.

Generally, a co-constructivist approach (whereby adult and young person together construct meaning from their relationship) calls for different ways of thinking about children and childhood. It means we need to start enjoying and celebrating children rather than fearing and seeking to control them. Once we can do this control issues start to take care of themselves to a far greater extent.

The whole child

Of course, any meaningful approach to working with young people has to take into account all of the above dimensions and to acknowledge the overlap between them. Villains are as often as not also victims. All young people have certain rights and responsibilities appropriate to their age and stage and they all ought to be recognised as having 'agency' - that ability to exert some control over their own lives and their own decision making. This is what Kilbrandon (see Chapter 1) had in mind when he spoke of the need for a whole child approach. We cannot compartmentalise young people. We need to see them and to respond to them in their entirety.

Reflective Questions

- *What is the dominant construction of children and childhood in your unit?*
- *Can you think of any examples of practice that back up your answer?*

2.2 What is care?

Having cast some doubt upon whether terms such as children and childhood are straightforward, let us now turn our attention to what constitutes care. Just as our understandings of children and childhood reflect different historical and cultural assumptions, so too do our understandings of the concept of care. Cameron (drawing on predominantly English legislation) tells us that over the past century or so our understanding of care:

> *..has come to equate with 'welfare' and the scope of care has widened from food and shelter (1908) to maintenance, accommodation and proper development (1948) and finally to include at least a partial sense of the child and their family as co-participants in care through, the 'wishes and feelings' and 'partnership' dimensions of the welfare principle in the Children Act 1989.*
>
> (Cameron, 2003, p. 90)

So our understanding of what care means has shifted over the years. This, perhaps, calls us to question and keep under review the prominence we afford to particular aspects of the task at any one time. Current 'best practice' reflects only current dominant concerns and understandings, which are located historically and culturally.

Cameron goes on to say that the assumptions that frame the management of care services have also changed, moving away from a faith in professional judgement and expertise towards a greater focus on the managerial role and on target setting. She cautions that target setting approaches '*potentially reduce public care to addressing these targets rather than an holistic care relationship with a young person*' (Cameron, 2003, p. 91). This is something to be aware of, for it impacts significantly on what we consider care to be. Is it a set of instrumental tasks or is there an emotional, affective dimension to it?

Care: A technical or adaptive task?

Staff in residential child care settings, as in any other walk of life, will have their own views of what constitutes the right way to raise children. Some of these views will reflect their own personal, family or religious values and beliefs. If staff were brought up believing that children should be seen and not heard, this will have a bearing on the way they approach the children and young people they work with, They may accept or reject such approaches and either reinforce or challenge them in practice.

If staff believe that children should be allowed to experiment and make mistakes free of adult control, that value too will impact on their work. The likelihood is that every unit will include staff who hold very different but strongly held views about how best to bring up children and about the nature and purpose of secure accommodation. This can lead to a number of tensions and possible conflicts in staff teams.

Roger Kent (1997) cautions that 'belt and braces don't make good trousers'. This statement expresses a fairly basic truth about residential child care. Good quality,

growth-enhancing care does not come out of house rules, procedures manuals or quality standards. These all have their place, but only as props to something deeper and more diffuse. That which is deeper might be thought of in terms such as ethos, culture, shared values or social climate.

In some ways it is what a place feels like rather than what it looks like in the brochure. That which is more diffuse entails that there is no practice manual that if followed necessarily leads to a good care experience. To believe that it might misrepresents care as a technical task, akin to servicing a car. Heifetz, a writer on leadership, distinguishes between technical and adaptive tasks (Heifetz, 1994). Technical tasks or problems require technical solutions. Adaptive tasks or problems require adaptive solutions. They involve the negotiation of a range of value conflicts.

Child care is an adaptive task, involving and demanding the negotiation of a series of value conflicts. Secure care, because it involves the extreme step of depriving young people of their liberty, especially requires that issues around values are kept to the fore.

Values are rarely absolute but need to be continually examined and negotiated. Consider what can be postulated as social care values, such as privacy or confidentiality. In secure accommodation these become dilemmas. There are times when privacy cannot be guaranteed. There may be times when intrusive practices such as searching are required. There may be information that cannot be kept confidential if it risks harming an individual. In situations such as these staff need to find some acceptable compromise which, as much as possible, preserves human rights and dignity.

Reflective Questions

- *Think of a time you have experienced care. What did it feel like?*
- *What kind of care is offered to the young people in your unit?*

2.3 What are values and ethics?

The whole area of values and ethics is somewhere practitioners rarely go in any depth. Yet values are central to just about everything we do. Care, above all, is a moral and ethical endeavour. So what do these terms mean?

Values tend to reflect our own belief systems and as such have a personal dimension to them. I may believe, for instance, that abortion is wrong. Someone else with equal conviction might believe that a woman has a right to choose. These are our respective value positions.

Morality is the wider philosophical concern about what is right and good.

Ethics, according to Ricks and Bellefeuille (2003) refer to *'a set of moral principles to live by.'* They go further and define professional ethics as *'those principles for professional conduct that are used to guide practitioners in making ethical choices.'* (p.119)

Ethics are increasingly brought together in professional codes or codes of conduct. The obvious example of this is the Scottish Social Services Council's Code of Conduct, by which all those registered to work in social care settings in Scotland are bound.

However, codes of ethics themselves make certain assumptions about the nature of ethics. Are ethics universal, rational and legal or are they more contextual, intuitive and compassionate? Some feminist writers suggest that the former approach represents a particularly male approach to ethics whereas women would tend towards the latter.

Practitioners need to be aware that codes of ethics don't provide the answers to many of the moral dilemmas they face in practice. There will be occasions when individual workers or teams will need to take responsibility for ethical decisions, rather than relying on universal codes to give then clear-cut answers. Think for example of a 16-year-old girl who is self-harming. She has a gaping wound that needs stitched, yet she is refusing to comply with medical treatment. In such situations, legal, medical, moral and personal values systems may all conflict. Practitioners have to find ways through such dilemmas with both feet grounded in the real world and to make complex judgements based around what they feel is the right thing to do in the particular circumstances. As Ricks and Bellefeuille (2003) argue

> *...codified rules of what to do in particular cases and cases of like kind, gets us off the hook of moral endeavor... Adherence to codified rules does not necessarily require self-awareness or accountability for taking a moral stance. It simply requires learning the rules and following them, whereupon we may fall prey to being lulled to sleep as we methodically attempt to capture similarities across cases and avoid the unique complexities of the situation at hand.* (p. 121)

An ethic of care

Having considered what is care and what are values and ethics the question arises: is there an ethic of care?

Joan Tronto, a feminist writer, suggests that there is. Caring according to Tronto is '*everything that we do to maintain, continue and repair our 'world' so we can live in it as well as possible.'* (Cited in Moss & Petrie, 2002, p. 103). An ethic of care, she goes on to say, is *'a practice rather than a set of rules and principles...It involves particular acts of caring and a 'general habit of mind' to care that should inform all aspects of moral life.'* (p. 127)

Care as a 'general habit of mind' is something young people will recognise. They know the staff who follow the rule book and those who make authentic caring connections with them. Some of the elements of care are summed up in the social pedagogic tradition which frames service delivery in most European countries. Care in that tradition is something offered with head, hand and heart. It requires staff to think about the job, to have practical skills to bring to it and to be driven by an emotional commitment to those being cared for.

Reflective Questions

- *Think of a situation you have had to deal with that involved possible moral conflicts. What were these?*
- *How was the situation resolved and why was it resolved in that particular way?*

2.4 The personal relationship

...Amazing, brilliant - they don't tell you what to do. They'll give you choices. They take you up to the shop in their own car - they don't need to do that, they do that 'cause they like you. You've got a good relationship with them.

(boy in residential school, Smith, McKay and Chakrabarti, 2004, p. 91)

Secure accommodation is about creating opportunities for young people to change and contexts within which they can do so. For that to happen there is one central ingredient; the quality of the adults who work in a place. We can be seduced into thinking that there are all sorts of fancy interventions out there that we can use to turn young people around. The reality is that it is the *singer not the song* that is important in helping young people change. Nicholson and Artz (2003) cite research by Clark (2001), which looked into 40 years of psychotherapy outcomes. It concludes:

> *relationship factors (the strength of the alliance that develops between the youth and the worker, built upon perceived empathy, acceptance, warmth, trust and self-expression and defined by the youth as a helpful connection) and the ability of workers to work positively with the clients' ways of understanding themselves and others, account for 70% of behaviour change (Clark, 2001). Two other factors, hope and expectancy that change will occur, account for 15% of behaviour change (and also depend on a positive relationship between worker and youth); while intervention model and technique account for only 15%. Fundamental to any*

prevention or intervention that has a chance of success, is a strong positive relationship.

*(*Nicholson & Artz, 2003, pp. 41-42)

The importance of relationship is particularly pronounced in residential child care, which is perhaps unique amongst professions in placing the personal qualities of adults at the forefront of the entire business. While it would be desirable for teachers and doctors, for instance, to build relationships with those they teach or treat, ultimately teaching and treating are the primary tasks. In care settings the primary task is building appropriate relationships and using these to help young people in care to change their ways. Care is what Jack Phelan (2001) calls a *'self in action'* task.

Some principles of a child and youth care (CYC) approach to practice support this assertion. This North American approach is about 'being with rather than doing to.' or as Garfat (1999) says about 'hanging out and hanging in.' Very often there's no need to be doing anything that seems vaguely professional with young people. Just being there, hanging out, chatting, joining in with whatever they're doing, initiating particular activities perhaps; all of these everyday occurrences provide opportunities for adults to interact with and influence young people. But they also need to 'hang in' when the going gets tough; especially perhaps in secure accommodation where there is no easy next move.

To be able to *'hang in'* with difficult young people demands certain personal qualities of staff. First and foremost they need to have a good sense of who they are and they need to be able to present this confidently to young people; they need to be authoritative without being authoritarian. With suitably confident and committed staff, authority comes from within rather than through recourse to sets of rules. That is not to say that rules are not important or necessary. They are, to set the norms of behaviour in a unit. With individual young people, tight adherence to externally imposed rules might be required in the early stages of placement, but as relationships develop, compliance becomes more internalised and based on mutual respect rather than on the rule book. (see paper 4.06 for further elaboration of these points).

Self in action - Characteristics of the effective child and youth care intervention

So what do we know about what is involved in effective professional relationships? Garfat (1998) explored workers and young peoples' views of what was meaningful in their experience of particular lifespace interventions. He identifies several themes in his study of what constitutes an effective intervention. These include adults having a high degree of care for and commitment to the young people they work with, high levels of self-confidence and responsibility, and a general and immediate awareness of themselves.

Good workers also possess an awareness of the wider context, an understanding of the individual young person with whom they are intervening, and an intimate familiarity with the issues or situations facing that young person. The latter in particular seems to be promoted by the ongoing process of sharing and working together in the lifespace. Child and youth care workers' ability to prepare for an

intervention and connect with the individual young person in a manner that 'fits' was also identified as important.

Effective interventions were related to the immediate circumstance and/or experience of each young person; they enabled them to see their responsibility related to their situations, and challenged their perceptions and expectations. Finally, a young person's experience of continuity in the relationship with the worker emerged as a theme in the study.

The importance of the relationship in working with young offenders

Similar themes can be detected in the literature on working with young offenders. Trends in working with offenders and, by extension, young offenders over the past decade or so have seen an emphasis on the use of particular (generally cognitive behaviour based - see chapter 3) programmes aimed at tackling offending behaviour. This can have the effect of understating and undervaluing the centrality of the personal relationship in such work.

Recent writing in this area (Batchelor & McNeill, 2004) brings the personal relationship to the foreground in any change effort with young offenders. Focusing on the views of those who desist from, rather than those who persist in, offending suggests that the decision to desist is generated by the personal and professional commitment of the workers involved with them. Worker qualities such as reasonableness, fairness and encouragement convey a sense of genuine concern for them and their worth. The message that they are redeemable and able to take their lives in more positive directions is crucial to a young person's decision to stop offending. Valued relationships with workers encourage a personal loyalty and sense of accountability in supporting young peoples' efforts to change. A central task of the worker is to support and nurture this intrinsic motivation to change rather than to seek recourse to external consequences.

Young people who offend do so for a range of personal and social reasons. Most often they have been damaged in some way by past relationships. Part of their healing and part of their ability to move on from offending (which is a symptom of damaged relationships) is to encounter and to develop relationships that help repair these experiences. Repairing damaged relationships and experiencing new types of relationship in personal and professional capacities is central to the decision to move away from offending.

The type of worker qualities and behaviours implicated in young peoples' decisions to move away from offending are those associated with a pro-social approach (see paper 4.07). They may be summed up thus:

> *Relationship skills are essential to achieving positive outcomes and these involve the worker being open and honest, empathetic, able to challenge rationalisations, non-blaming, optimistic, able to articulate the client's and family members' feelings and problems, using appropriate self-disclosure and humour. (HMSO, 1995; Shulman, 1991; Trotter, 1999).*
>
> (Batchelor & McNeill, 2005, p. 171)

Close enough?

Because of the abuses that have come to light in recent years in residential child care, there has been a tendency for organisations providing care to shy away from close personal relationships between staff and young people. As Kent (1997) points out, the consequences of such an approach can lead to sterile care environments that may be equally abusive in terms of their impact on children and young people.

To try to deny close emotional relationships between staff and young people flies in the face of human nature. Attachment theory (Howe, 1995) tells us that human beings are drawn to one another. Connections between particular adults and particular children will happen regardless and in the vast majority of cases have positive outcomes for those involved.

The CYC relationship is essentially and perhaps inevitably an affective, relationally centred one. The most powerful moments in CYC are when a personal connection is made between a worker and youth. One of the most commonly referred to quotations in CYC practice is that *'every kid needs at least one adult who's crazy about him'* (Bronfenbrenner, 1977, p. 5). And while it might be hard to admit, in this climate, that we're crazy about any kid, the reality is that there are kids who will pull on our heartstrings in all sorts of powerful and personal ways. It is not unprofessional to acknowledge this. Indeed, it is central to our professional task. It is what we use to bring about change.

Relationships, however, cannot afford to be indiscriminate. They need to be purposeful in residential child care settings. The need to be seen as the vehicle through which care planning goals are achieved. Fewster (1990) has suggested that *'the personalized relationship continues to be the greatest challenge in professional child and youth care' (p. 26)*. He refers to the difficulty that child and youth care workers sometimes seem to have in developing a relationship with a young person in which the experience of intimacy and connectedness can be present, while appropriate boundaries are maintained. However, he goes on to say that in the absence of relationship, the child and youth care worker's ability to affect a youth's values, beliefs, attitudes, or behaviours is seen as extremely limited.

This takes us back to the need for an ethical approach to practice. Ricks and Bellefeuille (2003), citing Blum (1994), argue that ethics have to be constructed in relation to individual workers, to 'self.' The ethical and moral involves:

> *getting oneself to attend to the reality of individual other persons....while not allowing one's own needs, biases, fantasies (conscious or unconscious) and desires regarding the other persons to get in the way of appreciating his or her own particular needs and situation.*
>
> (Ricks & Bellefeuille, 2003, p. 120)

Ethics according to such a formulation do not deny the complex range of human emotions that can be present in care relationships but requires that workers are aware of these and are able to make informed moral decisions to concentrate on the needs of the person being cared for.

To ensure that relationships between workers and young people remain appropriate and purposeful requires two things. At an individual level workers need to be self-aware and to reflect on what is going on for them in relationships and where the balance of power lies within them. This requires a journey inwards to consider areas of our own need and motivation in particular situations. It also demands that the whole area of personal relationship is discussed in supervision and within the wider staff team to ensure that personal and professional relationships are open, understood and supported.

Reflective Questions

- *Think of a close relationship that you have with a particular young person. What contributes to that feeling of closeness?*
- *How do you use the strength of this relationship to achieve care planning goals?*
- *What is your own agency's policy or position on the nature of relationships between staff and young people?*

2.5 Shared values: a unifying vision

The emphasis in residential child care in recent years on the importance of the individual and the need to respond to individual needs is entirely proper. However, individual needs exist and are met in social contexts. The primary social context in secure accommodation is the lifespace, the immediate setting as shared and experienced by staff who live and work there. Together, those who inhabit this lifespace form a community. Any community needs to be grounded in a set of common values and beliefs.

Given that both staff and young people enter into this community with a whole range of different assumptions and experiences around fundamental questions about the nature of care and the purpose of relationships, there is a need to develop and adopt some shared values that set out a common purpose. If they are to have any real meaning and are to be acted out in practice rather than just stated, values need to be both aspirational and inspirational.

The head of an establishment has to set the tone in terms of living and modelling a unit's values, but they need to be owned and lived at every level in a staff team. Staff need to buy into an agency's vision and to feel they can make a difference through living this vision. The vision and the belief that they can make a difference is what keeps people going beyond the everyday pressures and grind of residential child care.

An agency's preferred approach to working with children should be set out in its Statement of Functions and Objectives. It may be encapsulated in a mission or vision statement. A unit's stated vision will help shape the nature of the provision it offers. A vision needs to be 'lived' rather than just stated on paper. For this to happen, staff need to feel involved in the development of the vision and to feel that it encompasses their hopes and beliefs about the job. Once established, an appropriate vision can become a touchstone against which staff can frame and justify their practice. All their actions should be geared towards realising that vision. It is the road map that tells them where they're hoping to go and how they're going to get there.

Any vision has to be dynamic. It has to be continually discussed and tailored to address changing circumstances. This is particularly important, as constructions of what is appropriate or acceptable in work with children and young people vary over time. What might be one generation's 'best practice' may be thought of as abuse by the next.

Agencies need to make time for staff to develop and to touch base with their vision and their shared values. This may involve periodic away days or regular discussion of values in staff meetings. This can be time consuming but it is essential in making sure that staff pull together in the same general direction. The alternative to discussing and locating practice in a set of shared values leads to continual bickering and differences of opinion in staff teams around central issues such as care and control. In the absence of commonly understood shared values, individuals' values and beliefs come to the fore. It is important too that young people feel they are part of something bigger than the sum of the individual parts of an organisation; part of a community that can meet their emotional needs for affection and affirmation.

> *A staff view that 'we care about you too much to let you do this' is an excellent foundation of a positive milieu and once accepted as genuine can be far more powerful in bringing about change than a formal treatment strategy.*
>
> (Elliott & Place, 1998)

Values statements ought to become the touchstone against which everyday actions are articulated and judged. An example of one school's (St Philip's) value statement is appended to this chapter and encapsulates the particular value position that underpins these. The essence of St Philip's approach is to create a community where both young people and the adults who work with them grow through their daily sharing of the lifespace.

Similar sentiments are captured in some of the principles of social pedagogic approaches (the predominant approach in European countries) to practice. These principles are identified by Petrie (2004) as:

- a focus on the child as a whole person, and support for the child's overall development;
- the practitioner seeing herself/himself as a person, in relationship with the child or young person;

- while they are together, children and staff are seen as inhabiting the same lifespace, not as existing in separate hierarchical domains;
- as professionals [staff] are encouraged to reflect on their practice and to apply both theoretical understandings and self-knowledge to their work...;
- [staff] are also practical; their training prepares them to share in many aspects of children's daily lives...such as making music or building kites;
- ...children's associative life is seen as an important resource: workers should foster and make use of the group;
- pedagogy is built on an understanding of children's rights that is not limited to procedural matters or legislative requirements;
- is based on ...an emphasis on team work and on valuing the contributions of others in the task of bringing up children: other professionals, members of the local community and, especially, parents.

(adapted from Petrie, 2004, pp. 3-4)

Reflective Questions

- *How does your organisation describe its value base?*
- *How often do you come together as a staff team to discuss issues around values?*

Conclusion

This chapter starts from the premise that care is, above all, about values and ethics. How we think about young people and how we think about care will determine the kind of care experience a unit offers. Practitioners need to be able to explore their own values and to locate these within an understood agency framework. Such value based frameworks provide the backdrop against which important everyday policy and practice decisions should be made.

Values are translated and played out in the kind of relationships we develop with young people and with colleagues. For these to be positive and growth enhancing requires that individual practitioners are appropriately self-aware and reflective and that agencies provide them with opportunities, through supervision and other support structures to enter into discussions around values and ethics.

Training Links

SVQ:
Unit O2 *Promote individual's equality, diversity and rights* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*)

In the revised SVQ Health and Social Care (Children and Young People) awards at level 3 and level 4, there is a values statement in every unit, indicating what must be met. This chapter would be applicable to the whole of these awards.

HNC in Social Care:
HN unit *Caring for young people in secure care settings*: outcome one (optional unit)

Further reading

Those interested in the ideas outlined in this chapter might want to read:

Tronto, J. (1994). *Moral boundaries: a political argument for an ethic of care.* New York: Routledge, Chapman & Hall Inc.

Moss, P. & Petrie, P. (2002). *From children's services to children's spaces.* London: Routledge/ Falmer.

(neither of the above are easy reads but are stimulating with a bit of perseverance)

Brannan, J. & Moss, P. (2003). *Rethinking children's care.* Buckingham: Open University Press.

An easily accessible way into ideas around social constructions of childhood is provided in:
Stainton, R. (2001). *Constructing childhood, constructing child concern.* In P. Foley, J. Roche & S. Tucker (Eds.), *Children in society: contemporary theory, policy and practice.* New York: Palgrave, Open University.

A chapter on ethics from a child and youth care perspective is available in:
Ricks, F. & Bellefeuille, G. (2003). Knowing: the critical error of ethics in family work. In T. Garfat (Ed.)*, A child and youth care approach to working with families.* New York: Haworth.

Ideas around child and youth care principles can be found by typing in relevant words or phrases into the search facility on cyc-net.org. Gerry Fewster writes well on the use of self in work with young people.

Appendix 1

(Taken from 'The Essence of St Philip's')

Shared Values

In a community such as St. Philip's that thrives on a set of shared values, leadership should be visible everywhere. The power of inspiring values, not just stated but acted out, makes leadership possible at every level of engagement.

1. We believe that, as a Christian community, every person should be respected, recognised as having a unique worth and treated with dignity.
2. We believe in the importance of acting with integrity and in a spirit of truth and consistency, honouring our commitments to children, families and fellow professionals.
3. We believe in the importance of treating people fairly and in the value of routinely questioning the relative fairness of alternative courses of action. This does not mean that everyone is treated in exactly the same way, but instead is treated fairly given the appropriate situation.
4. We believe in the healing power of affirmation.
5. We believe in the importance of mutual appraisal within our community.
6. We believe that we have a responsibility to shine a light on good practice and to enquire into practice which is incongruent with agreed standards.
7. We believe that by working together collectively the community creates an 'Archetypal Adult' who is fairer, more just, more understanding, more sensitive and more tolerant than any individual can be.
8. We believe that adults should strive to understand the true meaning of what children communicate to us.
9. We believe in the importance of viewing children positively.
10. We believe that our systems of dealing with challenging behaviour are neutral, objective and non –punitive.
11. We believe that consequences should be child-sized and not reflective of adult antagonism or spite.
12. We believe that children should be protected from behaviour that models bullying or arbitrary imposition by adults.
13. We believe young people have important rights that should be acknowledged, promoted and respected.
14. We believe in the importance of everyone developing a growing sense of responsibility for the choices they make and the actions they take.
15. We believe that all children wish to make progress in school, make friends and have fun.
16. We believe that a sense of enjoyment, complemented by appropriate humour, can contribute to a healthy working and living environment.

Chapter 3

Theoretical perspectives

Lynda Taylor

Theories – whether in the form of academic, political or professional ideas, or offered in the guise of 'common sense' – shape our understandings and govern our actions, whether we recognise this or not.....

(Moss & Petrie, 2002, p. 17)

Introduction

This chapter sets out the need for theory in work with young people in secure accommodation. It begins with a discussion of adolescent development and goes on to consider some of the theories that may help cast light on practice. Inevitably, coverage of the various theories is selective and brief. Practitioners who wish to develop their understanding in any area are pointed in the direction of some further reading.

Making the links

Throughout this chapter you are invited to think about a particular child and how each of the theories discussed might help you understand them better.

Overview

Theory does not always get a good press among workers in residential child care. That may be understandable. Many of the theories taught have not always reflected practice experience. Good theory ought to be grounded in and illuminate the everyday experience of those who do the job. Having acknowledged that theory has not always served us well, it is all around us nevertheless. Even those who would run a mile from theory and claim to approach their work from a pragmatic or 'common sense' perspective, draw on bits of theory all the time. They might talk of Freudian slips or of the need for consequences to behaviours, or they may use programmes or worksheets to address particular behaviours. All of these are based on theoretical understandings of some sort. The trouble is that practitioners often do not recognise this. At one level this devalues some of the very good practice that goes on in units, because practitioners do not have the concepts or the language to explain what they are doing. On the other hand, attempts to apply ill-understood theory to residential child care settings can be at best useless and at worst

dangerous. It is important then that staff who work in secure accommodation and in residential child care more generally have some idea of some of the main bodies of theory that have had a bearing on and still influence practice.

Theories from a range of academic disciplines including sociology, criminology, anthropology, social policy and education can be used as lenses through which to seek to understand secure accommodation. This chapter limits itself to a consideration of some of the main psychological theories. Most psychological theories can be thought of as trying to explain the linkage between thinking, feeling and behaving. They differ in the importance they attach to each dimension. Theoretical models inevitably influence the assumptions made by practitioners about behaviours and how to respond to them. As such, they influence the type of regime that operates in a centre and, through that, daily practice.

Theories are only ever provisional. There is no theory that is going to provide all of the answers that practitioners in secure accommodation might want. Neither are theories value free. Prevailing theoretical perspectives are likely to reflect dominant political and professional value preferences, beliefs and assumptions about how people change. Do they change through the use of psychologically rigorous programmes? Or do they change through the power of personal and professional relationships? Consider the old saying about a glass being seen as either half-empty or half-full. How we view the glass will, in many respects, say something about our approach to life. Similarly, when we look at young people, do we see their problems or do we see their strengths and potential? That will influence (or be influenced by) our preferred theoretical orientation and hence the way we approach our work with them.

Because theories are not value free, practitioners need to understand and be able to question them. They need to be able to use what makes sense in their own workplace to help them put together some of the pieces of the jigsaw that is their everyday experience. That way they can start to build up parts of the bigger picture, whilst recognising that this will never be entirely complete or clear.

A simple developmental model

Before we go on to consider particular theories, it is worth thinking in general terms about how people grow and develop. Children, from birth, have a range of physical, social and emotional needs. If these needs are met they are likely to grow and develop into healthy and autonomous adults. If these are not met or are distorted in some way through abuse, trauma or other experiences of adversity, we might expect them to face some difficulty as they progress through life. A very accessible model of how children grow and develop is provided by Mia Kellmer-Pringle in her book, *The Needs of Children*. She identifies children as having four basic needs:

- love and security
- new experiences
- praise and recognition
- responsibility.

If these needs are appropriately met as children grow up then their passage to adulthood should be relatively uncomplicated. It might be useful to consider the extent to which young people in secure accommodation have had these needs met in their past and indeed in their current experience of care.

3.1 Adolescent development

Introduction

Most of those placed in secure accommodation are teenagers. To work with them it is essential to understand something about the nature of adolescence and the processes involved in this developmental stage. Adolescence involves a gradual transformation from child to adult. The precise nature of adolescence is dictated by the culture in which the transition is undertaken. Generally, in western society, this process is protracted and multi-dimensional. In more traditional societies, rites of passage ceremonies mark this transition in far more formal and tangible ways.

There is a series of challenges to be confronted in making this transition: biological, cognitive, psycho-social and moral/spiritual. When an individual is unable to deal with these challenges successfully there are likely to be unhelpful psychological, emotional and behavioural consequences. It is vital therefore, for adults who are working with adolescents through these transitions to understand how the changes affect the individual.

Biological change

The biological challenge in adolescence involves physiological, sexual and emotional change.

Physiological changes, such as girls developing breasts or boys' voices breaking, happen at different ages and rates for different young people. Therefore, it is very common for young people to feel awkward and self conscious about their appearance and to suffer from low self esteem as a result.

During adolescence there are increases in the production of sex hormones which trigger an increase in sexual arousal and desire in both males and females. These changes can be very uncomfortable for the adolescent as they confront them with issues of personal sexuality and sexual identity. This rise in sex hormones along with the other changes that are happening to the young person may affect the young person’s emotional state.

Cognitive change

Adolescence is also a time when significant cognitive (thinking) changes are taking place. These were identified by Piaget, a Swiss psychologist, who talks about the transition made by adolescents from ‘concrete operations’ to ‘formal operations.’

The adolescent moves from seeing things in black and white, 'concrete' terms and begins to deal with more abstract concepts and ideas. This is likely to encourage them to try out new situations and learn through success and failure. The broadening of thinking abilities includes being able to think about how one is perceived by others. This results in a heightened level of self-consciousness for many adolescents.

Adolescent thinking is often egocentric (self-centred). They may at times feel all-powerful and that they cannot be hurt. This can be risky as they may engage in extreme risk taking behaviour because they believe they are invincible. Typical examples of this would be drinking, taking drugs, joyriding or having unprotected sex.

While Piaget considers that there are set stages of cognitive development, Vygotsky, a Russian psychologist, argues that cognitive development is first of all a social process that an individual then internalises. A second aspect of Vygotsky's theory is the idea that cognitive development takes place as children move towards their 'zone of proximal development' (ZPD), the next stage in their psychological development. The ZPD is achieved through engaging in social behavior and depends upon full social interaction. Skills are best developed with adult guidance or peer collaboration. This way of thinking has important implications for residential child care as it highlights the importance of the social environment in developing young people's cognitive skills.

Identity formation

Biological and cognitive changes at adolescence trigger a major psychological challenge. The young person needs to form a new identity as he/she is no longer a child. Although the search for identity can be a lifelong process, the transition from child to adult means that it is most pronounced during adolescence. The 'Who am I?' question is a central one. The best-known writer on adolescent identity formation is Erik Erikson (1995).

The adolescent is less joined to parents and family and moves into a separate space increasing his/her capacity to function as a member of adult society. This is called individuation. It is a complex process which sometimes leads to adolescents being marginalised and living with the consequences of being less valued by others. This is because adults often struggle with adolescent behaviour and perceive the adolescent’s quest for autonomy as rebellious. This process is necessary however, if the adolescent is to go on to become an autonomous adult. Adolescents must make and follow through their own decisions, live by their own set of principles of right and wrong, and become less emotionally dependent on parents.

A sense of uniqueness is an essential part of the process of becoming a separate individual in adulthood. This can however, also make it difficult for adolescents to believe that anyone understands them and they may become overly dramatic in describing things that are upsetting to them as they believe no one else has ever experienced similar feelings and emotions.

It is not surprising that this continual adjustment biologically, cognitively and psychologically is very stressful. Adolescence is characterised by an intensity of

emotional response. Feelings of shame and embarrassment may be powerful and frequent. Subsequently, adolescents develop strong psychological defence mechanisms, such as denial, regression and projection to deal with these feelings. These can explain some of the seemingly inappropriate behaviour found in adolescents.

No longer perceived as children, there are further challenges for adolescents arising from changing expectations from society, parents and peers. There are strong social expectations. The list below from Havighurst (1951) is an example of how daunting the expectations are:

- Accepting one's physique and sexual role
- Establishing new peer relationships with both sexes
- Achieving emotional independence from parents
- Selecting and preparing for an occupation
- Developing intellectual skills and concepts necessary for civic competence
- Achieving assurance of economic independence
- Acquiring socially responsible behaviour patterns
- Preparing for relationships and family life
- Building conscious values that are harmonious with one's environment.

The adolescent is dealing with many new challenges and changes and is unlikely to focus on tasks such as the above without making mistakes. Some adolescents may be so overwhelmed by society's demands that they get involved in delinquent behaviour and look for their sense of belonging with like-minded individuals. Children in families that exist in difficult and stressful social situations are more likely to find adolescence difficult.

Peer relationships are very important in adolescence. They help teenagers to explore and develop their own identity. Close friendships help young people with the process of developing an individual identity separate from that of a child in a family. On the other hand, these relationships can be so influential that peer groups can increase antisocial behaviour in a young person caught up in the wrong crowd.

An important challenge for adolescents is to maintain positive relationships with their parents while achieving their developmental goals, a major one of which is to separate and detach from their parents. This is very complex and can cause a lot of conflict. Many parents feel rejected and dismayed at the adolescent's withdrawal, not understanding that this is a central part of their development. The parent's disapproval or rejection will make it even more difficult for the adolescent to achieve their developmental goals. It can be important for adolescents to have access to

adults other than their parents. Boys especially benefit from supportive relationships with male mentors.

Moral development

During adolescence the young person is also challenged by a wide range of moral decisions. Kohlberg (1984) is the main writer on moral development. Like Piaget, he sees morality developing in stages. The stage of morality most commonly encountered in adolescence is post-conventional morality, where the individual develops a sense of human rights and starts to develop a conscience. At this stage adolescents also develop clear ideas about what they believe in and what they are prepared to stand for. No longer does the individual act merely out of fear or the need for approval.

However, different rates of cognitive and emotional development mean that there are differences in how this stage is translated for each individual. For example, some young people advocate for specific values and violate them at the same time. Some adolescents might not even reach the post-conventional morality stage at all and continue to operate at a level where morality is tied up with rewards or with not 'getting caught'.

Conclusion

Adolescence is a time of change and crisis which, if appropriate supports are in place will be managed without too much difficulty by most teenagers. A useful perspective on adolescence is offered by John Coleman in what he describes as focal theory (Coleman & Hendry, 1999). He suggests that if the various changes expected of adolescents are appropriately sequenced and take place in a supportive environment, most teenagers cope with the stage without too much difficulty.

For others, however (especially perhaps those placed in secure accommodation), it can present the possibility of undesirable psychological, social and emotional consequences. The expectation of a successful transition from childhood to adulthood in the face of many biological, psychological and social challenges can often prove overwhelming.

Suggested reading

Coleman, J. & Hendry, L. (1999). *The nature of adolescence* (3rd ed.). London: Routledge. Provides a good readable overview of different theories of adolescence and proposes focal theory as a way of understanding the stage.

Bee, H. & Boyd, D. (2002). *Lifespan development*. Boston: Allyn and Bacon. A good text on developmental psychology. .

3.2 Psychodynamic theory

Introduction

Psychodynamic thinking is commonly associated with the work of Sigmund Freud in the 1920s. Although the original description is complex and can be difficult to grasp, many ideas that are taken for granted in social work today derive from Freud and his immediate followers who were influential in shaping the early conceptual underpinnings of social work.

Freud's thinking has been developed extensively by later writers and it is no longer possible to point to a single body of theory, although all approaches share certain common assumptions as outlined below. One of the major changes has been the shift away from the language of 'drives' and 'instincts' towards a focus on relationships and the way in which a sense of self evolves and is maintained. Important figures include Melanie Klein and W R D Fairbairn, an Edinburgh-based psychoanalyst whose work was promoted by J D Sutherland, another Scot.

Psychoanalytic thought can be complex, but nevertheless, some of its language and assumptions influence practice today and it can provide practitioners with some valuable insights.

Outline of theory

Psychodynamic approaches stress the importance of experiences in babyhood and early childhood for later development, suggesting that patterns of relating tend to persist and to be repeated with significant others. The theory holds that behaviour is influenced not only by conscious feelings, wishes and ideas but also by those of which the individual is unaware ('the unconscious').

It is concerned also with the ways in which people defend themselves against experiencing too much anxiety or emotional pain, often using other people in the process, e.g. by 'projecting' on to others what is too difficult for them to hold inside.

It is an approach which looks beneath the surface of what is presented and tries to understand the 'inner world' of feelings and beliefs, including the fantasies which the small child develops in an attempt to make sense of his or her experience at a time when thought processes are immature. Being unconscious, such fantasies often live on into adulthood.

Psychodynamic approaches complement attachment theory (see later in this chapter) in teaching us that children who have been neglected, rejected or abused operate from an inner world which is often in greater turmoil than the outside world. Staff working with children and young people need to pay careful attention to their histories, not just those that are objectively recorded but also to the meaning young people make of these.

The concept of 'containment,' of particular relevance to residential child care, has been discussed by Wilfred Bion (1990), and the closely related idea of 'the holding

environment' by Donald Winnicott (1960). In normal development a child's most primitive thoughts and anxieties are contained by being understood by their caregivers and this is how the child learns to trust. If this containment function does not happen because of a lack of response, the child is left feeling he/she cannot be understood or cannot rely on anyone. If the caregiver adds their own distress to the baby's distress a downward spiral is triggered. Uncontained distress is projected outwards through behaviours. If a healthy containment process is not achieved by adolescence, dangerous risk-taking behaviours may ensue because of the strong need to find identity at this developmental stage. The role of the psychoanalyst is to help people understand where, within themselves, their feelings and behaviours are coming from.

Implications for practice

From a psychodynamic perspective, the priority for a child care worker is to try to promote and model responsive, honest and authoritative management and to foster supportive relationships between adults and children. The aim of the worker is to create insightful and benign containment at an organisational level that is strong enough to withstand powerful negative projections of uncontained children and to give them tools to establish good and intimate relationships in their adult lives.

Psychodynamic views of group and organisational processes

Individual psychodynamics are further complicated by the group dimension. William Bion takes the concept of containment beyond the individual to group and institutional processes. In this situation, a staff group lacking understanding of an adolescent's 'stuckness' could easily respond in a way that would heighten their feelings of helplessness and trigger acting out behaviour.

Bion also wrote about a spectrum of unconscious group processes. He describes groups sometimes working unconsciously in ways which subvert their therapeutic intent or task. They become anti-task (see paper 5.03). Although at first they may seem to be behaving acceptably, when this is compared to what they should be doing therapeutically, it becomes apparent that they are in the throes of a more primitive process. Bion says this can manifest itself in a variety of unhelpful ways.

Bion's other major insight into group functioning is his belief that the group should be viewed as a whole and not as a collection of individuals. Therefore, an adolescent who vandalises the unit should be managed as representing vandalism on behalf of the entire group. This view arises from the belief that there will be a complex network of projective processes at work in group situation. If you treat it as a group process then you will address the entire process including the perpetrator. If you focus on the perpetrator, everyone else is able to disown the parts of themselves projected onto him/her and the process is likely to continue unabated.

Psychoanalytic theory is a complex way of looking at individual and group functioning and is often avoided by residential workers. It requires staff training, supervision and space to help them acknowledge how troubled and distressed young people really make them feel. It is constructive to help workers to recognise that their sometimes angry, helpless and terrified feelings are not failures in

themselves but important communications about the young person. Staff groups can be helped to function better by reflecting on their own feelings and behaviour and how easily these can mirror young peoples' behaviour.

Troubled young people are very perceptive of the quality of relating that significant adults display. When adults are prepared to discuss and examine the feelings they are caught up in, they gain a better grasp of the young people's problems. Working from a group dynamic perspective such as that described above was central to the work of many therapeutic communities, which were fairly common in England (although less so in Scotland) over the course of the 1970s and 80s. Such approaches have fallen out of favour in recent years but, nevertheless, can provide valuable insights into the way a unit operates.

Anton Obholzer (1995) writes about organisations from a combination of psychodynamic and systems perspectives. Some guidelines set out by him, relevant to residential settings are:

> There needs to be clarity of task. Without this it is impossible for staff to assess whether they are moving in the right direction. This is particularly important when working with adolescents, as confusion is an innate part of the young people process. If staff clarity is lacking it can lead to confusion of the entire institution and acting out (among young people and staff) that can threaten the whole enterprise.
>
> There needs to be clarity of structure, authority, roles and boundaries. Young people need to find their own authority and learn how to relate to authority figures. Young people in a unit are likely to bring confusion in this area of functioning to the fore and need staff to model clarity about such matters.
>
> Staff need training in the field of group and institutional processes. Young people have a great capacity to root out any personal or institutional weakness. This often takes the form of attempting to split the coherence of the staff group. Staff who have insight into their own vulnerabilities are less open to adolescent attack which is often of a personal nature. Staff who master themselves in this way can act as role models for the adolescents who are negotiating similar issues of identity, authority etc.
>
> There needs to be an awareness of the risk to staff and young people arising from the nature of the work in which they are engaged. Institutions develop ways of functioning that are sometimes more influenced by the need for staff to protect themselves than by work-oriented considerations. Outside consultation can bring a different and useful perspective to the work of a unit.

Conclusion

The complexity of Freudian language and the fact that his work was focussed on the individual created the belief that the 'real work' done with young people in residential child care was done by the expert therapist, with residential workers concentrating

on primary care tasks (see paper 4.06). However, there is growing recognition that residential units should themselves be essentially therapeutic, as they are environments to promote personal change and growth. As residential workers are the key players in this process, an understanding of the psychodynamic approach can be enriching.

Beyond its scope to offer individual insight, it is also invaluable in understanding the dynamics that exist in any residential setting. Dysfunctional group dynamics are corrosive. Without understanding the complexity of these, many organisations seek to deal with only the symptoms rather than addressing where these might be arising from. The use of an external consultant can be helpful in this process.

Suggested reading

A good overview of psychodynamic theory is available on-line at http://216.239.59.104/search?q=cache:KjBHK6_2VEAJ:www.intl.elsevierhealth.com/e-books/pdf/194.pdf+gita+ingram+attachment&hl=en

The literature on group processes tends to be rather complex. For relevance to residential child care, I would suggest:
Bion, W. R. (1984). *Learning from experience*. London: Karnac Books.
Bion, W. R. (1990). *Experience in groups*. London: Routledge.
Obholzer, A. & Zagier Roberts, V. (1993). *The unconscious at work*. London: Routledge.

3.3 Behavioural theories

Introduction

Behavioural theories are associated, historically, with the work of Skinner (Skinner, 1969). They were important in secure accommodation and in residential child care more generally in the 1970s (see paper 4.07). They are still influential in many of the assumptions that underpin practice (such as the need for consequences to behaviours), even if staff are not always aware of the theory behind them.

Background

The basic assumption of behavioural theories is that maladaptive behaviours are learned and therefore can be unlearned. In addition it is believed that new and more adaptive behaviours can be learned. The notion of operant conditioning is crucial. Its premise is that behaviour can be controlled by its consequences. Acceptable behaviours are rewarded and thereby reinforced. Unacceptable behaviours are eliminated because they are followed by punishment. Punishment has not been found to be particularly effective in changing behaviour however. Behaviourism in

this crudest form has been discredited for this reason and because it fails to acknowledge the complexity of human behaviour. Workers in secure accommodation will be aware that changing behaviour is not as clear cut as offering rewards or sanctions.

Behaviour therapy

This is designed to target disabling, unproductive or maladaptive behaviours. Many practitioners nowadays use a combination of cognitive therapy and behaviour therapy.

Desensitisation is a technique that involves bringing a young person into contact with the feared stimulus. Fears are faced gradually working from the least to the most difficult. The young person must stay in the feared situation long enough to learn that the bad things he fears will not happen. Practice and repetition are the keys to success.

A second aspect of behaviour therapy is to schedule activities and pleasant events because to change what a person does also changes how they feel. Young people plan and record their activities each day and rate them for pleasure, mastery, anxiety or competence. This demonstrates the relationship between mood and activity.

Relaxation techniques are also important to help young people have control over their symptoms, especially for young people with anxiety disorders. Likewise, problem solving techniques are taught and encouraged as they can assist young people in recognising the resources they have for dealing with problems. It can enhance young people's control over problems and equip them with ways of tackling future problems.

Residential units in the 1970s and 80s that adopted behaviourist approaches based their practice around operant conditioning principles. A number operated token economy systems whereby young people had to earn points to gain access to particular areas of a unit's programme, such as activities or even home leave.

Social learning theory

Criticisms of behaviourist theory led to the development of other psychological theories. One of these was social learning theory, most often associated with the work of Bandura (Bandura, 1977). Bandura believed that behaviour can be learned by observing and imitating other people. Suitable adults (and peers) were required to model social behaviour in the belief that it would be replicated. Given the nature of residential child care and the opportunities for appropriate modelling of behaviours, we can see how social learning theory has been important in informing practice in this field (see paper 4.07).

Cognitive behaviourism

Cognitive behavioural approaches represent another development from classic behavioural theory. Cognitive behavioural therapy focuses on the links between

thoughts, feelings and behaviour, arguing that a change in one area can lead to changes in the other two. It is based on a cognitive model of emotion. This dictates that it is not simply what happens to you that causes your reactions. Rather, it is the meaning that is attached to an experience that leads a person to feel and behave in certain ways.

This way of working with young people is usually brief and time-limited, encouraging the development of independent self-help skills. Unlike psychodynamic approaches it does not dwell on the origins of psychological difficulty. It is problem-oriented and focuses on presenting circumstances which serve to maintain difficulties.

Within a cognitive model of emotion, different people will process situations differently and the way in which they do may offer valuable information about their behaviour. Kendall (2000) uses the example of stepping in dog poo to illustrate this:

- Some people may react with immediate social embarrassment. This reaction often characterises anxious people.
- Some people might become self-denigrating for stepping in it. This may characterise depression.
- Some might dwell on who was responsible for leaving it. This may lead to an angry response.

Due to the wide variation in personal responses to particular triggers, assessment is essential to a cognitive behavioural approach. This can be done by behavioural interviewing, self-monitoring, self-report questionnaires or interviews and direct observation of the problem.

Cognitive therapy

This is designed to target unhelpful or irrational beliefs, attitudes or thoughts. Examples of these are:

- I must be loved and approved of at all times
- Things must always go right
- I must be competent at everything
- Life should always treat me fairly.

Cognitive therapy involves the identification of unhelpful, negative thoughts or beliefs. Distortions in thinking patterns are detected then challenged by questions such as:

- What is the evidence for the thought?
- Is there an alternative, more helpful way of thinking?

Through such techniques, the young person is helped to develop a more adaptive and positive way of thinking.

When using such behavioural or cognitive techniques with young people the psychological, cognitive and emotional development of the young person is important. The family of the young person should be involved if possible and the

work should be made child-friendly by using age-appropriate language, worksheets, art, cartoons, role plays, etc.

As noted, behavioural principles influenced practice in residential work in the 1970s and 80s. However, over the history of residential work there has been a degree of resistance to these, partly because most of the influence is from a psychodynamic orientation. Within that tradition the focus has been in the environmental origins of disturbance. This has meant that the most valued interventions with young people have been those that happen in the lifespace or as part of group process.

However, there is increasing recognition that group living can be used therapeutically and at the same time contain individualised treatment. Such programmes are increasingly being applied in criminal justice settings and in secure units to address a wide range of behaviours, one particular area being the treatment of adolescent sex offenders (see paper 4.17). Anger management and cognitive skills programmes also draw on such approaches.

In cognitive behavioural programmes offenders are taught to re-evaluate their attitudes to victims and offending and are provided with behavioural control techniques to help them avoid further offending. Treatment programmes cover cycles of offending, relationships and attachment, self management and interpersonal skills. They challenge an abuser's reluctance to accept responsibility for their behaviour and look at the role of fantasy and victim empathy. They also include strategies for relapse prevention and lifestyle changes.

Within residential child care, the challenge is to combine a therapeutic environment which, while accepting the child no matter what he does, encourages and promotes appropriate behaviour.

Conclusion

Few people would nowadays subscribe to classical behaviourist theory. Human behaviour is too complicated for that. However, practitioners will be able to identify the remnants of behaviourism in many of the assumptions made and practices in secure accommodation. Developments from behaviourism have been important in shaping the development of residential care and cognitive behavioural approaches in particular are currently influential.

Suggested reading

Cigno, K. (2002). Cognitive behavioural practice. In R. Adams, L. Dominelli & M. Payne (Eds.), *Social work: themes, issues and critical debates* (pp. 180-190). Basingstoke: Palgrave. Provides an overview of cognitive behavioural theory and approaches.

Stevens, I. (2004). Cognitive-behavioural interventions for adolescents in residential child care in Scotland: an examination of practice and lessons from research. *Child & Family Social Work*, 9(3), 237. Provides an overview of cognitive behavioural approaches in residential child care in Scotland.

Descriptions of token economies/points systems etc. in particular can be found using the search facility on cyc-net.org. Karen Vander Ven is a particular critic of such approaches.

3.4 Systems Theories

Introduction

Systems approaches are based on the premise that the way young people operate is very much influenced by the systems in which they operate. When we plan interventions it is vital to understand the significance of external influences and how they interrelate to impact on the individual's development (see paper 4.04). Systems, or ecological approaches, help explain the interaction between individuals and their immediate and wider environments.

Background

The seminal work on ecological perspectives of human development was by Uri Bronfenbrenner, a social scientist, who also had a background in child care.
Bronfenbrenner categorised various external influences into different levels of 'systems'.

Microsystem

The microsystem is a developing person's immediate environment. The nature of that environment will affect the experience of growing up in it. Factors such as being born into a situation of marital discord or having a very sick sibling will have particular impacts on the developing child.

Mesosystem

The interrelation among two or more settings in which the developing person actively participates is called the mesosystem. An example of this could be a young person's school and carer failing to agree about what constitutes reasonable behaviour in the young person. Another example could be the impact on the young person's care of their parent having a volatile relationship with their social worker.

It is increasingly recognised in social work practice that wider networks such as extended family and community can impact powerfully on the individual. This is reflected in the recent introduction of more holistic ways to approach individual problems, such as family conferencing.

Exosystem

Factors which do not involve the developing person as an active participant but affect him are called an exosystem. An example of

this could be social policy or law. The criteria for secure accommodation, for instance, could have a very significant impact on a young person's life if they are behaving within these criteria.

Macrosystem

Bronfenbrenner's fourth system, the macrosystem, refers to cultural or sub-cultural influences on an individual's development. An example of this might be racist attitudes prevalent in British society. A young black person trying to reach developmental goals amidst such attitudes is likely to be adversely affected. Another example might be current political and public attitudes to young people and the impact of these on policy development.

One way to understand these systems is in the image of a Russian doll a series of dolls nested within each other. Each doll can be understood as an entity in itself but interrelates with the others to constitute the 'whole doll.' When care planning for young people it is important that each layer is carefully considered and addressed.

Cultural safety

Bronfenbrenner's model emphasises the importance of social and cultural identity in development. This links to the concept of cultural safety (see paper 4.19). This is described as:

> *…that state of being in which the child knows emotionally that his personal well-being, as well as social and cultural frames of reference are acknowledged, even if not fully understood. Furthermore, he is given active reason to feel hopeful that his needs and those of family members will be accorded dignity and respect.*
>
> (Fulcher, 1998)

Family systems

By far the most important factor for most young people in care will be how they feel in relation to their biological families. In spite of their separation, a young person in care is likely to have a profound bond with their family (see paper 4.21). For most adolescents' well-being, it is vital that they have a sense of mattering to their parents.

Attachment theory shows us that the experience of receiving poor quality care does not necessarily lessen dependence on the caregiver. Where a child's attachment experience is deficient the child's instinct may still be to cling to them. Young people who have been abused and maltreated may even want to cling on to the person who has upset and frightened them.

There is also overwhelming evidence that the biological family is where most people gravitate to when they leave care. Research indicates that 87% of children in care eventually return to their families (Bullock, Little & Millham, 1993). There is also

evidence that family contact improves a young person's chance of returning home from care. Contact with family may help prevent a young person's isolation in care and counter the risks of marginalisation from social networks in adulthood.

It is very important for young people in care to know that they are cared about even if they can't be cared for. There is a vast therapeutic potential for young people when residential workers try to work in partnership with parents (see paper 4.21). Some young people may need parental permission before they can do well in residential care as they will fear that any commitment to their placement or carers might be interpreted by their parents as an act of disloyalty or betrayal. The potential for this working together might be greater in residential than in foster care because biological parents are less likely to feel direct rivalry with residential workers.

There are other reasons for working closely with parents. Biological parents may know their child well and be able to offer useful information to residential workers. Identity issues can be very problematic for young people in care and contact with family can provide some clarity about who they are. It can also help clarify the real reasons for the child being in care and the meanings attached to this. Understanding this can help children put aside a belief that it is because they are bad or unlovable.

Workers can help parents to provide an explanation to the children which will help them build a coherent story about what has happened to them (see paper 4.22). It is very important that young people know when their parents make mistakes. Young people are entitled to know their story and be allowed to talk about it and express their feelings about it. When this happens, they are less likely to suffer from pent-up anger and resentment.

For the same kind of reasons, contact with siblings while in care can be very important. Siblings may develop special bonds which can offer vital attachment opportunities in the absence of adequate parental care. It is also important to nurture sibling relationships because they may provide a key source of social support in adulthood. Many young people in care lack such social support from other sources in adult life. There is evidence that children's placements in foster families have lower breakdown rates when siblings are placed together (Berridge & Cleaver, 1987).

Wider networks

As we see in paper 4.21 the term 'family' can be a broad one. Those who are important to a young person need not be their biological family (although some understanding of this is important in terms of identity formation). Wider social networks, from grandparents, aunts and uncles, teachers, youth club leaders and, of course, staff in residential child care, may all be significant within a young person's wider circle of influence.

Conclusion

Workers should be knowledgeable about young people's wider social systems to help them understand the young person's particular way of seeing the world.

Workers should also be aware of how their own family histories and cultural beliefs might influence their response to particular behaviours. If workers have a well developed sense of their own histories and those of others, they will be able to structure their interventions in a skilled way, making optimum use of the therapeutic opportunities in the life space.

Suggested reading

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development,* 6, 187-260.

Gilligan, R. (2001). Working with social networks: key resources in helping children at risk. In M. Hill (Ed.), *Effective ways of working with children and their families*. London: JKP. Identifies the importance of wider support networks to young people.

Payne, M. (1997). *Modern social work theory*. Basingstoke: Palgrave Macmillan. Chapter 6: Systems and Ecological Perspective.

A nice one-page account of Bronfenbrenner's principles of human development is provided at www.cyc-net.org/today2000/today000707.html

For further reading around the importance of family see paper 4.21.

3.5 Attachment theory

Introduction

John Bowlby (1969) was the first to conceptualise attachment as a fundamental human need. In Bowlby's early work an infant's mother was considered to be the primary attachment figure. In subsequent work, Bowlby and other researchers developed thinking on attachment and broadened it from this initial focus on the mother.

Attachment theory is very important in work with troubled young people as it can help us to understand the meaning and function of violence, aggression and other difficult behaviours in terms of attempts to gain a sense of security through relationships. In any climate that seeks compensatory rather than controlling strategies in work with young people, attachment theory is at the core.

Outline of theory

Attachment starts from the need in young children for physical closeness to their main caregivers when they are upset or scared and leads to the formation of bonds of affection that endure over time.

At the heart of attachment theory is the idea of the 'arousal-relaxation' cycle. This describes an essential interaction where the baby communicates its distress or discomfort by crying and subsequently gets a comforting response from the caregiver. Meeting this need is the basis of the experience of the trust and security and of the child's capacity to regulate his/her own emotions.

The next stage in attachment theory is the 'positive interaction cycle' where the caregiver initiates interaction with the child, which elicits a positive response. From this interaction, the child's self-esteem and self-worth are established. These early and repeated experiences with our caregivers set a foundation for our internal working models of self, others and relationships between self and others. They provide us with our belief about whether we possess qualities that attract caregiving and whether we believe in the capacity of attachment figures to provide us with nurture and protection. (see also Maier's ideas in *The Core of Care*, outlined later in this chapter and in paper 4.06).

The Canadian psychologist, Mary Ainsworth (1978), observed the reactions of young children when separated briefly from their caregivers and when reunited with them and concluded that the presence of the caregiver functioned as a 'secure base' which gave the child confidence to explore his or her environment. She also identified three different patterns of attachment which appeared to be linked to the way their main carer responded to and engaged with the child.

Secure

Insecure - avoidant

Insecure – ambivalent

A fourth pattern, insecure – disorganized was added by Main and Solomon in 1986. The kinds of behaviour associated with each pattern have been studied and described (see Daniel, Wassell & Gilligan, 1999a).

Attachment problems

Rutter (1995) writes about the likely consequences of severed or disordered attachments. Attachment theory tells us that troubled young people, like all individuals, will attempt to engage with others in ways that are consistent with their past experiences of care. As their past experiences have often been inconsistent, characterised by neglect, abuse or abandonment, they have learned that aggression, violence and emotional pain are integral elements of close relationships. Therefore, such young people may develop aggressive approaches in their attempts to force a response from their caregiver.

Insecure attachments undermine a child's capacity to reflect on and integrate experience. Such individuals have an inability to interpret the meaning of many human interactions. They often resort to concrete solutions to interpersonal problems, attempting to control their sense of themselves through physical experiences such as substance misuse, physical violence and crime. If the caregiver responds to these behaviours in a negative way, which they commonly do,

the young person will be confirmed in their belief about themselves as bad and unlovable and are likely to perceive their caregivers as rejecting.

Application to practice

Many of the sanctions used in residential child care are ineffective because they are based on traditional behaviourist theories which are often not fitting for troubled young people. For example, many young people with attachment disorders may be convinced that they deserve nothing. In such cases, reward and sanction systems are futile. Likewise, some young people in care will feel no attachment to their caregivers whatsoever. If they are told to go to their room as a sanction, this will have no effect on future behaviour as they will experience relief at being separated from the adult they do not trust.

It is important therefore to view attachment theory not simply as a way of understanding behaviour but as a tool to formulate interventions which will help young people compensate for disordered attachments and thus learn new ways of relating to people which will help them make healthy relationships in the future. These interventions must place the priority on developing and maintaining relationships rather than focussing on control.

Working from an attachment perspective has wide implications for residential child care. It means that staff have to work from the belief that the meaning of the behaviour is more important than the behaviour itself. This requires a depth of knowledge and training in how to recognise different manifestations of developmental difficulties and to know how to use their observations to inform care plans and ensure that individual developmental needs are being met.

Attachment theory has been applied in educational settings and can provide a useful theoretical bridge between teachers and care workers. Recent research in neuroscience has shown how early experiences of caregiving affect the development of the young brain and influence cognitive and emotional processes. For example, the psychotherapist Sue Gerhardt (2004) reports in her book that researchers studying the brains of acutely neglected Romanian orphans found a ‘virtual black hole’ where the orbitofrontal cortex should have been. This is the part of the brain that enables us to manage our emotions, to relate sensitively to other people, to experience pleasure and to appreciate beauty. Such scientific findings highlight the importance of past experience on current functioning. They also open up possibilities around how to compensate for past deficits. How this might happen has implications that may be used to inform residential child care practice.

Conclusion

Attachment theory is increasingly influential in residential child care. Young people in care, almost invariably, have experienced difficulties in past attachments and these are played out in their current functioning. Attachment theory can help workers better understand possible roots of behaviour and thus intervene more appropriately.

Suggested reading

Bowlby, J. (1988). *A secure base: parent-child attachment and healthy human development*. London: Routledge. Provides a good accessible account of Bowlby's thinking on attachment

Daniel, B., Wassell, S. & Gilligan, R. (1999a). *Child development for childcare and child protection worker*s. London: Jessica Kingsley. A good accessible read - again strong on ideas of attachment.

Fahlberg, V. (2001). *A child's journey through placement*. London: British Association for Adoption and Fostering. This is a classic text for anyone working with children and families. It is particularly good on issues of transition and identity.

Howe, D. (1995). *Attachment theory for social work practice*. London: Macmillan. Provides a good overview of attachment theory for a social work audience.

Lanyado, M. (2000). Daring to try again: the hope and pain of forming new attachments. A paper first given to the Annual Care and Treatment INSET Day of the Charterhouse Group of Therapeutic Communities on 20th September 2000. *The Charterhouse Group of Therapeutic Communities*. Retrieved 1st September 2004: *http://www.charterhousegroup.org.uk/daring-to-try.htm*

3.6 Lifespace approaches

Introduction

Lifespace is the physical and emotional arena in which workers and young people interact and thus influence behaviour through daily life experience. The main factor distinguishing residential child care from any other kind of child and youth work is a sharing of the lifespace with the people we work with. If workers think about this in a creative and considered way it can provide the foundation for important therapeutic interventions and give damaged young people a safe place to have new and positive experiences which can change the way they think about themselves and the way they project themselves to others.

Overview

Working in the lifespace requires the conscious use of everyday life events as they occur for therapeutic purposes. The concept of lifespace does not attach exclusively to any specific child care theory. It emerged from the work of Fritz Redl, a psychoanalyst who used psychodynamic ideas and explored them in groupwork settings as a way to change delinquent behaviour (Redl, 1965). Others drew on his ideas and wrote about creating a therapeutic milieu. The best known of these is *The Other 23 Hours* (Trieschman, Whittaker & Brendtro, 1969). Others have applied

models of human development or sociological, cultural or social learning theories within a lifespace context (see also paper 4.06).

Whichever theory is applied to working in the lifespace, it is important to assess the quality of the milieu (the overall environment), as it must be a place in which young people can heal and grow. The quality of the milieu will be determined, not just by the physical environment but also by the non-material, including the customs, rules, beliefs, attitudes, exercise of authority, social structure and history.

Implications for practice

In order to provide these experiences, workers need to focus on understanding behaviour. For example, abused children have usually been betrayed by adults they trusted. Therefore, it is likely that on the point of forming an attachment with a caregiver they will exhibit rejecting behaviour which will stem from a deep fear of trusting. They will need to be treated with patience, acceptance and understanding; to be allowed to react to their terror and then come back to learn that the relationship will not exploit their trust. This may need to happen repeatedly before the young person can trust.

The central characteristic of a therapeutic milieu is that it must be able to provide developmental care. Henry Maier wrote the seminal paper on what the components of this should be. The paper is called, The Core of Care: Essential Ingredients for the Development of Children at Home and Away from Home (1979). (See also paper 4.06).

Maier writes of seven vital components in the core of care:

Bodily Comfort

As a child's bodily comforts are met, they feel treated with care. Throughout life a sense of well-being and care is experienced when one's body is free of stress. The experience of discomfort makes people feel unwelcome, worthless and isolated. Young people need to have private spaces that are unconditional.

Differentiations

Individual children all have different temperaments. This requires that caregivers differentiate in the way they respond to them. Temperamental differences impinge on development. Some young people require bodily contact as part of close personal interactions while others need some distance and rely on eye and marginal body contacts.

Rhythmic Interactions

Rhythmic experiences promote feelings of belonging and continuity. These can be simple things like walking, laughing or clapping together. Playing ball games or bantering can also create these rhythms. Rituals are the social counterpart to psychological rhythmicity. Formal rituals might be the kind of things that happen every fireworks night or on birthdays.

The Element of Predictability

To know what is likely to happen in the future lends a sense of order and power to people's lives. Predictability can be encouraged by engaging with young people in activities. The young person accomplishing a new task requires recognition for their mastery of this rather than an evaluation in terms of good and bad.

Dependability

When repetition, rhythmicity and predictability are combined the child will feel good and cared for because these experiences establish a sense of certainty. The feeling of dependence creates attachments and having a healthy attachment feels good.

Personalised Behavioural Training

It is only when a trusting relationship has been established with the caregiver that effective behaviour training starts. This is because behaviour is moulded largely by the caring person who the young person perceives as being on his or her side.

Care for the Caregivers

It is essential that the caregivers are nurtured and given caring support to enable them to transmit this quality of care to others. Caregivers are enriched or limited as agents of care according to the care they receive.

Using narratives

All young people who come to live in residential care come with a set story about themselves. Given that their pasts have often been characterised by traumatic and abusive experiences, they may well be distrustful and feel helpless about the future. Some of our practice in residential child care, by constantly focusing on their difficulties, can serve to 'stick' young people in negative stories of themselves. If they can be helped to have trusting relationships in a safe environment then they may dare to live in the present with greater optimism. The purposeful use of activities can help them to reframe and re-tell their stories. Over time these stories can change and they can begin to comprehend a new reality.

A therapeutic milieu is a place where people can be helped to change their story in a very powerful but non-threatening way. The space needs to feel safe enough for them to let go of the usual labels and social rules with which they surround and protect themselves. These more positive experiences may have to happen repeatedly before the person is able to change the story they believe.

The potential of using narrative approaches is being recognised in working with young offenders to help them shift the ways in which they think about themselves and to believe that they are redeemable. The quality of the helping relationships available to them is fundamental to them being able to change their stories (McNeill, 2005).

Other traditions of practice

In Europe the idea of lifespace is pre-eminent in youth work as it fits with ideas of social pedagogy, the preferred model of working with young people in most European countries. Social pedagogy is more linked to ideas of social education (education in its 'widest sense') than social work. It embraces a holistic approach to working with young people and to their general 'upbringing.' It links well to the concept of lifespace and the residential context as it focuses on merging tasks of everyday life with longer-term goals of meeting young people's emotional and personal needs.

The development of residential child care in areas of North America and in Canada in particular has been along similar lines, with people trained specifically as child and youth care workers. Strands of their training are influenced by the Native American philosophy that youth at risk can be corrected by nurturing the values of belonging, mastery, independence and generosity. As with pedagogy, the focus is on providing new experiences to promote growth and development rather than the British tradition of the unitary practitioner assessing and attempting to treat individual problems.

Increasingly in Scotland there is recognition that residential work merits a specialist focus in relation to the education and training of workers. In child care in general, there is a strong shift towards valuing strength-based and attachment-promoting models of intervention. These two factors are bringing the concept of lifespace to the centre of residential child care education.

Conclusion

The term lifespace is one that is not particularly well-known in Scotland or the UK. It is central to other traditions of practice. Working in the lifespace is what workers in residential child care do on a day by day basis. An understanding of lifespace allows workers to locate their practice within a legitimate and sophisticated theoretical framework.

Suggested reading

Maier, H. (1979). The core of care: essential ingredients for the development of children at home and away from home. Child Care Quarterly, 8(4), 161-173.

For an account of the importance of narratives in work with young offenders see Fergus McNeill's contributions to the 21st Century Social Work Review website www.21csocialwork.org.uk.

Phelan, J. (1999). Experiments with experience. *Journal of Child and Youth Care Work*, 14, 25-28. This short article provides a good way in to thinking about ideas around helping young people re-tell the stories they have about themselves.

Smith, M. (forthcoming). Rethinking residential child care: a child and youth care approach. In D. Crimmens & I. Milligan, *Facing forward: residential child care in the 21st century.* Lyme Regis: Russell House Publishing.

Trieschman, A., Whittaker, J. K. & Brendtro, L. (1969). *The other 23 hours: child-care work with emotionally disturbed children in a therapeutic milieu*. New York: Aldine de Guiter.

3.7 Resilience and strength-based interventions

Introduction

Resilience is the capacity an individual has to overcome adversity. As young people in care are likely to encounter adversity on a large scale, their level of resilience is a core indicator of how well they will do.

Traditionally, many coercive strategies have been employed for dealing with troubled young people, including restraint and seclusion. This kind of response was common to the disruptive behaviour arising from emotional and behavioural difficulties and was seen as necessary to maintain safety, order and discipline.

With the recognition that these difficulties are usually caused by unmet needs, there has been an impetus towards looking at strength-based alternatives to meet the needs of our most challenging young people. There is an emerging view that it is perhaps more important to understand the function of violence, aggression and other troubling behaviours in the interactive process of relationships rather than controlling the behaviours per se. This view is strengthened by a new, positive psychology which says that young people have an innate capacity to compensate for past deficits and to go on to reach their potentials (Benard, 2004).

Strength-based interventions in practice

For young people to thrive, basic physical needs must be met as well as needs for attachment, achievement, autonomy and altruism. To help young people achieve these, behavioural interventions must be driven by a focus on strength-building rather than coercion. Strength-building interventions can be in the form of physical, social and emotional support. Physical surroundings can convey powerful messages to young people about themselves. Austere and ugly environments can be highly distressing. Attractive and warm environments tell the people in it that they are of value.

Children thrive in environments where they are free from the fear of physical distress or harm. Young people can experience physical threat in environments that are permissive or lackadaisical about bullying and attacks from peers. Although physical restraint is officially only permissible as a last resort to ensure safety, it may sometimes be the result of the mishandling of behavioural problems. Similarly, seclusion imposes severe physical isolation and deprivation of stimulus. Such sanctions impede optimal development and damage social bonds as young people resist those who obstruct their needs.

Young people need to know that the adults who support them see beyond their negative behaviours and offer them an unconditional positive regard. Blame, rejection and threat interfere with the normal development of emotional resilience. Incessant criticism creates a sense of inadequacy that interferes with the ability to solve problems creatively. Young people have to feel they are trusted by the adults who care for them before they can make a positive connection. Developing

resilience requires a sense of personal power and self-efficacy so that inner control can be developed. Young people who are treated with respect and care learn to believe in themselves and show respect to others.

Young people need social support to provide opportunities for belonging, mastery, independence and generosity, the four pillars of resilience (Brendtro, Brokenleg & Van Bockern, 1990). Young people who feel rejected may search for belonging in a dysfunctional or distorted way such as joining a gang or cult. Some may have given up hope of belonging and avoid people or become isolated or distrustful. They can be helped by being encouraged and supported in positive social interactions and ultimately relationships of trust and intimacy.

Those young people who believe that they are unworthy or are failures may seek competence in distorted ways such as skill in delinquent activity. Others will give up and withdraw from trying anything. They will benefit from an environment which is rich in opportunities for achievement. Interests and activities should be encouraged and supported and should not be linked to behaviour or 'deserving'.

It is only through experiencing mastery that young people learn the vital skills for future problem-solving. When they put themselves or others at risk through their behaviour, it seems an almost instinctive adult response to control and protect. However, if this is overdone it can result in the young person experiencing powerlessness. Young people fighting against such feelings may assert themselves in rebellious or aggressive ways. Others may react to their impotence by believing they are too weak to manage their own lives and become the pawns of others. Such young people need to be in environments where there are opportunities for them to make decisions and they are given the power to exercise self control.

Research on resilience shows that simple communications which convey kindness, such as a smile, a wave or a touch on the shoulder, have a powerful corrective impact. When kindness and care are absent, young people remain self-centred and fail to develop empathy. The most dangerous people are those deprived of kindness and love. Everyday interactions with their carers are the most powerful way in which young people experience kindness and generosity. If carers manage to convey liking, empathy and regard to young people irrespective of their behaviour, these young people will feel valued and be able to reciprocate these qualities.

Residential workers are in a unique position to help troubled young people build resilience. This is because they work with young people in their lifespace and have many spontaneous as well as planned opportunities to provide compensatory experiences. Workers also have chances to help young people develop self-efficacy. They can praise young people for small everyday achievements. Those living with the young people will be in the best position to judge when it is time to allow them some degree of autonomy and to ensure they are being given opportunities to develop inner control and self discipline.

The essential challenge to residential workers is to strike an appropriate balance between the firmness and exercise of appropriate authority required to provide physical and emotional containment to young people, and the qualities of warmth, nurture and affirmation required to help them grow (Mann, 2003).

Conclusion

A considerable body of psychological (and social work) thinking is moving away from a focus on difficulties towards a focus on strengths. In many ways this calls for a reappraisal of some of our earlier approaches. Rather than concentrating on what is problematic in young people, it shifts our focus to working alongside them and believing in their capacity for recovery and growth. Strength-based perspectives are essentially optimistic and this can be important in sustaining staff morale.

Suggested reading

Brendtro, L., Brokenleg, M. & Van Brockern, S. (1990). *Reclaiming youth at risk: our hope for the future*. Bloomington, Indiana: National Educational Service. This is an inspirational book, which draws on native American child rearing practices to offer a strengths based philosophy of practice.

Gilligan, R. (1997). Beyond permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering*, 21(1), 12-20.

Mann, V. (2003). Relatedness and control. *Relational Child and Youth Care Practice*, 16(3), 10-14. Provides a good discussion on getting the balance right between care and control and in rooting this in the personal relationship.

Conclusion

It should be apparent from this chapter that theory only offers insights. It does not offer easy answers to the complexities of everyday practice. Some of the theories presented here have been developed in the context of therapeutic work with individuals. In residential work we work with individuals, but also with their families. We work with individuals who live in groups and therefore with groups themselves. We have to take into account the dynamics of the larger group made up of residents plus staff, and we need to bear in mind the influence of the wider organisations of which we are a part. We need to be aware also of sociological and political factors which affect the lives of residents and their families.

In this multi-dimensional setting it is unlikely that any one theoretical framework will meet all of our needs for understanding the experiences and behaviours of those we work with or for helping us decide how best to intervene with them. Practice will benefit from clear theoretical orientation but concepts and techniques may be drawn from a variety of models. For example, techniques from Cognitive Behavioural Therapy might be applied sometimes at the level of working with the individual or formal group (given appropriate staff training), while a view of child development may be informed by attachment theory.

If there is an overarching concept that helps illuminate practice in residential child care it is lifespace. Irrespective of whatever theoretical orientation might be brought to practice, residential workers ought to be united in appreciating the importance of using everyday events to enhance young peoples' growth and development.

Training Links

SVQ:
Most of the units within the revised SVQ level 3 award Health and Social Care (Children and Young People) ask candidates to refer to theories of development. This chapter would be applicable across the award.

HNC in Social Care:
HN unit Caring for young people in secure care settings: outcome two (optional unit).

4.01 Introduction

Mark Smith

The three previous chapters provide background knowledge for those working in secure accommodation. This chapter assumes a more applied focus and considers some specific areas of practice. A number of considerations informed our thinking in the way the chapter is structured.

The papers follow a timeline which reflects the stages of a young person's stay in secure accommodation. They start at the point of referral and end with a paper on throughcare and aftercare. There is an obvious chronological logic to this. However, it is also intended to emphasise that placement in secure accommodation should represent only an interlude in a young person's life. There is a past that goes before admission and a future that extends beyond discharge. Secure placement should be considered within that wider continuum.

Paper 4.04, Assessment, care planning, programming and monitoring is pivotal. These are the areas where staff need to be clear about what needs to be done during a young person's stay in secure accommodation and how they are going to go about this. Understanding these concepts and getting these processes right will maintain a focus and a purpose to the work.

Subsequent papers taken together might be thought of as comprising a unit's overall 'programme.' There are two strands to this. Young people should benefit from the general experience of being in an appropriate care environment - the 'therapeutic milieu' (see chapter 3 and paper 4.06). This provides a context that promotes healthy growth and development. It is the primary instrument of change. Appropriate attention to universal aspects of care, such as education, health, sexuality and activities all contribute to a positive residential experience for young people.

However, those young people admitted to secure accommodation demonstrate very specific difficulties that may require more targeted interventions. Examples of such difficulties or behaviours might include self harm, problematic drug use, mental health problems or offending. Care plans need to consider how young people might derive maximum benefit from the everyday experience of a therapeutic milieu. They also need to address specific areas of difficulty.

Having outlined our general thinking around these two strands of residential practice, there is an inevitable crossover between the two. Issues of trauma, for

instance, may have roots in past experience and may induce particular mental health difficulties.

Young people who experience these will, however, require a safe, predictable and relationally based response from staff who work with them on a daily basis. We have tried to 'flag' some of the links between papers. It is for readers to decide whether our thinking in the grouping of papers reflects what is useful to them in their work and to use them accordingly.

4.02 Referral, screening and decision-making

Bob Forrest

Secure placements once made, should only be for so long as it is in the best interests of the child.

(The Children (Scotland) Act 1995 Guidance, Vol 2, ch. 6:4)

Introduction

This chapter examines how young people are referred to secure accommodation, the legislative framework governing this, the decision making process and gate-keeping arrangements.

Legislation

The legislation in relation to the admission of young people into secure accommodation is covered in detail in chapter 1.

Referral

Many young people at some point in their lives may be argued to meet the legal criteria for placement in secure accommodation. In the vast majority of these cases the crisis will pass or be resolved through appropriate intervention. Professionals involved in making referrals to secure accommodation and those who make decisions about placement need to ensure that they make considered judgements about which of those young people referred for placement are actually offered a place. They cannot afford merely to react to the understandable emotion and anxiety which can surround young people when they hover on the edge of crisis.

One thing that needs to be taken into account in considering any request for placement in secure accommodation is that almost all behaviour is contextual. Young people displaying behaviour that brings them into the frame for secure accommodation may be reacting to an environment, whether the family home or an alternative care setting, that is out of control. The literature on secure accommodation (e.g. Harris & Timms, 1993) points out quite clearly that badly run residential units will throw up more candidates for secure accommodation than well run units. Secure accommodation should not be used as a prop for deficiencies elsewhere in the care system. In situations where young people may be thought to

be responding to a dysfunctional environment those making decisions about placement may consider an alternative open setting before offering a place in secure accommodation.

It is often claimed by social workers that it is very difficult to get young people placed in secure accommodation. This is the way it should be, for the decision to deprive any person of their liberty is not one that should be taken lightly. And while it may be said that it is difficult to get a young person placed in secure accommodation, it might be argued that it is equally difficult to get them out. There is a danger that once in secure accommodation young people can be labelled in a way that makes it hard to reintegrate them into other areas of the care system.

'In most cases young people who go into secure care have a long history of problems, disturbed behaviour and criminal offences' (Social Work Services Inspectorate for Scotland, 1996). In the majority of cases it will have been known for weeks or months that a young person might require placement in a secure setting. This should allow a period of preparation and for application to be made to secure units. Some element of planning should go into most placements. Social Work Departments concerned that a young person might require placement in secure accommodation should seek advice at the earliest opportunity from the appropriate secure unit. Some units issue application forms to be completed and guidelines to be followed for the consideration of secure placement of young people. In most cases units should have some information on a young person prior to admission. The Code of Practice 1985 supports planned placements and makes it clear that 'Although emergency admissions may be necessary in the child's interests……such emergency admissions should be the exception, not the rule´ (p. 9).

Admissions on an emergency basis can have adverse implications for young people leading to uncertainty about how long they are likely to stay. There may also be adverse implications for the related processes of assessment, care planning and programmes. Secure units should expect referral agencies to supply background information in advance, or at the very least, with young people at admission. This should include appropriate Looked After Children (LAC) material, notably the care plan (see paper 4.04). Missing information, particularly in relation to events preceding admission, has a knock-on effect on the next steps of placement. Heads of units in conjunction with care authorities should ensure that arrangements are in place for the timeous transfer of up to date and complete background information about young people.

Reflective Questions

- *What are the referral and admission procedures for your unit?*

Decision making

The HASSASSAA (1983) legislation requires that three independent parties are involved in the decision to admit a young person to security – the Children's Hearing

(or Court), the Chief Social Work Officer and the Head of Establishment. Whereas the Children's Hearing or Court will be primarily concerned as to whether the legal criteria are satisfied it is the responsibility of the Chief Social Work Officer and Head of Establishment to satisfy themselves that it is 'in the child's best interests'. This principle remains in the Children (Scotland) Act 1995.

The legal criteria for placement in secure accommodation under the Children (Scotland) Act 1995 are set out in section 70 (10):

(a) having previously absconded, is likely to abscond unless kept in secure accommodation, and, if he absconds, it is likely that his physical mental or moral welfare will be at risk; or

(b) is likely to injure himself or some other person unless he is kept in secure accommodation.

Given the intention of the overall arrangements for the use of secure accommodation i.e. that it is an exceptional measure, only those children who genuinely need it should be placed there, and that the length of time should be restricted to the minimum necessary, it is important that the decision is made at an appropriate level and by staff who have an understanding of issues related to secure accommodation. Chief Social Work Officers and Heads of Establishment both have a statutory role in admitting a young person to secure accommodation and need to agree before a young person can be locked up. This joint decision making ensures young people of the legal protection enshrined in the HASSASSAA legislation.

Young people sentenced under Solemn Procedure (see Chapter 1) are placed in secure care at the behest of Scottish Ministers. In such cases decisions as to the need for secure care are taken by the Scottish Executive Justice Department (SEJD) officials on behalf of Scottish Ministers.

Reflective Questions

- *What information about young people do you think should be provided for an appropriate decision to be taken about admission to secure care?*
- *Who in your unit and referring local authorities have the authority to decide on a young person's admission to secure care? Who else is involved in the process?*

Screening

Given the difficult task of deciding on the admission of a young person to secure accommodation, and indeed in prioritising admissions, the Director of Social Work and Head of Establishment may wish to seek advice from a range of expertise to help inform his/her decision. In the years following the introduction of secure

accommodation legislation in 1983 formal Referral or Screening Groups incorporating specialist advice e.g. Psychological and Psychiatric were constituted.

The remit of such a group was threefold:

- to consider referrals from social workers who believe that a particular young person may benefit from a secure care placement;
- to consider young people who have been made the subject of Children's Hearings Orders with a condition of Secure Accommodation;
- to consider retrospectively the case of young people admitted by emergency/administration process, i.e. from courts or on the authority of the Director of Social Work and Head of Establishment, and the appropriateness of these decisions.

The Screening Group aimed to fulfill two roles:

- to ensure that those young people with the greatest need and difficulty are given priority for a secure bed;
- to provide the referring social worker with an opportunity to examine what other help the young person might require.

In providing a multidisciplinary overview of young people being considered for secure accommodation or alternative placements, the Screening Group was able to contribute to initial assessment and planning thereby increasing the likelihood that subsequent placement would provide the young person with a positive experience.

Over the years the use of screening groups has changed. Units now operate a variety of different processes in dealing with referrals and admissions. Regardless of the particular arrangements in place, these need to be suitably rigorous, ensuring that the decision to deprive young people of their liberty is subject to appropriate checks and balances.

It is important that criteria are kept in mind once a young person is admitted. The need for security requires ongoing review. This is particularly so in cases where a young person is admitted on a warrant from a children's hearing. In such circumstances, admission may have been in response to a particular crisis and panel members will have had insufficient information to make an informed decision as to any longer term need for security. A central task in this initial three week period is to assess whether this is in fact required.

Reflective Questions

- *What is your unit's gatekeeping process? Who is involved?*
- *Think of a young person in your unit. List all the people who were involved in the referral and screening process.*

Conclusion

The legislation surrounding a young person's admission to secure care is complex. The decision to admit a young person to secure care is not one taken lightly as fundamental issues such as deprivation of liberty are involved.

It is essential that the referral, decision making and screening processes are rigorous so as to ensure that only those who appropriately require security are placed. To maintain the highest standards these processes should be transparent and draw upon the expertise of different professionals.

Training links

SVQ: Unit HSC 413 Manage requests for health and care services (Generic optional unit in the revised SVQ qualification Health and social care: children and young people level four).

Further reading

McNorrie, K. McK. (2004). *The Children (Scotland) Act 1995: 2nd edn.* Edinburgh: Green & Son Ltd.

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities.* Edinburgh: Stationery Office.

Social Work Services Inspectorate for Scotland. (1996). *A secure remedy: a review of the role, availability and quality of secure accommodation for children in Scotland*. Edinburgh: Social Work Services Inspectorate.

4.03 Admission

Mark Smith

A range of tasks face staff in the early stages, but attending to these with an appropriate sense of purpose will set the tone for a placement.

Introduction

This paper outlines the circumstances under which young people are admitted to secure accommodation. It identifies initial tasks facing staff and those which need to be addressed in the early stages of placement.

Admission routes

Young people can be admitted to secure accommodation through different legal routes. They may come through the Children's Hearing system on either a warrant or a supervision requirement. They may come through the courts on either remand or sentence. They may in the first instance be admitted through administrative process with the agreement of the chief social work officer and head of the secure unit. For a full discussion of the legal routes into secure accommodation see chapter 1.

The legal route into secure accommodation will have a bearing on the way in which individual admissions are handled. It is important that staff are aware of the legal basis of placement.

Admission circumstances

'Planned' admissions

By the very nature of the provision, there are few 'planned' admissions to secure accommodation as such. 'Anticipated' admissions might better describe this category. Few young people arrive in secure accommodation entirely unknown to the social work system. Many will have been 'bubbling under' the need for secure accommodation before they are actually admitted. They may have been discussed at a referrals group or with secure unit staff and reports should be available. Staff should therefore have some idea of presenting issues and should be able to do some initial planning prior to admission. The nature of their admission

may be reasonably ordered in that they may be brought by social workers or staff from other residential units. In such cases units should expect a full set of paperwork on young people as per the Looked After Children (LAC) material.

Emergency admissions

Some young people will enter secure accommodation unknown or virtually unknown. These are sometimes called 'late erupters' in the sense that they have had little or no contact with social work services until they become involved in a serious incident. They may be placed initially on remand through the courts.

Other young people may be known to the wider social work system but have to be admitted to secure accommodation on an emergency basis, possibly in extreme circumstances, late at night and/or under the influence of drink or drugs.

Again, the circumstances of an admission will determine staff responses.

Reflective Questions

- *Can you identify different circumstances surrounding the admission of young people to your unit?*
- *What were the implications of this for the way the admission was handled?*

Staff anxiety

The extreme nature of the difficulties presented by young people admitted to secure accommodation can cause anxiety in staff. Some will have reputations for violence in their local communities. They may have connections with existing residents. Others will come with a history of making allegations, others with serious drugs habits or issues of self-harm. Depending on how settled or otherwise a unit is at any particular period, a new admission can provoke considerable anxiety.

Staff should ideally have some opportunity to talk through any anxieties and how these might be allayed prior to a young person's admission, otherwise their anxieties may be projected on to the young people, thus failing to convey essential messages of security and of staff being in control. If possible some thought should be given to what staff member/s will be involved in an admission. Questions of experience, confidence and gender might be taken into account.

Reflective Questions

- *Think about the admission of a particular young person to secure accommodation.*
- *What feelings were around for you and/or for colleagues?*
- *How were these dealt with?*

Receiving a young person into secure accommodation

In the past, receiving a child into care involved severing their connections with the outside world and giving them an identity as a child in care. Nowadays, their connections with the world they are coming from and will be returning to should be central to the admissions process, especially for young people admitted through the Hearing system or on a short-term sentence.

Irrespective of their reputations or their previous experiences, admission to secure accommodation is likely to be a traumatic event for young people. Some may hide this behind a show of bravado, but, nevertheless, they will have all sorts of anxieties about what to expect.

First impressions

The point of admission to secure accommodation will be one that young people are likely to remember for the rest of their lives. Staff need to be sensitive to the impression they give. Too many keys and locking doors will convey a powerful impression to a young person of being jailed and this is likely to influence their subsequent response to placement.

Staff need to strike an important balance between presenting a sense of personal authority and confidence with a genuine concern and respect for the young person. In their conversation they should help young people make connections, finding out where they have come from, a bit about their families and whom they know.

Reflective Questions

- *What are your unit's arrangements for admitting a young person to secure accommodation?*
- *What messages do they give to young people?*

Paperwork

Some necessary paperwork attaches to any admission to secure accommodation. First of all, staff need to be sure that there is appropriate legal authority to lock a young person up. In most cases this should be sent to the unit in advance of admission.

There are also basic details about next of kin, social work contacts, doctor, etc., that need to be collected. Details of the type of information to be collected are set out in the Children (Scotland) Act 1995, Regulations and Guidance: volume 2. Units will have their own forms for doing this. Again, in planned admissions this information should be readily available and social workers may be able to provide most of it in advance. The way that staff interact with young people to access the required information is important in conveying a message of care rather than just seeming to process details of a child's life.

Reflective Questions

- *What paperwork do you need to obtain when a young person is being admitted to secure accommodation?*

Immediate needs

In some emergency admissions consideration may need to be given to an early body search, or to practicalities such as the need for a shower or change of clothes. If a young person is under the influence of drink or drugs, arrangements will need to be made to monitor them until staff are satisfied that these are sufficiently out of their systems.

Settling

Once the preliminary information gathering is complete, young people can be introduced to their living space and then to the group. Care should be taken to ensure that bedrooms are properly prepared to admit a new resident. Beds should be made and towels and toiletries on hand. At some point, young people should be asked to comply with a search of their belongings and of their person. They will need to be advised as to what items, such as glass, aerosols, money, etc., are not allowed in the unit. Again, searching and the prohibition of certain items should be explained and couched in terms of the need to ensure a safe environment. The intrusiveness of any search should be linked to individual circumstances and consideration of risk.

Young people should be given some basic information at this point on what to expect. Those coming on remand or on a warrant may have little idea of what happens next for them, so staff should be in a position to talk them through the process. Too much information is unlikely to be taken in or retained at this point. Information sheets or booklets will allow young people to go back to what they need to know.

One thing to bear in mind is to try to allow young people to keep some belongings or items that connect them to their past.

Entering the group

Every unit will have its own arrangements for young people entering the resident group and these may vary from case to case. Connecting them with an existing resident may ease their entry into the group.

Reflective Questions

- *What are the arrangements in your unit for bringing a young person into the unit?*

The first few days

The first few days are important in setting the tone and purpose for a placement. A number of things need to be considered in this period. These include:

Identifying key staff

Most units will operate a keyworker system of some sort. In 'planned' admissions keyworkers may be identified in advance and may be rostered to be on shift. In other cases they should be identified within the first day or so. Some consideration should be given to matching keyworkers to particular young people, although this is not always possible for practical reasons. It can also be difficult to predict how relationships might develop.

Given the range of tasks involved in a secure placement it is essential that an identified individual (or individuals) have responsibility for co-ordinating a case. Other staff may be identified as having particular roles with young people but keyworkers need to pull these together and ensure things are kept up to date.

Units may also identify key teachers to maintain an overview of a young person's educational progress.

Contact with social workers

One of the early tasks in a secure placement is to establish a working relationship with allocated social work staff. There are a number of purposes to this. One is to ensure an early sharing of information on a young person and to make sure units have all the information they need to work with them.

Another task is to establish expectations about respective roles. Given the sense of focus of most placements and the need to make early decisions around such areas as the continuing need for secure accommodation, and the identification of future placements, it is essential that social workers are actively involved in placement planning. Expectations of the level of this involvement are now laid out in the Youth Justice Standards (see chapter 1). These lines of responsibility and respective expectations may be the focus of an initial review meeting.

Health

Young people may arrive in secure accommodation with a number of unaddressed health needs, some immediate, others which are less acute but nevertheless need to be identified and dealt with. Admissions medicals should involve filling in gaps in young people's medical histories and ensuring that arrangements are made to carry out outstanding immunisations, dental treatment etc. However, this should be done in the context of a proactive engagement with young people around their health needs (see paper 4.10).

Education

Units will make their own arrangements for integrating young people into education. Education will comprise a considerable block of a young person's day and is a crucial element of the routine in secure accommodation. An assessment of a young person's attainment and level of functioning and an early admission to the education service is important in providing an early sense of purpose for the placement.

Family

We have identified the importance of their families to young people in care (see chapter 3 and paper 4.21), yet working with families is an underdeveloped area of practice in secure accommodation. Where possible, staff should invite a young person's family to an early meeting. In some cases it might be preferable to visit them in the family home as this may give access to more family members and may offer a more rounded picture of family functioning. This type of built-in contact with families is vital in gaining their understanding of the issues that face a young person and of what different family members might be able to offer to support a placement.

Families visiting young people in secure accommodation should be encouraged and made welcome. Obviously some security and safety considerations might attach to family visits if there is a perceived risk involved. In most cases however, with appropriate briefing and supervision, visits can be carried off successfully. It is important that staff begin to think about families as an asset to young people rather than as a risk, as can be the case in secure accommodation settings.

The initial assessment

Assessment is a key task for workers in secure accommodation (see paper 4.04). There are now expectations that units will produce an action plan in the early stages of a placement. Keyworkers need to draw together the information and produce this. This can only be tentative at such an early stage but may include pointers as to how a placement will be managed.

Preparing for and attending meetings

There should be an early child in care review for young people admitted through a Children's Hearing route. There may also be a Children's Hearing to consider placements made under administrative process.

Reflective Task

Make a list of all the tasks a keyworker has to undertake in the early stages of a placement.

Conclusion

The way in which a young person is admitted to secure accommodation and their experiences in the first few days are important. A range of tasks face staff in the early stages, but attending to these with an appropriate sense of purpose will set the tone for a placement.

Training links

SVQ:

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 413 *Manage requests for health and care services* (Generic optional unit in the revised SVQ qualification *Health and social care: children and young people level four).*

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

Further reading

Gabbidon, P. & Goldson, B. (1997). *Securing best practice: an induction manual for staff working in secure accommodation*. London: National Children's Bureau.

Rose, J. (2002). *Working with young people in secure accommodation: from chaos to culture*. Hove: Brunner-Routledge.

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities*. Edinburgh: Stationery Office.

4.04 Assessment, care planning, programmes and monitoring

Phil Garland

If you don't know where you are going, every road will get you nowhere.
(Henry Kissinger)

Introduction

This paper covers assessment, care (or placement) planning, programmes and monitoring. These are crucial concepts which, together, encompass the overall task of secure accommodation. Everything that workers do can be located within this framework. It presents an overview with some definitions of these terms set in the particular context of secure accommodation. Finally there is an outline of a framework that pulls it all together. This paper should be read alongside the appropriate youth justice standard referred to in chapter 1.

What is assessment?

Assessment is something we do most days of our lives. When we get in a car to go somewhere new we look at a map to tell us where we are before setting out on the journey. This is assessment – the art of identifying where you are as a basis for planning where you want to go. In our daily child care practice we make continual informed judgements about young people; where they're at and where we want to get them to.

The process of assessment is fundamental to our work in child care. In order to help a young person move forward the practitioner needs to develop a picture of him or her in their wider environment. It is from this picture that the child's needs are identified. Thereafter we can begin to frame interventions that seek to respond to those needs.

A useful definition of assessment is:

> *the ongoing process, in which a client participates, the purpose of which is to understand people in relation to their environment; it is the basis of planning what needs to be done to maintain, improve or bring about change in the person, the environment or both.*
>
> (Coulshed & Orme, 1998, p. 21)

The initial assessment, then, identifies where a young person currently is and starts to plan the route ahead. However, young people change and develop, and the staff team's interaction with the young person will also result in movement. Therefore, assessment is not a once and for all event. The initial picture of a young person may alter as we find out more about them. Additionally, as they grow and develop, their interactions, their needs and their ways of functioning will change. We need to build in mechanisms that will take any changes into account and allow us to fine tune our responses.

Assessment frameworks

When a young person is referred to secure accommodation, the social work department should have carried out an assessment (often a whole number of assessments!). The role of assessment in secure accommodation must be seen within the context of, and as adding to, the comprehensive assessment that should already have been carried out, rather than replacing it.

Most local authorities use assessment models based on The Department of Health (DOH) framework, Assessing Children in Need and their Families. This is essentially an ecological model of assessment (see chapter 3), which seeks to understand children within their wider environment. The central task in the DOH framework is to safeguard and promote the welfare of a child. To do so requires an assessment along three broad dimensions, the child's own developmental needs, the parenting capacity of his or her carers and family and environmental factors. Given the range of needs to be assessed such assessments should draw on the knowledge and skills of other groups such as teachers, and health professionals. Coordinating this comprehensive assessment is the responsibility of the social work department responsible for the child. The social work department also has a statutory responsibility to develop a care plan, ensuring that provision is made for the needs identified in the assessment to be adequately met. There is an expectation that local authorities will use the Looked After Children (LAC) material as a framework for their assessment and care planning.

Assessment in secure accommodation

The assessment task for staff in secure accommodation is more specific.

In many cases, the first task is to make some judgement as to the continuing need for security. This is especially important if young people are admitted on a warrant and will be returning to a children's hearing within a three week period. Panel members will expect a well-argued case around the need or otherwise for continuing a placement.

Some larger units operate a specific assessment unit with the task of reaching a decision about the ongoing need for security. In units that operate a differentiated service model, whereby different residential units specialise in specific areas of practice, the assessment unit will decide on the most appropriate unit for a young person to move on to.

The Scottish Executive now expects that referring agencies will use ASSET or YLS frameworks (see chapter 1 and paper 4.18) prior to admission. The Youth Justice Standards also specify that an action plan setting out the aims of a placement should be completed ten days after admission. Inevitably, any plan made at this stage can only be tentative and must be open to review. However, it is right that staff should focus from the point of admission on the purposes of any placement in order to avoid 'drift'.

Therefore, assessment needs to focus on the overall circumstances which led to admission to secure accommodation and should identify specific needs related to the criteria (see. chapter 1). It should take as a starting point the reasons given for placement at the points of referral and admission.

Buist & Whyte (2004) makes the case for assessment and planning to be specific. They identify that most young people in secure accommodation have a history of problems, disturbed behaviour and offending. They go on:

> *The most commonly identified problem was running away, allied to difficulties with family relationships, followed by offending for boys, while for girls it was substance abuse.*
>
> *Assessment reports stated the young people's general needs together with details of their offending and the action taken, but although care plans were clear about how to meet general needs, they were less clear about how to deal with the behaviour and difficulties which led to the young people being placed in secure care.*
>
> *The review concluded that the outcome of assessment should be a programme that aimed to change the behaviour that led to the placement in secure care, and recommended improvements in the process with attention to aftercare arrangements which were poor or non existent.*
>
> (Buist & Whyte, 2004)

Of course these principles apply to young people who have non-offending behavioural difficulties as well as those who commit offences.

In essence, assessment in secure accommodation needs to address both general care needs and the specific behaviours that led to the young person being placed in security. As noted, this assessment should sit within the social work department's comprehensive assessment. Some aspects of what happens in secure accommodation will affect and will be affected by events that happened before admission; much of what happens in secure will need to be continued once a young person moves on. However, there is merit in narrowing the scope of the assessment task specific to secure accommodation to what is mandated and manageable within that context. Facilitating the continuation of work done in secure accommodation, through suitable throughcare programmes and the development of appropriate community links is vital.

Units should aim to produce an initial action plan (an account of where a child is at, including some of the specific difficulties facing them and a plan of what needs to be done to allow them to move on from secure accommodation) within the first 10 days

of placement. As the issues facing a child are likely to be multi-dimensional, assessments should include the input of different professionals, such as education and medical staff, and psychological and/or psychiatric support. They should also draw on the insights of family members, who are likely to know a young person best. Important insights are also provided in the everyday living situation and staff who share in the lifespace (see paper 4.06) of young people should contribute to the assessment. Most importantly, the views of the young person themselves need to be incorporated into the assessment. Staff and young people need to be 'on the same page' in their understanding of a situation and how to go about addressing it.

Unit three, as the assessment unit, had exemplary record keeping. Here records were seen as working tools, which had to be "accessible, clear and purposeful, as opposed to files from which information cannot be accessed, which are in turn confused and from which mistakes may emanate, which may harm young people."

Inspection report of St Mary's Kenmure, March 2004, p. 23

Reflective Questions

- *Think of a young person placed in your unit. How would you conduct an assessment of them?*
- *Identify the different people and agencies that were involved in the assessment of one of the young people that you work with.*

What is care planning?

Assessment provides a platform for what is done in secure accommodation. The next stage is the care plan or placement plan. Following the road map analogy, you are in Edinburgh and you want to go to Glasgow. You need to plan the route. Will you go by train or car? If you choose the car, who will drive, etc. This is the development of a 'plan' which specifically addresses how you will get there and answering all the who, what, where, when and how questions.

So, when the assessment is completed (the art of identifying where you are and where you want to go), a Care Plan may be defined as working out how to get there. It is a plan for the provision of services to an individual or family, identifying what services or interventions will be provided, when, where and by whom. Ideally the plan should involve users, carers and their families as well as other professionals who may be contributing to the plan. As noted, it is the responsibility of local authorities to develop care plans for young people.

Care planning/placement planning in secure accommodation

Care planning in secure accommodation should follow on from the initial assessment. The social worker is responsible for developing the overall care plan within which certain components are addressed by the specific secure unit care plan. To avoid confusion, this specific care plan might better be called the placement plan. The placement plan is the 'road map' that outlines the journey that the child will take towards tackling the issues that led to him/her being admitted to secure accommodation.

The placement plan might be thought of as identifying specific pieces of work that can realistically be undertaken in secure accommodation. At a simple level, the very fact of placement in a secure environment should allow particular health needs to be addressed. There may therefore be some generic aspects of care plans that determine that all children should be fully inoculated and have any outstanding medical, dental and optical treatment brought up to date.

More specific elements of the placement plan might seek to address particular aspects of offending or self-harming behaviour, for instance (see the appropriate papers in this section of this manual).

It is also helpful to consider in a placement plan how aspects of the overall milieu might be actively utilised to promote particular objectives or goals. For instance, how might staff intervene in everyday life events (see paper 4.06) to try to work on a young person's problems with anger management? Or how might an understanding of some of the particular needs of boys or girls (paper 4.12) or of adolescent sexuality help explain and give pointers as to how to intervene with particular behaviours?

The placement plan needs to be continually revisited to make sure that the best route is being taken, and that everyone, child, staff, family and professionals are all on the same road. In addition the placement plan should regularly review the continuing necessity for a young person to be held in secure accommodation, in line with the imperative that they stay there for the shortest possible time.

Reflective Questions

- *Think of a young person placed in your unit. How would you construct a placement plan for this young person?*

The programme

There is little point in developing a placement plan unless you are then able to access sufficient resources or expertise to be able to carry it through. The means through which a placement plan is implemented might be described as the

programme. The programme is essentially what units will do to address areas of difficulty and to get young people to where we (and they) want them to be.

The term programme can have a variety of different meanings in residential child care (Fulcher, 2004). In recent years it has been used to describe specific proprietary interventions targeted at particular difficulties, such as anger management, cognitive skills or challenging offending. For the purposes of this paper it is helpful to think of the idea of programme in a far wider sense. A unit's programme incorporates everything that informs the way it works with young people, from its philosophy and ethos through to the particular interventions it has developed. Thus, activities might be thought of as being part of the overall programme, as might specialisms for instance in dealing with young people who self-harm. The programme can be thought of as a menu of possible interventions that staff can draw upon to service care or placement plans. The programme can include everyday lifespace experiences or in-house interventions carried out by keyworkers or others. It may also pull in professionals with particular areas of expertise.

Reflective Questions

- What are the range of interventions available within your own unit to service a young person's placement plan?

Reassessment and monitoring

The final component covered in this paper is monitoring. Monitoring is basically the art of 'knowing that you have got to where you wanted to go' and changing tack if you are not where you intended to be (reassessment).

There are a number of external mechanisms through which work done in secure accommodation is monitored. The most obvious of these is the Looked After Child Review process, through which each case of a child in the care of a local authority is subject to a statutory review. Children's Hearings review the progress of children placed in secure accommodation through that route. Young people placed by Scottish Ministers on Court sentences are subject to review through the Scottish Executive. Care Commission inspections involve monitoring a range of a unit's functions. All of these mechanisms will reflect the effectiveness of assessment, care planning and programming.

Reassessment and monitoring in secure accommodation

Whilst assessment, care planning and programmes may be subject to external monitoring mechanisms, good practice would suggest that units should also develop internal systems through which staff know that they continue to be on the right road. This is important because secure accommodation is a dynamic and fast moving environment, where things can change half a dozen times between formal reviews.

Inevitably there will be times in a placement when staff or young people feel as though they are lost or they come across roadblocks and need to change direction to get to where they want to go. That's why they need to have systems that allow them to keep track of where they are going and to readjust and change direction if necessary.

One way of doing this might be to build in weekly placement planning meetings where a key worker and a child and, if possible, the social worker, parents or other appropriate parties, sit down and review the placement plan objectives in light of events of the past week. These meetings might also be the forum where decisions about mobility levels can be taken.

These weekly meetings might then be collated within monthly evaluative reports, which would provide a mechanism for the review and re-assesment of a case. Thus, if particular interventions are not working the placement plan can be changed accordingly. Such systems would ensure that staff stay abreast of issues and that a momentum is maintained in placement planning. It also means that when staff are faced with writing reports for external agencies such as Children's Hearings much of the work they have done is already documented. Units would need to ensure the cooperation of social work departments to ensure there was a common understanding of the remit and purpose of such a system.

Reflective Questions

- *Think of a young person placed in your unit. Identify the monitoring framework to ensure that the assessment and care plan are, and continue to be, appropriate for them.*

Principles and professional issues

In undertaking an assessment within the context of secure accommodation, the following principles should underpin our work.

Conducting an assessment in an inappropriate way can be harmful. Middleton (1996) issues a warning:

> Those charged with assessment need an intelligent understanding of its purpose; its context; and its potential to harm as well as to help; in addition to having the skills that enable an assessment to be carried out.

Assessment is a skilled task. It involves trying to understand what is going on for another person within a complex social arena. It isn't something that can be reduced to a set of tick-boxes. Any assessment will include some of the insights and values of the person doing the assessing. The incorporation of our own values and insights into the social world of a child brings a human dimension to the process of assessment. A caveat would be that we are aware of the intrusion of our own values

and we do not try to pass them off as fact or to pretend that we really know what is going on for the person we are assessing. Any judgements we make can only be provisional and tentative and subject to change as circumstances and our own understanding evolve.

The purpose of assessment is to understand rather than judge. It involves 'doing with' rather than 'doing to' - those most likely to understand a child are that child and his/her family members. Therefore we must seek out and include their views in authentic rather than tokenistic ways.

Putting it all together – A framework for assessment, care planning and monitoring

Throughout this paper the following points have been referred to. They are outlined here to provide an overview of the entire process.

1 'Identify where you are' (assessment)

This is the key to the assessment – identify the problem/s at hand. This will involve clearly identifying the risk factors/behaviour patterns that meet the criteria for a child's admission to secure accommodation. For example, a young person may be a persistent absconder and place him/herself at risk whilst absconding. In this situation, the assessment would seek to identify the issues that underpin the absconding behaviour and possibly the type of risk at which they put themselves.

1a 'Identify where you want to go'

When the problems are identified, the assessment will identify objectives that the child might attain.

Assessment of a young person should take place in the early stages of a placement. This will draw together previous information held on a resident as well as the child's own perceptions and our observations of them. This document should provide the baseline assessment that informs the care plan and consequently how we engage with this young person. It starts to point interventions in particular directions.

2 'Identify how you will get there' (the Care Plan)

In the section on assessment the initial parts of an assessment were identified as 'identifying where you are', and 'where you are going'. When the problems are identified, the care plan will identify a means to tackle the presenting issues. It is a statement as to 'how to get there', identifying the pieces of work that need to be done.

This will include how the child will benefit from living within a therapeutic milieu in conjunction with specific, tailored interventionist programmes. The people who should undertake these pieces of work should also be identified.

It is important that any objectives set are realistic. These need to be governed

by the length of time a young person will stay in secure accommodation (bearing in mind the need to ensure that this is kept to a minimum) and the complexity and longevity of some of the problems that face young people in secure. To return to the car analogy, there's no point in thinking you can travel from Glasgow to London by car in two hours. Yet sometimes we set placement objectives that are as unrealistic as this.

3 What do you need to support you on the journey (the programme)

This is the tool-kit of resources you can call on to service the care plan. It might involve everyday events and activities, planned interventions and the use of external agencies.

4 'Are you on the right road?' (Review/Reassessment)

Assessment and care planning are not single events. They need to be continuously reviewed in the light of the progress of the young person. Units should develop mechanisms to ensure ongoing assessment that record any alterations to our initial assessment and any consequent changes to our placement planning.

The placement plan will need to be reviewed frequently so as to measure the success or otherwise of the interventions. This will feed in to the reassessment of the child's specific needs in relation to the criteria that led to admission to secure accommodation.

5 'How do you know that you have got there?' (Monitoring)

This includes a range of internal and external audit, monitoring and supervisory functions.

Conclusion

This paper has set out to outline the concepts; assessment, care planning, programming and monitoring. The young person is on a journey and the role of the staff group is to assist him/her to reach that destination – safely.

Training links

SVQ: Unit SC8 Contribute to the development, provision and review of care programmes (mandatory unit in the SVQ level 3 qualification Caring for children and young people).
Unit HSC 36 Contribute to the assessment of children and young people's needs and the development of care plans (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

HNC in Social Care: HN unit Caring for young people in secure care settings: outcome three (optional unit).

Further reading

The assessment framework is available on the Department of Health's website: www.dh.gov.uk/Home/fs/en.

Calder, M. (2003). *Assessment in child care*: *using and developing frameworks for practice*. Lyme Regis: Russell House Publishing. This is a comprehensive edited volume around assessment generally and in relation to specific areas of practice.

Fahlberg, V. (1994). *A child's journey through placement*. London: BAAF.

Fulcher, L. (2004). Programmes and praxis: a review of taken-for-granted knowledge. *Scottish Journal of Residential Child Care*, 3(2), pp. 33-45.
Provides a discussion of the nature of programme in residential child care.

4.05 Working in secure accommodation

Mark Smith & Margaret Sloan

The ultimate objective of secure accommodation is to effect a shift from physical security to security based around relationships….

Introduction

This paper identifies some of the features that make working in secure accommodation distinct from other areas of residential child care. These differences are linked to the legal mandate of secure accommodation and the need to maintain physical security and safety. Areas covered include: the differences and similarities between secure accommodation and other areas of practice, environmental considerations, the pace of work, and specific aspects of practice in secure accommodation.

Differences and similarities between secure accommodation and other settings

Many young people growing up may, from time to time, meet the legal criteria for secure accommodation. Only a small proportion of these will be locked up, either because a resource is not available on a particular day or because an alternative intervention is preferred. Although there is a need for rigorous decision making in the referral process, there is also an arbitrary aspect to who gets locked up and who does not. The behaviours of those who get locked up may, or may not, be more extreme than those of other young people in care or in the community. Their needs are rarely qualitatively different. Being placed in secure accommodation should not unduly stigmatise or set young people apart.

While there are underlying similarities between young people in and out of secure accommodation, those who are placed there, by the very nature of that placement, demonstrate a need for physical security and for controls to be placed on them for a while. Moreover, placing agencies, politicians and the public have particular expectations as to the role and purpose of secure accommodation. Taking the decision to lock a young person up brings with it certain expectations and responsibilities which call for a distinct way of working.

The above point is particularly pronounced in units that work with young people sentenced through the courts. This places additional demands on staff to ensure

that placements meet the requirements of the criminal justice system, whilst also addressing their welfare needs. The fact that young people on sentence are, for the most part, confined to the secure unit introduces particular dynamics to ways of working with them.

The purpose of secure accommodation

The primary purpose of secure accommodation is to ensure safety and security for the period of time a young person spends there and hopefully beyond. This requires that staff impose temporary controls to help a young person develop sufficient internal controls so as to minimise the need for external control. This, of course, is not a once and for all transition. Young people may make progress, but may then regress and need greater external control placed upon them for a while. The process might be likened to an elastic band. At times it may be stretched tight; at other times it may be pulled in. Staff have to try to locate the level of control needed at appropriate points along this ever shifting continuum. The ultimate objective of secure accommodation is to effect a shift from physical security to security based around relationships, where the quality of the attachments young people establish with adults is what keeps them safe.

Reflective Questions

- *Before you started your present work, what did you think the purpose of secure accommodation was?*
- *Has this changed and if so in what ways?*

Environmental considerations

A properly designed building ought to be the first expression of the security a young person requires. Buildings should be robust. If young people identify a weakness in physical design they will seek to exploit this. However, security should be as unobtrusive and understated as possible. Units should appear attractive. Small features such as paintings and photographs or the presence of flowers and plants can have a 'softening' effect on the environment.

The regime that operates in a secure setting should not set itself up as a challenge to young people placed there. Placement should not be seen as a notch in the belt of a delinquent career. Staff should not see themselves as performing just containment and control functions, and some thought should be given to the possible messages conveyed by aspects such as the way staff dress and arrangements for carrying keys. Over-emphasising a control function in secure accommodation can lead to a ‘them and us’ culture.

A sensitive balance needs to be struck between proximity and privacy. Staff need to demonstrate a background awareness and presence whilst respecting a young person's need for personal space. Again, good building design and layout can

facilitate this for instance, through the shape of rooms and the positioning of windows.

Staff considerations

Working in secure accommodation does not suit everyone. Staff who have worked in other areas of residential child care can have difficulty adjusting to secure settings. Whilst some of the skills in building relationships may be similar, there are also significant differences. Whilst there may be an emphasis in open settings on offering choice and seeking to empower young people, the role of secure accommodation, at least in the early stages of a placement, is to limit choice and to assume temporary control over a young person's life. Some staff may feel uncomfortable with the requirement to lock doors on young people. Others may struggle with the need for some of the security provisions that follow on from the nature of the setting.

On the other hand, secure accommodation can also attract individuals who like the structure and routine of the setting. Some may fail to appreciate the inevitable complexities and tensions involved in locking young people up. Such staff may over-emphasise considerations of security and order and pay insufficient attention to the therapeutic aspects of a placement.

An appropriate balance needs to be struck between the need for control and the need for nurture. The two are of course mutually compatible. Staff need an appropriate confidence and sense of their own authority and an ability to convey this to young people in non-threatening ways. The necessary sense of order in a unit comes through the establishment of authoritative yet nurturing relationships (see chapter 3).

There is a need for recruitment and ongoing training and supervision to establish a common understanding of the nature of work in secure accommodation and the everyday implications of this. Staff who are not comfortable in the setting perhaps need to be given the opportunity to come to this conclusion and if possible to find work where their skills are better suited.

The intensity of the work

The experience of being locked up can be a frustrating one for young people. In open residential settings there is a release valve in situations where feelings run high inasmuch as young people can take off and cool their heels. In secure settings, frustrations, distress and anger can lead to feelings boiling over. This can be manifest in confrontation, violence, non-cooperation or attempts to escape. Dealing with such intensity of pent-up emotion is part and parcel of working in secure accommodation. In such an environment the need for physical restraint is almost inevitable at times. Its use however, requires constant review to ensure it does not become part of the culture of a unit.

Most staff would like to work on the basis of trusting relationships with young people. In secure settings it is best for this to be a wary trust. You will rarely know entirely what pressures are around for particular residents at any given time. They

may break any trust you felt you had with them. It is better to acknowledge this possibility from the outset and to seek to minimise the opportunities for you to feel let down, but more importantly for young people to feel they have failed or let you down.

It is not only young people who are locked up in secure accommodation. For the duration of their shift staff may also be. There are few lulls in the day to draw breath or relax. The work is full-on and requires a constant attentiveness to issues of supervision, safety and security. Staff need to be 'active scanners', alert to what is going on around them.

The nature of the work can confront staff with the sometimes frightening and reprehensible behaviours of some young people and this might lead to particular judgemental responses. The work also brings staff into regular and intimate contact with the pain of young people. Coping with this pain, expressed through self-harm or violence, takes an emotional toll on adults confronted with it. An understandable response may be to try to distance oneself from the emotional impact of the work. Adults should however be affected by the emotional distress of young people. It is not a weakness to acknowledge this. They need opportunities, in supervision or in everyday interaction with managers and colleagues, to discuss how young people make them feel (see chapter 3).

Reflective Questions

- *Identify all the emotions young people you work with can arouse in you.*
- *How do you deal with them?*

The pace of work

Not only are staff in secure settings subject to a particular emotional intensity in their work, they are also confronted with a higher volume of paperwork than in other settings. The legislative requirement to keep young people in secure accommodation for the shortest possible time requires purposeful care planning.

Young people in open settings may be placed on a supervision order that only requires annual review. By contrast, a young person in secure accommodation may be admitted on a warrant. In this initial three week period staff will need to undertake an assessment (see paper 4.04) and prepare a report for a Children's Hearing. Subsequent Hearing reviews are at three-monthly intervals. Running parallel to Hearing reviews there will also be Looked After Child Reviews and any internal care planning meetings. Ensuring that young people attend hearings may also require staff to be involved in escort duties on a regular basis, although units may have negotiated arrangements with local authorities for this.

Such demands, taken together, mean that the pace of work in secure accommodation is significantly faster than in other residential settings. This needs to be reflected in staffing levels and rostering.

Reflective Questions

- *Think about a particular young person. Identify all the reports that need to be written on them.*
- *What are the arrangements in your unit to support these tasks?*

Specific areas of practice

Technology

Secure units nowadays are sophisticated places. Many of the systems outlined below will be subject to computerised control mechanisms. Staff need to have a working knowledge of the various technological systems they will have to use on a day-to-day basis.

Keys

Locking young people up is the central task of secure accommodation. Locking systems therefore need to be effective. Each unit will need to have specific arrangements for the allocation and return of keys, tabs or cards, as staff come on to and leave shift. While staff have keys in their possession they may benefit from some arrangement for these to be attached to their persons, without this appearing too custodial. They also need to be made aware that they cannot lay down keys in the way that they might in other settings. There are a range of sophisticated lock systems that can allow, restrict or track the use of keys, although none of these should take away from the need for staff vigilance.

Alarms

All secure units now operate some sort of personal alarm system that staff can use to summon support. The over-use of personal alarms and disproportionate responses to these can heighten tension in a unit. Again, most systems allow for a graduated response. Protocols need to be in place to ensure that staff know how to use and respond to alarms appropriately.

Units are also likely to have a variety of intruder alarms or devices that staff should be aware of.

Fire safety

The locked physical environment poses particular challenges in the event of a fire. Building design should take this into account with egress to secure courtyards in the event of a fire. Units will also need to have worked out specific drills and escape routes with their local fire brigade. Staff need to have regular drills so they are clear on fire safety arrangements.

Prohibited items

Units will need to determine procedures around those items which they consider to pose a danger to the safety of the setting. These may include glass bottles, matches and lighters, aerosols, specific items of jewellery and possibly particular items of clothing.

Accounting for sharp implements

Young people in secure accommodation may seek out everyday objects they think might be useful to help them escape, to use for self-defence or attack or for self-harming. Accordingly, staff need to be able to account for implements that might be used for such purposes. The most obvious of these is cutlery. After every meal, there should be some protocol to ensure that all cutlery issued is returned. This can usually be done fairly unobtrusively out of the direct sight of young people. In situations where cutlery is missing staff will need to take steps to account for it. This might include searches of rooms or in some cases of individuals. However, this should only be considered when initial searches of the immediate location have proved fruitless. In some cases it may be best just to maintain an awareness that something is missing and to be on the lookout for it as the day progresses. In other situations, where it is felt that there may be a particular risk involved, a more immediate response will be required.

There will be other occasions in educational settings, such as art, craft, design and technology (CDT) or home economics where young people will also have access to potentially dangerous implements. Similar security considerations need to be given to their storage and return after use.

Reflective Questions

- *Where can you find your own unit's procedures on these areas of practice?*
- *What other areas of practice have procedures which relate to the secure nature of the setting?*

Searching

Searching is a contentious area of practice in secure accommodation. Many staff feel uncomfortable with it. However, there are times when it is required. Again, this necessity links back to the purpose of secure accommodation in ensuring a safe and secure environment.

It is up to individual units to develop their own protocols for searching. This paper identifies some of the issues to be aware of. Searching might be considered at different levels:

- maintaining an awareness
- room searches
- body searches.

Maintaining an awareness: The most effective way to maintain a safe environment is for staff to be vigilant in the course of their everyday duties. They should be aware of any items that are prohibited and which may be dangerous and should remove these. Young people should be advised if anything has been found and told what has been done with it and why.

Room searches: In some cases, more specific searches may be required if staff have reason to believe that a prohibited item is being secreted. In the first instance a young person should be asked to show that there is nothing hidden. If they refuse to do so, staff should conduct a search, ideally in the young person's presence.

Body searches: Body searches are one of the most contentious areas of practice in secure accommodation. They can be uncomfortable and demeaning for young people and staff. However, there are times when they are necessary. When young people are first admitted or return from periods of leave or absence or when staff believe they may be secreting a dangerous object or substance, a search of their person may be required. Specific circumstances in which this should take place, the protocols for carrying out a search, and if and when police assistance might be sought in the process, should be worked out at local level.

Searches should not become routine. There should be a presumption that respects the privacy of a young person's physical space and belongings. Staff should have reasonable suspicion that not to conduct a search would result in a specific risk.

Reflective Questions

- *What are your unit's procedures on searching?*
- *How do they make you feel?*

Removing young people from the group

There are times when a young person will need to be kept apart from the rest of the resident group if they are persistently disruptive or aggressive. The physical layout of a unit will determine where a young person might be removed to. The use of a bedroom for this purpose is not ideal inasmuch as this confuses the purpose and 'feel' of a space. Bedrooms should be a safe haven for young people and to associate them with ideas of removal and seclusion may compromise this feeling of safety.

The availability of locked rooms in secure units should not become an easy way out for staff to avoid having to work situations through with young people. Taking them aside and having a word in their ear can be more effective than putting them in their room.

Working with others

One of the features of secure accommodation is the requirement for cohesive teamwork. The safety of young people and of staff depends on staff maintaining an awareness of their surroundings. At any point of time staff need to be aware of the whereabouts of each other and of all the young people. Individual units will have protocols for coordinating this.

Another feature of secure accommodation is that different professional groups work together under the same roof. The two main groupings are of course the care and education staff teams although, increasingly, there may also be psychologists, programme teams and nurse practitioners on site. Working together brings its own tensions as different professional groups are trained differently and may have divergent expectations of their roles. The question of care staff providing support for teachers and what this should consist of can be a thorny one in many settings where both groups have to work together. The interfaces between the different staff teams need to be continually worked on, but ultimately, the best way to ensure good joint working is through establishing trusting personal relationships.

Recording

In settings where intervention in the lives of others is as obtrusive as it is in secure accommodation, some checks need to be kept to ensure that these incidents do not become breaches of rights. The use of single isolation, for instance, will be legitimate in some circumstances. It should not however, become routine. A record should be kept of every occasion a young person is isolated. This enables internal and external checks to be kept on its use and may prompt some discussion about patterns of usage and whether these might merit further exploration and change. Other sanctions and practices such as searching should also be recorded.

The profile of secure accommodation also demands that recording is thorough. This may apply to procedures for the distribution and supervision of medicine. It may be around the decision making attached to mobility programmes. If anything goes wrong in such areas, staff have to be able to account for their practice. Again this need to account for practice relates back to the purpose of secure accommodation. There is no point in locking young people up if you cannot then demonstrate that you are taking appropriate measures to keep them safe.

Conclusion

Secure accommodation is a very specific area of practice that calls for staff to appreciate the purpose of the work and the practice implications of this.

Training links

SVQ:

Unit C7 *Provide a framework for the management of behaviour* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 324 *Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

Further reading

Gabbidon, P. & Goldson, B. (1997). *Securing best practice: an instruction manual for staff working in secure accommodation*. London: National Children's Bureau.

Rose, J. (2002). *Working with young people in secure accommodation: from chaos to culture.* Hove: Brunner-Routledge.

4.06 Daily rhythms, rituals and routines

Mark Smith

…healthy and purposeful milieux don't just happen. They need to be worked at.

Introduction

This paper outlines the importance of developing daily rhythms, routines and rituals in our practice with children in secure accommodation. The key points include developmental group care, the therapeutic milieu, changing the tempo and the life space intervention.

Overview

We all need some structure and routine in our lives. Children and young people admitted to secure accommodation are no exception. Many are admitted at a point where their lives have lost any structure or meaning. They need to experience a regime which restores some coherence to chaotic and disintegrated circumstances. This is a prerequisite before they can begin to address some of the specific difficulties which may have contributed to their admission to secure care and before they can be in a position to consider moving on.

Experience tells us that children may initially resist our attempts to impose some order on their lives. It tells us too, that most will come to accept and appreciate this. This sense of their lives gradually coming under more control happens less as a result of specific interventions such as counselling or groupwork but more though the experience of nurturing everyday care. This is known as the 'lifespace' in group care literature. Lifespace work can be described as the use of everyday events to promote learning and growth. A classic text on 'lifespace' is *The Other 23 Hours* (Trieshman, Whittaker & Biendtro, 1969). The title conveys the relative importance of the hours of the day when children and young people are not involved in formal treatment.

A centre's regime should not be rigid or impersonal but needs to become part of the lived experience of the young people and staff who work in secure settings. Some pointers as to how this might be brought about are provided in the group care literature.

Reflective Questions

- *Think about a child or young person you are working with. In what way(s) was their life out of control when they were admitted?*
- *How did they respond to being placed in secure accommodation?*

Rhythms, rituals and routines

The above terms are introduced in Henry Maier's paper *The Core of Care* (1979), one of the most influential texts on child and youth care. *Routine* refers to the structures of a place, that sense of what follows what in the course of a day. Care must be taken to ensure that routine doesn't become 'routinised.' Maier (1979) cautions that a healthy sense of order doesn't come from a book of house rules but needs to grow out of the lived experience of those who live and work in a centre.

This state where order develops organically can be described more as rhythm than routine. *Rhythm* is that state where things happen because they become ingrained in the everyday life of a centre. To get to this stage, there needs to be a general acceptance from young people and staff that the expectations that frame routines are reasonable and sensible. Appropriate *rituals* of care can help bring about this level of acceptance. Essentially, rituals are those encounters between young people and staff that develop and have a particular meaning for those engaging in them. Thus, the particular ways we get young people up in the morning, the individualised ways we greet them through gestures or actions such as 'high fives,' all contribute towards an experience of care that is personal rather than functional. Rituals speak of a personal connection. They 'oil' the smooth running of a centre.

Reflective Questions

- *What are the rhythms of the day in your centre?*
- *Can you think of any rituals that have developed between you or a colleague(s) and a particular young person?*
- *How do these influence the daily rhythms of the centre?*

Developmental group care

Henry Maier (1979) provides a context within which we might consider the development of rhythms and rituals of care. He outlines seven components of care which he regards as being essential to the everyday care of children and young people (see also chapter 3):

> The provision of **bodily comfort** (good basic care personalised to the individual young person);
>
> Recognition of and responding to the **differentiations** or different temperaments of individual young people – this calls into question the whole notion of consistency as it is often applied to residential

child care, as Maier advises that we need to respond differently to different young people;

The development of **rhythmic interactions** between young people and caregivers (the kind of rituals described above);

Predictability – a sense of knowing what will happen next;

Dependability – which follows on from predictability and from which stems attachment and mutual caring.

If these foregoing components of care are achieved then, according to Maier:

Personalised behaviour training should achieve its fullest impact. Within this model, acceptable behaviour follows from the quality of the developing relationships established between young people and staff rather than through a set of house rules.

Maier's final component of care is:

Care for the caregiver – which works on the assumption that staff can provide nurturing care only if they experience it themselves.

Reflective Questions

- *Think about the way your relationship with a particular child has developed. Consider this within Maier's framework. Discuss this with your supervisor.*

The therapeutic milieu

The overall sense of what a unit 'feels' like is called the milieu. The milieu is the environment of a home. The term is not particularly tangible. It has been described as the 'particles in the air' (EUROARC, 2002). However anyone who has set foot in a group care centre picks up very quickly on its atmosphere; whether there is a tension or a 'buzz' or a sense of calm. The 'feel' of a centre is fundamental to how good it is and will impact profoundly on the experiences of the children and young people placed there.

Practitioners need to try to identify the elements that go towards shaping the milieu, in order that they can influence it for the benefit of children and young people. A range of variables will impact on the milieu; organisational design and culture, including that of the wider organisation, physical environment and the composition of resident and staff groups.

Healthy milieux are likely to promote positive growth for those who live and work in them. A sense of wanting to be there will be apparent in the fabric and furnishings, through the construction of the rhythms, rituals and routines and through the attitudes of staff and young people and the relationships existing between them. Conversely, if these aspects of a centre are not given adequate attention and are not functioning effectively, the quality of care will be inadequate.

Reflective Questions

- *What are the different components that go towards defining the milieu of your centre? How might you begin to change some of these to influence the milieu?*

Rhythms of secure care

Staff are in a position to help make the milieu work for the benefit of young people, and indeed for themselves, through some reflection on the rhythms and rituals of care. The way they get young people up in the morning, for instance, may set the tone for the day. Sufficient time needs to be given to accommodate the different temperaments of young people. Some will take longer than others to undertake the same tasks. Trying to rush them is likely to be counter-productive. Staff need to ensure sufficient time to facilitate a reasonably relaxed start to the day, allowing time for breakfast, chores, etc. whilst not building in too much 'dead' time.

Mealtimes should be a community experience in which staff and young people both participate. There should be recognisable start and end points to meals, reinforced, for instance, by expectations that young people and staff ask permission to leave the table once they are finished. Once such expectations are established, mealtimes are likely to extend long after the food has gone and will become a focal point of community life.

In any secure setting there are transition periods in every day such as the move between unit and school. These transitions need to be effectively managed to ensure that they become ingrained in a centre's way of doing things and to avoid them becoming flash points. Again, some preparation needs to go into these transitions so that staff and young people are aware of expectations and are ready to go when the time arrives.

Bedtime too is a critical time in child and youth care. The period before bedtime should be one where things start to wind down. Young people may be encouraged to shower, have some supper and watch some television or chat amongst themselves or with staff before going off to their rooms. It is better not to move directly from periods of heightened activity, such as the gym, straight to bed.

Reflective Questions

- *How do you manage critical points in the life of your centre?*
- *Could they be improved in any way?*
- *How would you go about this?*

Changing the pace of a programme

Secure accommodation is by its nature confining. In open settings there is a release valve when feelings are running high in as much as young people can take off and cool their heels. This isn't available in secure units. Pent up emotions can lead to strong feelings. This is more likely to happen if boredom sets in. Staff need to be able to vary the tempo of a shift.

There should be times when there is a clear sense of purpose. The education programme is the most obvious example of this. There needs, too, to be an opportunity for confined young people to burn off some energy, either in the gym, swimming pool or courtyard. Access to fresh air at some point of the day should be built in. However, young people in secure care also need opportunities to slow down – to relax and reflect. Obvious times to do so might be in the period after meals or in the hour or so prior to bedtime.

Staff can influence the tempo or the atmosphere of a unit through simple interventions in the rhythms of daily living. Actions such as drawing curtains, dimming lights or playing particular types of music can give the message, 'It's time to slow down now.'

Reflective Questions

- *How would you describe the pace of your unit?*
- *How might you build in changes of pace to ensure that different needs for action and reflection are taken into account?*

What staff need to do

Although good residential workers can make it seem as though things come naturally, healthy and purposeful milieux don't just happen. They need to be worked at.

To start with, staff need to be prepared. They need to give themselves sufficient time to plan even for the most routine events such as rising or mealtimes. The enemy of a smooth shift can be that rushed extra cup of coffee or chat about the weekend past. If staff do not plan properly, if they are hurried, or if they think they can leave things to the last minute, some unforeseen situation such as school clothes not being ironed has the potential to turn a shift upside down. If they are adequately prepared, they will give the impression of being relaxed and purposeful, and this demeanour will rub off on the residents and set the tone for the shift.

Although they may have a clear idea about the task in hand, staff also need to be able to change tack in response to altered circumstances – there is no room for a textbook residential worker. However, when staff do deviate from established routine, they need to do so consciously and to remain in control of the change rather than being perceived as bowing to pressure. This might be done by being clear with

children and young people: 'I've taken the decision to do this differently on this occasion but don't let it become an expectation.'

Reflective Questions

- *How do you and colleagues prepare for a shift?*
- *How might this be improved?*

The life space intervention

As noted earlier, working in the lifespace involves the use of everyday life events to help promote the learning and development of young people. The notion of the lifespace intervention is a useful one. It involves reflecting more consciously on how everyday events link to the overall in the life of a resident. Such an orientation might determine that issues of anger management, for instance, should not be left to particular focussed programmes, but might be powerfully addressed in a dispute over who does the dishes or in the aftermath of a flare-up in class.

This concept of lifespace intervention is consistent with Adrian Ward's (1994) idea of opportunity-led work whereby staff identify opportunities for therapeutic intervention within the everyday life events of a centre.

Reflective Questions

- *Think about a recent situation you have been involved in.*
- *How might you have used it more consciously to address a particular issue with the young people involved?*

Conclusion

This paper has sought to outline the importance of daily events in contributing to the developmental experience of children and young people.

Training links

SVQ: Unit M8 Plan, implement and evaluate routines for children (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit NC 10 Contribute to the developing and maintaining cultures and structures in which people are respected and valued as individuals (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 323 Contribute to child care practice in group living (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

HNC in Social Care: HN unit Supporting and managing provision in secure care settings: outcome one (optional unit).

Further reading

A central paper in the development of a child and youth care approach to practice is Maier, H. (1979). The core of care: essential ingredients for the development of children at home and away from home. *Child Care Quarterly*, 8(4), 161-173.

Some of the ideas outlined in this paper are developed in Smith, M. (forthcoming). Rethinking residential child care: a child and youth care approach. In D. Crimmens and I. Milligan, *Facing forward: residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

4.07 Prosocial modelling

Chris Johnson

Prosocial behaviours are types of interaction which favour and foster social relationships. A consensual definition would include those behaviours which show respect, interest and concern for others, and which may be exemplified in helping, caring and sharing.
(Warden & Christie, 1997, p. 9)

Introduction

Very often in secure accommodation we can become fixed on anti-social behaviours. This can get in the way of our recognising the more positive aspects of young people's behaviours and considering how we might best promote these. A prosocial modelling approach provides a framework to do so.

The key points in this paper include: antisocial values, prosocial values, prosocial modelling and some pointers as to how such an approach might be applied in practice.

Antisocial values

Many of the children with whom we work may operate to a different set of values from society at large. They may see theft as an acceptable practice and not accept that it has negative consequences for others, their victims. A child who steals a car and damages it may rationalise his action by saying 'the car was insured'. This is a how some young people in secure accommodation might think.

The roots of such thinking are likely to go back a long way in the upbringing of the child. The child may have values that present themselves in many different ways. They may bully others and demand their own way all the time. They may be unusually aggressive or sexually aggressive or may have what seems a total disregard for others' property and sometimes their own. They may well display a number of these attitudes and many other antisocial behaviours.

By 1970 a number of different interventions were being used with antisocial and aggressive children. These ranged from, at one end of the scale, a psychodynamic approach through humanist, and nondirective approaches to behaviour modification. Some of these approaches, especially those described as behaviour modification (see chapter 3) fell out of favour, as the focus on behaviour alone was felt to be too crude. There was a realisation that the presenting antisocial behaviours were

actually learned. Some people felt therefore that appropriate behaviours could be learned to replace unacceptable behaviours. This is the basis of social learning theory.

Reflective Questions

- *Can you identify behaviours in others that are antisocial?*
- *Can you remember incidents in your life where others have presented antisocial behaviours but have now changed? Why did they change?*

Prosocial values

There were of course many children who behaved in a socially acceptable way and it was realised that again they had learned this behaviour. Clearly there was interest in finding out whether the children who displayed antisocial behaviour could be taught prosocial values and behaviour.

There are many definitions of prosocial values. At one level one might think of "values and actions that are not criminal". However, at a more positive level pro-social behaviours might be defined as they are in the introduction to this paper:

> *... types of interaction which favour and foster social relationships. A consensual definition would include those behaviours which show respect, interest and concern for others, and which may be exemplified in helping, caring and sharing.*
>
> (Warden & Christie, 1997, p. 9)

Actions and values that support others are extensive and may include many things such as:

- Helping others with difficulties;
- Sharing things with others;
- Non-sexism;
- Non- racism;
- Anti-violence;
- Equally shared responsibilities in a relationship;
- Protecting others from harm.

Reflective Questions

- *What other Prosocial Behaviours can you add to this list?*

What is Prosocial modelling?

Prosocial modelling is a structured and thoughtful way of working with people in which the objective is to teach the person how to behave in a prosocial way by example and reward. Prosocial modelling aims to accentuate an individual's strengths and tries to eliminate inappropriate or antisocial values and behaviours, replacing them with prosocial ones. The use of appropriate role models and positive reinforcement is key to the way in which any prosocial modelling programme or regime works.

Prosocial modelling comes from social learning theory and was widely pioneered in the United States via the 'skillstreaming' programmes introduced for those young people who had a propensity to aggression. The model was introduced to the United Kingdom in the early seventies and was championed by Leicester University and a few specialist residential units such as Glenthorne Youth Treatment Centre and Aycliffe School.

There are a number of good training programmes that are well documented explaining how prosocial modelling can be accomplished via specific programmes and working practices.

Reflective Questions

- *Can you think of any situations where you have tried to change the behaviour of others by positive role modelling?*

Why Prosocial modelling?

Previously mentioned interventions such as behaviour modification have been used as a screen for schemes that were sometimes seen as harsh and not particularly child centred. Some establishments used token economy systems where children were rewarded for positive behaviours with tokens so that they could 'purchase' luxuries. There were systems that were so regimented that even the necessities of life had to be earned. This led to professional and political reservations and the use of such schemes fell out of fashion.

Prosocial modelling avoids the pitfalls of previous behaviourally based programmes by building positively on the child's appropriate behaviours and rewarding them. Antisocial behaviours are challenged rather than punitive action being taken against the child.

The literature on prosocial modelling emphasises the attributes of honesty, concern and commitment on the part of the supervisors. Together with a collaborative approach to problem solving and client-defined problems and goals, these personal qualities are as important to effective work with offenders as the need to demonstrate and reinforce alternatives to pro-criminal thoughts (Trotter, 1999).

Applying a prosocial approach

Any prosocial modelling regime requires that all members of staff become 'trainers' (in their everyday interactions with young people) and are positive role models for the children. Language should be used in a positive way, reinforcing appropriate behaviour with praise. The whole lifestyle of the worker should be one that sets a good example to the 'trainee', from manners at the dining table to knocking on doors and saying please and thank you. Appearance (e.g. style of dress) of 'trainers' should be appropriate to the job that is being done so as to show the 'trainee' what is appropriate.

The 'trainers' achieve best success when they work together and are seen by the 'trainees' as a unified team who are there to teach appropriate skills and offer help.

Trotter (1999) outlines a four-part approach in promoting prosocial outcomes:

Identify prosocial comments or actions

This includes clear-cut prosocial comments or behaviours as well as acknowledgement of harm done or remorseful feelings for antisocial words or deeds.

Reward those comments and actions wherever possible

Praise is identified as being the most frequent and powerful of reinforcers available to workers, but is only effective if it is genuine and directed at the prosocial comments and behaviours of the clients. The use of other rewards must be explicitly linked to desired behaviour, and the promise of a reward is less effective than simply providing it as a result of the prosocial act.

Model prosocial comments and actions

This not only includes modelling the behaviours the worker wants to foster in the client, but also coping modelling (the demonstration of coping strategies), or acknowledging vulnerability and difficulty in consistently conducting oneself in a pro-social manner.

Challenge antisocial comments and actions

This includes clear-cut antisocial comments or behaviours, as well as rationalisations for such comments or behaviours. Negative reinforcers include expressions of disapproval, ignoring of behaviour or simply pointing out that a comment is a rationalisation for an unacceptable behaviour. This aspect of the approach, however, must be used with caution, as studies indicate that greater emphasis on positives (with sparing use of negatives) is more effective. Inappropriate behaviours whether physical or expressive should be challenged in a way that suggests an alternative rather than as an unexplained directive.

This approach seems well suited to residential work for a number of reasons. The effectiveness of praise, modelling or disapproval can be directly related to the strength of relationship between worker and young person. The time residential care workers spend with their 'clients' is intense and sometimes prolongued, thus providing fertile ground for deep, strong relationships. It must also be said that this can be a double-edged sword, in that uninformed, unskilled or unscrupulous use of positive or negative reinforcers can hurt or confuse young people and will be counterproductive.

In a residential child care setting, the purposeful use of activities (see paper 4.08) can provide a context within which staff can identify, reward and model prosocial comments and actions while challenging antisocial ones. Praise or disapproval often carries greater weight when it is related to something of value to the recipient, and a well planned and implemented programme of activities can be an excellent avenue for prosocial work.

Reflective Questions

- *Can you identify pieces of work where a team collaborated?*
- *Can you identify an antisocial behaviour you have challenged in a positive way?*
- *Can you identify a prosocial behaviour that was rewarded?*
- *Can you think of how you might use particular activities to promote prosocial behaviours?*

Prosocial skills

The following table lists a number of key skills that children require. Situations are identified where children need to be able to use prosocial skills. Programmes should reflect these skills and supervisors should be able competently to demonstrate them as part of their prosocial role modelling.

Beginning Social Skills	Advanced Social Skills
1. Listening	1. Asking for help
2. Starting a conversation	2. Joining in
3. Having a conversation	3. Giving instructions
4. Asking a question	4. Following instructions
5. Saying thank you	5. Apologising
6. Introducing yourself	6. Convincing others
7. Introducing other people	
8. Giving a compliment	

Skills for Dealing with Feelings	Skill Alternatives to Aggression
1. Knowing your feelings 2. Expressing your feelings 3. Understanding the feelings of others 4. Dealing with someone else's anger 5. Expressing affection 6. Dealing with fear 7. Rewarding yourself	1. Asking permission 2. Sharing something 3. Helping others 4. Negotiating 5. Using self-control 6. Standing up for your rights 7. Responding to teasing 8. Avoiding trouble with others 9. Keeping out of fights
Skills for Dealing with Stress	**Planning Skills**
1. Making a complaint 2. Answering a complaint 3. Being a good sport 4. Dealing with embarrassment 5. Dealing with being left out 6. Standing up for a friend 7. Responding to persuasion 8. Responding to failure 9. Dealing with contradictory messages 10. Dealing with an accusation 11. Getting ready for a difficult conversation 12. Dealing with group pressure	1. Deciding on something to do 2. Deciding what caused a problem 3. Setting a goal 4. Deciding on your abilities 5. Gathering information 6. Arranging problems by importance 7. Making a decision 8. Concentrating on a task

(Goldstein & McGinnis, 1997)

Reflective Questions

- *Think of a child in your unit. Consider the above lists. Which prosocial skills do they demonstrate?*
- *What areas might you want to work on and can you think of ways that you might do this?*

Conclusion

This paper offers a brief explanation of prosocial modelling. For any prosocial model of practice to be used to best effect all staff in a unit need to buy into it and be trained in this way of working. A number of recognised programmes can be drawn on for this purpose.

Training links

SVQ:
Unit C7 Provide a framework for the management of behaviour (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit NC 11 Contribute to the planning, implementation and evaluation of therapeutic programmes to enable individuals to manage their behaviour (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 327 Model behaviour and relationships with children and young people which recognises the impact of crime on victims and communities (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

Unit HSC 397 Reinforce positive behavioural goals during relationships with individuals (generic optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

HNC in Social Care:
HN unit Supporting and managing provision in secure care settings: outcome one (optional unit)

HN unit Caring for young people in secure care settings: outcome two (optional unit)**.**

Further reading

Goldstein, A. P. & McGinnis, E. (1997). *Skillstreaming the adolescent: new strategies and perspectives for teaching prosocial skills*. Champaign Illinois: Research Press.

Trotter, C. (1999). *Working with involuntary clients*. London: Sage. This provides a good introduction to Prosocial modelling and is a standard text for those interested in criminal justice work.

Warden, D & Christie, D. (1997). *Teaching social behaviour: classroom activities to foster children's interpersonal behaviour*. London: David Fulton. An emphasis, as the title suggests, on work in the classroom but sets out the general principles of a prosocial approach and provides some practical examples.

4.08 Activities

Laura Steckley

Within these new experiences, young people can experience themselves in a new way, one that begins to weave together a personal story that includes competence, trustworthiness, happiness and, probably most importantly, hope.

Introduction

This paper considers the potential therapeutic benefits of appropriate activity programmes in secure accommodation. It goes on to offer some guidelines for the implementation of activity programmes and then provides some resources that might be used to develop a repertoire of activities.

Overview

Activities have long been an integral component of the therapeutic milieu. They have been regarded on the one hand as time fillers, separate from therapeutic processes and goals, and on the other as vehicles through which young people interact with each other, with staff and with their environment in a manner that promotes change and development. Activities have no rival in terms of encouraging a sense of mastery and self-esteem, and can prevent the all-too-often adversarial climate that can develop between staff and young people. Activities (particularly sports) in residential settings can be important in helping young people develop self-discipline.

> *I also think that staff should try and encourage residents to pick up activities, try and spend more time with them to stop them getting into bother and it will keep them preoccupied and make them a lot happier in their placement. It would be a chance to meet other people.*
>
> (female 15, Who Cares? Scotland, 2003, p. 68)

The challenges of sharing and co-operating, contributing to the team, persevering when tired, and controlling (and appropriately channelling) aggressive impulses are more demanding than some youth can manage, especially early in their placement.

Over time, the skilled use of activity planning and implementation within a safe and supportive environment can help young people meet these challenges.

There can also be more subtle benefit from activities. As an adult attempts to guide and advise a young person through an activity, the experience can reveal to the young person, sometimes for the first time, the value of constraints that someone else wants him to accept. While this might be a lengthy process, when it does occur (and is reinforced by success), the value of self-discipline can be experienced by the young person in a powerful manner. Over time, this realisation can transfer to other areas of that young person's attitude and behaviour.

Reflective Questions

- *How are activities viewed in your unit?*
- *What purposes do you think they serve?*

Care workers as 'experience arrangers'

Phelan (2001) describes a model of activity planning that is based on the notion that many of the people with whom we work are so stuck in a negative personal story that they have little or no hope of being able to change. Their associated beliefs, based upon past experiences, are reinforced time and again by what has often been referred to as 'self-fulfilling prophecy.' This continually colours their view of the future. With requisite safety and trust, care workers can provide activities that serve to create a *free place,* where young people encounter an *experience gap*, a place where they can be in the present moment with 'minimal interference from these self-defeating messages, so that new experiences can happen and be acknowledged' (p. 2).

Within these new experiences, young people can experience themselves in a new way, one that begins to weave together a personal story that includes competence, trustworthiness, happiness and, probably most importantly, hope. Communication occurs through the senses and through the experience, rather than just through words. Care workers must utilize skills of presence, relationship, doing *with*, understand each young person and his or her personal story, and be aware of activities as a strategy for change in order to be effective 'experience arrangers.'

For activities successfully to create a free place in which young people can encounter an experience gap, a degree of safety and trust must be present, the level of challenge presented must be a manageable fit with how the young person views himself, and there must be an ongoing process of supporting his fledgling beliefs springing from the experience. Win/lose dynamics are unhelpful and particularly hopeless or self-defeating young people are unlikely to benefit from competition, especially if it is emotionally charged.

Reflective Questions

- *Think of a young person who has recently participated well in an activity.*
- *How might he have experienced himself differently from his normal day to day experience?*

Resilience

A sense of competence or experience of mastery have long been considered important in promoting positive development and, more recently, resilience. The concept of enhancing and promoting resilience in young people who have encountered adversity seems likely to be one of the most salient and enduring themes in helping further our understanding and effectiveness in working in residential child care (see chapter 3). Resilience has been defined by Gilligan (1997) as:

> ..qualities which cushion a vulnerable child from the worst effects of adversity…and which may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage. (p. 12)

Gilligan points out that activities provide an avenue through which young people can access supportive relationships. The divergence from more clinical approaches (which involve talk), as well as the importance of relationship as a context within which a young person can gain the most benefit from involvement in hobbies/activities, resonates well with Phelan's emphasis on communication occurring through the senses and the experience, rather than through words.

Reflective Questions

- *Think of a young person who is doing well in your unit.*
- *Does she respond favourably to intervention approaches that rely on talking?*
- *Has her involvement in any of the activities contributed to her development of relationships with any of the staff?*
- *Think of a young person who is struggling to do well in your unit.*
- *Does he respond favourably to intervention approaches that rely on talking?*
- *How might your unit provide different opportunities for him to experience mastery or improve his relationships with staff through an activity?*

Promotion of prosocial values

Activities may also have a role in re-awakening or nurturing natural prosocial tendencies in children (see paper 4.07). Trotter (1999) points to particular behaviour exhibited by parents or carers associated with prosocial behaviour.

These include clear communication about rules, principles, and expected behaviour, as well as messages about the inherent goodness of the child.

Trotter asserts that skilled use of prosocial modelling and reinforcement (a component of his model) is shown in research to be effective, and in his own study, was the most influential skill of the worker.

Activities can provide a context within which staff can identify, reward and model prosocial comments and actions while challenging antisocial ones. Praise or disapproval often carries greater weight when it is related to something of value to the recipient, and a well planned and implemented programme of activities can be an excellent avenue for prosocial work.

Reflective Questions

- *Think of a recent activity that you facilitated.*
- *Which behaviours that the young people exhibited could be identified as prosocial?*
- *Can you remember the praise that you gave, and how much of it was for prosocial comments or actions?*
- *What behaviours did you model, and what do you think you communicated to the young people through them?*

Guidelines for therapeutic implementation of activities:

Be prepared

A lack of preparation, even something as simple as not having the footballs pumped up, can contribute to an activity falling on its face (sometimes even before it starts). Preparation not only involves ensuring the necessary props, equipment or location is available and in working order, but an assessment of the group and the individuals involved in terms of their needs and capabilities (emotional and physical). Part of being prepared will involve ensuring that staff organising an activity have the expertise to do so and that the activity falls within any policies an agency may have on activities.

Be flexible

Be prepared to alter the plan if you assess the change will better meet the needs of the participants. Also, be on the lookout for opportunities for spontaneous games that satisfy an immediate mood and do not require planning (but do not rely solely on this approach to activity planning).

Be brave

Breaking out of the familiar to try new things can be difficult for staff and young people. Creative activities, co-operative games and other initiatives can provide opportunities of mastery for those

young people not generally used to being good at something. Just as important, these alternative activities can give young people a chance to relate to each other and to staff in a different way. Non-competitive activities can often be more enjoyable and rewarding, and are worth the effort of overcoming any initial fear or resistance.

Be enthusiastic

Your own enthusiasm and sense of fun can be exceedingly contagious. Young people almost invariably respond favourably to someone who *wants* to be with them and conveys it.

Young people should experience a beginning, middle and end

Begin not only by reviewing the rules, but by negotiating fair expectations for behaviour. Be clear and explicit. A discussion about the purpose of the activity and some perspective work (e.g., this is not the Olympics, it's okay to make mistakes, we're here to have some fun and learn how to work together) can set young people up with a frame of mind more likely to yield a positive experience.

The activity itself represents the middle, and many of the other points give guidance to support successful delivery.

The end should be a review of what happened, how it went, and should provide closure on the event. A discussion of what went well, what they enjoyed, what they wish had been different, and what they hope to do differently next time is an excellent way to end an activity. The ending should also include role modelling on your part and involvement on their part of good upkeep and storage of any props or equipment.

Remember your role

Providing opportunities for young people to experience themselves differently, enhancing their resilience and promoting prosocial values through the use of activities' requires a focus on the process (rather than the outcome). Point out teamwork, sportsmanship, creativity and perseverance (i.e. prosocial comments and actions) more than the score or a final product. Praise for a pass might carry more weight than praise for a goal.

Change the rules

Take a familiar activity and change it in order to serve an aim (e.g., co-operation, experiences of mastery). Three passes before a goal can be scored might involve more players, or using a beach ball instead of a volleyball can help more young people to experience themselves as capable.

Do with

Participating *with* young people in activities will often encourage their involvement, and can strengthen and deepen relationships. It also provides you with an opportunity to model prosocial behaviour.

Manage your own competitiveness

Your own competitiveness can easily replace your focus on the process and the aims of the activity. It is also more difficult to model the behaviour we hope young people will adopt if we are in the midst of our own competitive desires.

Stop while it's still going well

This may be one of the most difficult guidelines to follow, because when everyone is still having a good time (and showing signs of positive development), it is hard to call things to an end. However, letting things go too long will frequently lead to fatigue, conflicts and behavioural breakdowns. In these instances, young people's memory of the activity can often be tainted by anger, shame or guilt and the positive gains are overshadowed.

Have fun

On the one hand, use of activities for therapeutic intervention should be taken seriously in terms of planning and attention to process. Conversely, a light and humorous approach will more likely yield positive results. Be playful, laugh, laugh at yourself and delight in the fun.

Play together as staff

The opportunity to experience self and others differently should not solely be extended to young people. Co-operative initiatives and team building activities that have a component of play in them can often be more powerful in helping teams to function effectively than just meetings alone can. Individual members of staff may become more effective at facilitating therapeutic activities after experiencing organised, purposeful play.

Reflective Questions

- *Think about an activity you might organise.*
- *What would you hope to accomplish through the use of this particular activity?*
- *What do I need to do and consider in preparing for it?*
- *How might a given activity benefit a particular young person(s) and what would I need to do in order to get maximum mileage toward that aim?*

Conclusion

This paper provides a brief outline of the many important facets of using activities in our work with young people. It stresses the need for staff to use do this purposefully. A binder containing a write-up/copy of those activities that have been used, along with notes on necessary preparation, what went well and what might be done

differently is exceedingly useful to have on hand in the unit. A section about activities to try might also be included.

Training links

SVQ: Unit Z13 Enable clients to participate in recreation and leisure activities (optional unit in the SVQ level 3 qualification Caring for children and young people).
Unit HSC 323 Contribute to child care practice in group living (specific optional unit for the revised SVQ qualification Health and social care: children and young people level 3).
Unit HSC 420 Promote leisure opportunities and activities for individuals (generic optional unit in the revised SVQ level 4 qualification Health and social care: children and young people level 4).

HNC in Social Care: HN unit Supporting and managing provision in secure care settings: outcome one (optional unit).

Resources

Teamwork and Teamplay: A Guide to Cooperative, Challenge, and Adventure Activities That Build Confidence, Cooperation, Teamwork, Creativity, Trust, Decision Making, Conflict Resolution, Resource Management, Communication, Effective Feedback, and Problem Solving Skills.
James Hallie Cain, Jim Cain, Barry Jolliff
1998

This book is filled with ideas, activities and information as well as an extensive bibliography of other books on group games. There is also a well illustrated chapter on making your own equipment. The writing style is easy to follow with graphics and photographs that enhance understanding. It has been referred to as one of the most comprehensive manuals of its kind.

Silver Bullets: A Guide to Initiative Problems, Adventure Games, Stunts and Trust Activities
Karl Rohnke
1984

This book is an excellent source of creative and fun games that involve trust, reasoning, initiative thinking and problem solving skills. The author, Karl Rohnke, has written several games books, and while they are somewhat dated, they are still relevant and worth pursuing.

The Cooperative Sports and Games Book: Challenge Without Competition
Terry Orlick
1989

This book is a follow up to The Cooperative Sports and Games Book, and provides directions for more than one hundred new games based on cooperation rather than competition. These include indoor and outdoor games, games for special-education classes, and games for children and adults.

104 Activities That Build: Self-Esteem, Teamwork, Communication, Anger Management, Self-Discovery, and Coping Skills
Alanna Jones
1998

This book contains 104 games and activities for therapists, counsellors, teachers and group leaders that teach anger management, coping skills, self-discovery, teamwork, self-esteem and communication skills. Every game works as a unique tool to modify behaviour, build relationships, start discussions and address issues. Each activity is simple to follow, requires minimal resources, includes helpful discussion questions and is designed to be interactive and fun.

Further reading

Some of the material covered in this paper is adapted from a forthcoming book chapter Steckley, L. (forthcoming). Just a game? The therapeutic potential of football. In D. Crimmens & I. Milligan, *Facing the future: residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

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4.09 Educational issues in secure accommodation

Graham McPheat

...They encourage you, believe in you
(views of a boy in a residential school about his teachers, Smith, McKay & Chakrabarti, 2004, p. 92)

Legislative framework

The regulations and guidance provided with the Children (Scotland) Act 1995 make clear the requirements for the educational development of children who are looked after.

- They should have the same opportunities as all other children for education, including further and higher education.
- They should, where necessary, receive additional help, encouragement and support to address special needs or compensate for previous deprivation or disadvantage.
- Educational needs should be addressed in the care plan.
- Planning should have regard to continuity of education, take a long term view of education, provide educational and developmental opportunities and support, and promote potential and achievement.

Further statements are made specifically in relation to secure care.

- There is recognition of the disruption that many children and young people may have experienced in their schooling prior to being admitted to secure care and the resistance to education that this may foster.
- Effective planning of individual curriculum packages by educational staff is recognised as a means to challenge this resistance and convince children of the value and possibilities of education.
- The necessity for co-operation between education and care staff is also highlighted if positive educational attainment is to be achieved.

Scotland's Children: The Children (Scotland) Act 1995
Regulations and Guidance.

Reflective Questions

- *Consider your workplace. Evaluate it against the seven requirements listed above. Are they consistently being achieved? If not, what changes or developments need to take place to allow this to happen?*

Education and looked after children

Despite these legislative and policy requirements, evidence from a variety of sources reveals that children and young people looked after away from home are educationally disadvantaged. Research highlights a marked difference in educational outcomes for this population compared to their peers in the community.

- Amongst children living in the community the average number of standard grades achieved is seven. For the looked after population the average number of standard grades achieved is two.
- Amongst children living in the community 30% achieve at least one higher. In the looked after population only 3% achieve at least one higher.

Whilst not minimising the worrying implications of these statistics, they do require to be interpreted in a correct context. Prior to being accommodated children and young people have often experienced interrupted educational provision. This can be characterised by inconsistent attendance, poor attainment and low aspirations from both the children and young people themselves as well as the teachers and educational staff involved with them. The poor educational achievements for these children and young people can reflect existing progression and the outcomes might not have been markedly different had they remained in the community.

Other evidence also indicates that looked after children and young people are more likely to be responded to in a manner that is detrimental to their education.

- Looked after children account for 13% of all exclusions although they represent only 1% of the school population.
- Over 70% of care leavers have been temporarily or permanently excluded from school at some point in their education.

The nature of the types of behaviour that lead children and young people to be placed in secure accommodation means that many or all of these factors will often be present. It then becomes the task of secure accommodation either to reintroduce them to education and its positive possibilities or to build on and develop existing educational attainment and progression.

Aspects of education that require to be considered in order that this may be achieved include:

- Assessing and Planning
- The Curriculum

- Learning and Teaching
- Educationally Rich Environment.

Assessing and planning

Despite legislation dictating that care plans have been a legal requirement since 1997, research associated with *Learning with Care* in 2001 revealed that these were not always in place. The educational component of a care plan is vital. Pupils in secure accommodation often have a wide range of educational needs. Care plan reviews, which are required to occur at least every six months, provide a good forum for making plans to support looked after children's education.

Evidence from *Learning with Care* revealed that discussion regarding education at reviews was more likely to focus on behaviour and attendance than educational attainment and that discussions, and consequently decisions, made at reviews tended to be more detailed and accurate when a teacher was present.

The findings of the Social Work Services Inspectorate in 1996 when undertaking *A Secure Remedy* highlighted that the existence of prior educational assessments were not always identified when children and young people were first admitted to secure accommodation, including cases when a formal record of needs had been opened. The need to use all available assessments and information in order that accurate plans can be developed is vital.

Non-attendance at school is regularly a problem before children and young people enter secure accommodation. Although they will attend school when they are in secure accommodation, this may become an issue again when they leave if appropriate plans are not in place. This may involve the identification of a new school, as many will be without a school placement at the point that they enter secure accommodation.

A recommendation of the *Learning with Care* report was that local authorities carry out a full assessment involving education and social work personnel at the time when a child becomes looked after. Good practice in a secure setting would involve a similar process, planning for education in both the short term, in the secure unit, and in the long term, when placements end.

Reflective Questions

- *Consider LAC reviews within your setting. Is education discussed in adequate detail?*
- *What receives more focus – educational attainment or management issues such as behaviour and attendance?*
- *Is evidence from prior educational assessments drawn on?*
- *Are educational needs, both short and long term, adequately reflected in care plans?*

The curriculum

The educational curriculum provided in secure accommodation requires to be carefully considered. It should be broad and help children and young people to progress. Where possible it should reflect the 5-14 curriculum and allow pupils to work towards SQA units, standard grades and highers. The nature and breadth of curriculum available in units will depend on their size and on the flexibility of the arrangements they can make to bring in staff in particular subject areas. However, as identified in *A Secure Remedy* (1996), curriculum structures should not become a restricting factor. Individual needs have to be recognised and planned for.

Flexible learning and teaching approaches are a means to achieving this. Older pupils who are particularly resistant to school education following prior negative experiences may benefit from an introduction to further education or vocational training. The findings of the Quality Assurance in Education in Secure Provision group also emphasised that flexible approaches are required to meet individual needs and identified that personal and social education should be at the heart of the curriculum (Scottish Office Education and Industry Department, 1997). This will ensure a good balance between an academic and a supportive/therapeutic curriculum.

Specific attention has to be paid to the assessment and identification of any learning difficulties that children and young people have. Appropriate levels of learning support have to be available where required – especially in relation to reading, writing and mathematics. Many of the problems experienced in these areas by children and young people entering secure accommodation can be tackled with targeted support and encouragement.

Positive practice should also involve children and young people in using curriculum frameworks to set educational targets. Involvement of care staff in this process, both in planning and implementation, can help to achieve a good balance between the formal curriculum and personal and social education.

Reflective Questions

- *Consider the educational curriculum followed by residents in your workplace. How involved are care staff in helping residents set and achieve educational targets?*
- *Is there a suitable balance between the formal curriculum and personal and social education?*
- *Evaluate the co-operation between education and care staff in designing and implementing the educational aspect of the care plan.*

Learning and Teaching

Teaching residents in secure accommodation is a demanding task. The children and young people have different educational needs, different educational experiences (the most common characteristic being an interrupted and/or problematic educational history), they can present challenging behaviour and will spend varying amounts of time in the secure unit.

This variety of circumstances places high demands on the teachers working with children and young people in secure accommodation. A key skill of teaching staff is the ability to be responsive to the needs of individual residents and deliver personalised educational packages within the group setting. Good classroom management and confidence in dealing with challenging behaviour and critical incidents is necessary. Clearly negotiated procedures and roles for both teaching and care staff have to exist in this regard.

Alongside these skills teachers require to claim residents and convince them they are committed to them, their education and the future possibilities it can provide for them. This commitment can be central to challenging some of the resistance to education that they may encounter.

The issue of teaching and care staff co-operating to provide effective learning opportunities is again relevant here. Effective practice by teaching staff can help to deliver the formal curriculum. Many issues related to personal and social education, the informal curriculum, can be introduced in the classroom but require further emphasis and consolidation outside the classroom within the day-to-day activities of the secure unit. This requires a commitment from care staff also. They need to be aware of this informal curriculum and be able to practise and interact with children and young people in a manner that promotes and supports it. Issues covered here may involve values and attitudes, lifestyle choices or health. This is closely linked to the concept of care staff providing positive role models for the children and young people they look after – in this case modelling positive attitudes and expectations of education.

Reflective Questions

- *Consider the curriculum delivered to residents in your workplace. How personalised are individual educational packages?*
- *Do clearly negotiated roles and procedures exist for teaching and care staff dealing with critical incidents?*
- *Do care staff play an active role in delivering informal educational opportunities to children and young people?*

Educationally rich environment

The *Learning with Care* report recommended that local authorities should undertake an audit of their residential units to assess how far they were educationally rich environments. Characteristics of an educationally rich environment include:

- Staff knowledge and training opportunities in the context of education;
- Practical procedures and arrangements to allow educational progress, including communication with schools;

Practice involved in supporting children and young people with their education, such as homework and private study.

Each area is interlinked and all are important. An abundance of resources is unlikely to contribute if it is not backed up by the values and attitudes of staff. Any number of computers or text books will have no impact unless care staff model and encourage positive attitudes towards participation in education. Positive intentions of staff can be easily undermined however if not supported by policies and procedures that help to deliver effective educational provision.

Reflective Questions

- *Consider your workplace. Using the characteristics listed above, identify the ways in which it can be described as an educationally rich environment.*
- *Are there aspects of practice that require to develop and improve?*

Conclusion

Educational outcomes for accommodated children and young people are worryingly poor. Education has to be assessed and planned for all accommodated children, particularly those in secure accommodation. For much of this population prior school attendance has been poor and educational attainment low. Consequently, many of them will have negative attitudes to education and school. Education should be addressed in their care plan, covering both their short term needs when within secure care and long term needs when they move on. The curriculum delivered has to be flexible, covering both the formal qualification route and the informal curriculum concerning personal and social development. Teaching and care staff require to work together at all stages of this process, particularly in modelling positive attitudes towards education and delivering personal and social development. Teaching and care staff in secure accommodation should strive to create and maintain an educationally rich environment.

Further tasks

Following the *Learning with Care* report a pack of training materials for carers, social workers and teachers involved in the education of looked after children and young people was produced. The activities and tasks contained within this provide an excellent framework for reviewing and developing positive practice in the area of education with looked after children and young people.

Further reading

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4.10 Health issues in secure accommodation

Graham McPheat

... we are concerned not only with prevention of ill health but with actively promoting positive mental, physical and social health.

(Residential Care Health Project, 2004, p. 43)

Introduction

This section outlines the key health issues that present with young people in secure accommodation and gives an overview of appropriate responses. It takes as its starting point the idea of the health promoting unit. Issues pertaining to mental health are addressed in paper 4.11.

Overview

All people have a range of health needs. In recent years research evidence, such as The Big Step Project (2002a) in Glasgow and the Residential Care Health Project (2004) in Edinburgh, has highlighted the particularly poor health outcomes for children and young people who are accommodated. These poor outcomes can be attributed to a variety of factors. Many children and young people suffer from neglected health whilst living at home and this does not improve when they become accommodated. Some of the issues associated with this include the frequency of placement moves and lack of continuity of carers. Others can be directly related to practice within residential child care, particularly the way in which health issues are viewed and the lack of effective joint working with other agencies.

A common characteristic amongst many children and young people at the time they are placed in secure accommodation is that they are at a point of crisis. Their lifestyles can often be chaotic and include a lot of risk-taking behaviour. Within this scenario their health needs are regularly neglected. This can include failure to attend to routine health maintenance, missed immunisations due to irregular school attendance, smoking, poor diet and sleep patterns, abuse of alcohol and drugs, and problems with sexual health.

At the time of admission to secure accommodation these circumstances can often be at their most extreme. A prime aim at this time is to introduce routine and order to chaotic and out of control lives. Targets in relation to health needs should be in keeping with this philosophy. Children and young people in secure accommodation

require stability in order that they may be encouraged to recognise and prioritise their health needs.

This is not merely an issue of health education. Research undertaken by the Health Education Board for Scotland indicated that much of the behaviour and the poor associated health outcomes are not the result of a lack of knowledge (Shucksmith & Spratt, 2002). Instead many of the young people have accurate knowledge of how to maintain their health but their actions are often shaped and influenced by the social circumstances in which their behaviour occurs.

Accordingly, the focus of work requires to be associated with encouraging the recognition of health needs and how these are to be met. The Big Step Research Report (2002a) identified that many accommodated young people find health a difficult or uninteresting concept and do not view it as a major life concern in the way that many adults do. The challenge for workers caring for accommodated children and young people is to help them to recognise the importance of their health and the direct links between their lifestyle choices and health outcomes, both in the short and long term.

Reflective Questions

- *Consider a child you are working with. At the point they were admitted to secure care were their health needs being met?*
- *What impact was their lifestyle and behaviour having on their health? How able or willing where they to make connections between their lifestyle choices and their health?*
- *What importance or value did they place on their health?*

Legal considerations

Staff need to be aware of some of the legal considerations that surround the health of young people. The Age of Legal Capacity (Scotland) Act, 1991 enables those under the age of 16 to consent to medical or dental treatment if a medical practitioner is satisfied they are mature enough to do so and are capable of understanding the nature and possible consequences of treatment. A young person in these circumstances has the same right to confidentiality as an adult has with their doctor, unless the doctor suspects abuse. This legal situation can cause some tensions in residential units (and indeed for anyone in a parental or substitute care role), as young people may be subject to medical diagnosis, treatment or prescription without their carer's knowledge. In most cases this is unlikely to be a major problem and young people will generally be open enough with staff about medical issues. However, staff do need to have an awareness of the legal situation and of the rights young people have in this area.

Health promotion: lifestyle and well-being

To begin to address the challenges involved in encouraging children and young people to recognise the importance of their health and the direct links between their lifestyle choices and their health outcomes, residential care practitioners are required to consider the health of accommodated children and young people in a rounded or holistic manner. This will involve concentrating on areas of lifestyle and well-being and disregarding past models of practice where units would merely provide a functional initial health assessment when a child was admitted and thereafter deal only with emergencies and health problems.

> *Therefore we are concerned not only with prevention of ill health but with actively promoting positive mental, physical and social health.*
>
> (Residential Care Health Project, 2004, p. 43)

Likewise, concentrating only on problematic areas of behaviour and associated health risks without placing them within the framework of lifestyle choices and associated well-being is not effective. Placed within a chaotic lifestyle in which more holistic and general health needs are not adequately addressed, the likelihood of achieving longer term lifestyle changes and positive health outcomes is hugely diminished.

This is an important distinction to make as the findings of the Residential Care Health Project indicated that staff in some residential units were still prone to react to what were viewed as 'immediate' health needs and less emphasis was placed on proactive planning in relation to longer-term health needs.

Making the links between lifestyle and wellbeing is an intricate task. Health promotion will be a component of it, as will encouraging the ability of children and young people to recognise and influence their health outcomes through their behaviour and lifestyle choices. To achieve this, a unit's milieu and the routines that accompany this have to reflect these issues. When factors associated with positive lifestyles and well-being are encouraged to become part of the individual child's routines and thinking, they are more likely to be sustained when they leave the secure unit for different living environments.

Diet is of particular importance in any residential unit. There is increasing recognition of the importance of a balanced and healthy diet and of the implication of poor diets in a range of health and indeed behavioural problems. Many residential units will be faced with changing the eating habits of young people who, until that point, may have eaten very poorly and irregularly. Mealtimes are crucial periods in any residential unit and these should be used to introduce new and balanced dietary experiences for young people. The importance of regular meals and of eating as a social experience should also be built into the routines of a centre.

Reflective Questions

- *Consider the unit you work in. Does work concerning health involve proactive planning or responding to health emergencies?*
- *How are children and young people encouraged to make links between their lifestyle choices and their health?*
- *What is the diet like in your unit? What considerations are taken into account in menu planning?*

Secure units

Secure units provide a unique opportunity to address health issues of accommodated children and young people. An increase in risk taking behaviour will often precede a move to secure accommodation. The following period of stability and removal from the environment where this risk taking behaviour was occurring provides the perfect opportunity for a full and comprehensive inter-agency assessment of the needs of the young people and the opportunity to engage in therapeutic work

The Residential Care Health Project (2004) developed a model of integrated health care for secure units involved in the project. This not only involved residential and social work staff but those from primary care, community child health, mental health and education. This reflected a holistic approach to health and also placed due emphasis on the need for effective inter-agency working to achieve positive health practice.

Health promoting units

Having established that residential child care should consider the health of accommodated children and young people in a rounded or holistic manner, concentrating on areas of lifestyle and wellbeing, practitioners require a framework to plan and assess this. This framework should help to promote a milieu and routines where the importance of health is recognised and promoted.

The model of health-promoting schools is one that can be readily applied to residential child care. This model has already been successfully implemented in various settings and all Scottish schools are required to be working towards health-promoting school status by 2007. This approach considers health in a broad sense and when applied to residential child care can provide a planning and evaluation framework within the care setting.

This diagram illustrates the many aspects to consider when establishing a holistic health promotion approach within a residential unit. These aspects are described below.

Ethos and climate

The ethos and climate achieved within a unit guides much of the learning and development of the young people resident within the unit. A culture where the importance of health is recognised is imperative, where staff act as positive role models for young people and where the young people are encouraged to recognise the holistic nature of their health needs (how behaviour in one regard impacts on other areas of their health), and where the young people are encouraged and allowed to make decisions that develop self-caring skills that can lead on to an ability to meet their own health needs after leaving secure care. Appropriate messages and modelling around issues of smoking, drinking and drug use are particularly important.

Reflective Questions

- *Think about the unit you work in. What attitudes towards health care are communicated to children and young people by the culture of the unit?*
- *What emphasis do staff place on this issue through their language and behaviour?*
- *Are young people encouraged to recognise and take ownership of their health needs, either formally in a care plan or informally in day-to-day activities?*
- *To what extent do policies (and attitudes) on smoking, drinking and drug taking support a health promoting culture?*

Environment

The environment of a unit, particularly a secure unit where residents will be spending much time, can be health promoting. Particular attention can be paid to the use of space and availability of facilities. Issues in secure units may often centre on the availability of space and facilities for exercise as well as adequate social space for large groups and individuals.

The living environment of a secure unit will have a large impact on the attitude and demeanour of residents. This is particularly relevant when considering research findings in relation to the mental health needs of accommodated children and young people. There is much evidence to suggest that accommodated children and young people suffer from poor mental health (see paper 4.11). A residential environment that places value on children and young people can do much to contribute to positive self-esteem and positive mental health.

Reflective Questions

- *Think about the unit you work in. What value is placed on creating a pleasant living environment for the children and young people?*
- *How do staff participate in this process?*
- *How effectively are space and resources utilised to create a pleasant living environment?*
- *Are children and young people able to or encouraged to personalise their living environment?*

Curriculum and activities

The issue of curriculum can be interpreted in the traditional meaning if thinking about education facilities within secure units, but can also refer to activities residents experience as part of the living environment. The activities and events that young people are offered and encouraged to attend can be used to promote different aspects of health (see paper 4.08). Health requires to be promoted in a holistic and

balanced way. A skills-based approach where young people are offered the opportunity to learn about and maintain their health needs can help to achieve sustainable change.

Reflective Questions

- *Think about the unit you work in. To what extent do daily life and routines within the unit promote or otherwise those issues associated with health?*
- *Think particularly of activities, diet and exercise. Do these contribute to a health promoting unit?*
- *Are children and young people encouraged to develop skills to meet their health needs?*

Health and welfare of staff

To achieve positive health outcomes for the children and young people in a residential unit, the staff require healthy and positive attitudes. Without this the required positive role modelling of behaviour and attitudes is unlikely to be achieved. Issues such as good working conditions and a meaningful process of supervision and appraisal that takes account of staff health needs – physical, emotional and mental – require to be addressed.

Positive developments in the other areas of the health promoting unit will also prove beneficial in this regard. A positive and pleasant living environment for children and young people is a positive and pleasant working environment for staff. A culture where health needs are prioritised for children and young people is then able also to take account of the health needs of staff.

Reflective Questions

- *Think about the unit you work in. What impact does the health and welfare of staff have on the children and young people?*
- *How much emphasis is placed on the health and welfare of staff?*
- *Do processes such as supervision and appraisal act as a supportive tool, aiding development and enabling workers to practice in a positive manner?*

Role of specialist services

Effective inter-agency working is a vital component of health-promoting practice in a secure environment. Specialist services, such as Looked After Nurses and Children and Adolescent Mental Health Services (CAMHS) teams, have a vital role to play in the health of accommodated young people. To be utilised effectively, appropriate communication and working relationships have to be achieved between the relevant

health professionals and care staff. Some secure units employ or contract their own nurse practitioner and this role can facilitate this link. It can also be instrumental in ensuring effective protocols regarding referrals to more specialist services. The role of these services has to be recognised and promoted by the unit. Again the behaviour and attitudes of staff will be vital in transmitting this to the young people.

Reflective Questions

- *What specialist services have links with your unit?*
- *How well does the practice of residential staff and of these services complement each other?*
- *What protocols and working agreements are in place in order that effective collaborative work can take place?*

Links with family and community

Links with family and community have to be promoted and achieved if sustainable health-promoting behaviour, and consequently positive health outcomes, are to be achieved. Continuous parental participation is to be encouraged, particularly in supporting and attending health appointments and a process of regular updates, both formal and informal, has to be set up. Again the attitudes of staff towards family, and their commitment to involving them in the process will play a large part in determining how successfully this is achieved.

Throughcare and aftercare planning should consider the current and future health needs of the young person. Plans are currently in place to develop a new Scottish Health Network to take forward the work of the Scottish Throughcare and Aftercare Forum Health Working Group (see McCluskey, Greaves and Kean, 2004).

Reflective Questions

- *Think about a child you are working with. How involved are the family in the care-planning process?*
- *Is their role and involvement actively promoted by staff? What advantages or disadvantages to the health of the child does this have?*

Conclusion

The health needs of accommodated children and young people have to be considered in a holistic manner. Proactive health care planning is required. The model of a health-promoting unit provides a useful framework for planning and assessing health-promoting practice. All areas within this framework are interlinked.

Training links

SVQ: Unit CYP2 Contribute to promoting health and social well-being for children and young people (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 313 *Work with children and young people to promote their own physical and mental health needs* (specific optional unit for the revised SVQ qualification *Health and social care: children and young people level 3*).

Further reading

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4.11 Mental health

Ian Milligan

The recent Office of National Statistics survey for Scotland found that overall 45% of looked after children suffer from a mental health disorder.

Introduction

Young people in secure care are some of the most troubled and troublesome young people in the country. This chapter provides a mental health perspective on care practice in secure settings. The key points include: a discussion of the nature of mental health, prevalence of mental health disorders, available services, stigma, and care practice.

Overview

Despite their problematic backgrounds it has often been the case that young people in secure care, in common with young people looked after and accommodated elsewhere, have not been easily able to access specialist mental health services. Similarly, workers in secure accommodation, although working very closely with extremes of behaviour and emotion, have themselves often not had ready access to psychiatrists or psychologists for advice on dealing with specific emotional and behavioural issues.

This is not to say that health issues have not been recognised in residential work with children. The Skinner Report (SWSI, 1992) put 'Health' as one of the eight principles and also emphasised the importance of 'Collaboration among professionals' as key components of good quality care. However, mental health as such was not mentioned in the Skinner Report. Following a period of years in which it has been difficult for young people in care or their carers to access NHS mental health services, the needs of 'looked after children' have begun to receive more attention from NHS policy makers and psychiatric professionals. In recent years the Scottish Executive has also been encouraging greater integration of services for children. Children's mental health is one area in particular in which we could expect to see mutual benefit from closer working relationships between residential staff teams and mental health specialists. The health needs of children in care have become clearer through the publication of a number of recent studies (Residential Care Health Project, 2004).

Prevalence of mental disorder

Studies have shown high rates of mental disorder among looked after and accommodated children and young people. What happens in the care system is a reflection of what is happening in society and there has been concern about the mental health of children and young people more widely. Figures from a comprehensive UK study indicate that about 9% of all children and young people experience a mental health disorder (Meltzer, 2000). Among the emotional and psychological problems reported in recent years are increasing rates of eating disorders, an increase in suicide rates among young men, and considerable increases in hyperactivity among younger children.

Terminology

The terms used in this paper, mental illness, mental disorders and mental health problems, are drawn from the language of psychiatry. From an educational perspective (including residential schools), the same children and young people will be described as having 'emotional and behavioural problems', while within social work the idea of 'children in need' has usually been considered sufficient most of the time. We are often describing the same children, although we may be focusing on the way they come to our attention in different settings. All of these terms can be useful and appropriate and it will be helpful to young people if residential staff can understand the basic meaning of various terms that mental health professionals use.

The term mental health problem refers to a broad range of emotional and behavioural difficulties. These difficulties vary in the extent to which they interfere with everyday living. Studies of representative samples of the population suggest that at any one time between 15 and 20% of children and young people in the UK have mental health problems. Children and young people whose problems are more severe, extreme or distressing, so as to cause serious disturbance with their everyday life, and which persist over weeks and months, can be described as having a mental disorder. Mental disorders have been classified using internationally recognised classification systems, and include conditions or groups of disorders such as 'conduct disorder', 'emotional disorders', including depression, 'obsessive compulsive disorder', and 'attention deficit hyperactivity disorder (ADHD)'. It is this category of mental health that has become more recognised as affecting a large number of children and young people in the care system and which is the focus of much of this paper. In the general population of children under 18 between 9 and 10% may have a mental disorder but in residential care the most recent statistics suggest it may be as high as 66%. (Meltzer, Lader, Corbin, Goodman & Ford, 2004) There is a much smaller group, about 1-2% of the whole population, which has a diagnosed mental illness, such as schizophrenia, anorexia nervosa, or very serious depressive illnesses.

The information in the section above is taken from the training package 'Young Minds: Looking after the mental health of looked after children' (Talbot, 2002)

The recent Office of National Statistics survey for Scotland (Meltzer et al, 2004) found that overall 45% of looked after children suffer from a mental health disorder. This confirms earlier more localised studies such as the one in Glasgow (Dimigen et al., 1999) which found that many of the children aged 12 and under had mental

health disorders at the time of entering care. This study also found that many of them had not received any treatment for these disorders.

The majority of disturbed children seen in secure care will primarily have either emotional or conduct disorders. Emotional disorders include high levels of anxiety and distress resulting from difficult life experiences. Children with conduct disorders are often rather superficial in their relationships with others and anti-social behaviour such as violence and lack of consideration for others is common. Although these two types of presentation can be seen separately, they are often combined.

Reflective Questions

Think of young people in your unit who have diagnosed mental health difficulties.

- *What are those diagnoses?*
- *Might there be others who are not diagnosed?*

Developments in mental health services

This level of unmet need has led to the recent development of a number of specialist mental health services for looked after children in various places in Scotland, such as East Dunbartonshire (The Open Door project), Glasgow (The LACES service), the LEAP Project in Ayrshire, and Edinburgh (Connect) and a number of pilot projects in other health board areas. Some residential schools, including secure units, have also been directly employing or gaining access to more psychologists and psychiatrists. A good example of this is the Promoting Mental Health and Welfare Project, a joint venture between Dundee City Council and Rossie School. The profession of psychology has been undergoing something of an expansion in recent times which has seen the emergence of a number of different specialisms, including forensic psychology.

Within the NHS generally most mental health professionals working with children are grouped into teams called Child and Adolescent Mental Health Services (CAMHS). These multi-disciplinary teams include a psychiatrist and psychologist and one or more mental health nurses. They may well include professionals from other backgrounds such as teaching or social work who have gained qualifications in mental health or specific therapies such as ‘psychotherapy’ or ‘family therapy’. Social workers are also often found in CAMHS teams. Some of these teams are based in hospitals and others are based in community clinics or centres of various kinds. Generally speaking Health Boards in Scotland have not developed their CAMHS teams to the same extent as has happened for example in England. At the present time Boards are being asked by the Executive to increase this provision. This is a welcome development but there is currently a shortage of people to fill the vacancies which exist in many places across Scotland.

CAMHS teams have often tried to develop a non-hierarchical way of working. The whole team will sit down together to look at referrals and then decide which team member's skills are best suited to the particular referral. Teams usually prefer to work with the whole family if they can as it is evident that many children's troubles are very much related to family functioning. This has posed a problem when young people in care have been referred, as CAMHS teams have sometimes not been sure about the value of working with a young person in isolation from others they live with, especially if the placement is short-term or appears likely to break down. It is also true that some teams have felt that they would find it difficult to engage with children in crisis and have wanted to delay treatment until the child is in a 'stable placement'. The recent emergence of dedicated Looked After Children (LAC) mental health services has sought to overcome this problem of access to services for looked after children. The mental health professionals in these teams are keen to show that they can in fact make a contribution to helping stabilise placements which are at risk of breaking down.

It should be noted here that in recent years CAMHS teams in many parts of the country have been understaffed and have worked under pressure of a large number of referrals. This has meant that there have often been very long waiting lists.

Reflective Questions

- *What are the arrangements in your area to access the local CAMHS team?*

Thinking about mental health - Professional biases and stigma

Until more recently it has seemed that residential workers did not think much about how a mental health perspective might inform their own practice. At times they may have wanted to refer young people to a psychiatric service although, as we have noted, access to services has been difficult. Furthermore, located as they are within social work departments or agencies, residential workers have probably been influenced by the views of social workers who have been very concerned about 'labelling' young people. And in any case, such is the stigma around anything to do with 'mental' health that young people themselves may be reluctant to be referred to such a service. All these things together have meant that young people's needs and behaviours have usually been interpreted in terms of their personal and family problems and residential workers and foster carers have been expected to manage a lot of difficult and disturbed behaviour. They have been expected to rely on basic residential practice, which usually focuses on the need for consistent boundaries and establishing caring relationships to help young people.

This 'policy' of *coping and containing* has usually persisted until a young person's behaviour has become particularly extreme or sometimes bizarre. This has often been when young people display consistently violent and destructive behaviour – in terms of attacking staff or other young people or smashing up their own property (often in the case of boys) or *self*-destructive behaviour such as self-injury or extreme risk-taking (often in the case of girls).

Reflective Questions

- *Can you think of behaviours that you find difficult to understand?*
- *How can we gain a better understanding of why a young person behaves the way they do and how their previous experience of adults may be influencing their thinking, feeling and acting?*

Care practice

In this context it is vital that residential staff do not simply react to behaviours but seek to develop their knowledge and understanding so that they can get a deeper and more informed perspective on the emotions and trauma that may underlie the behaviour. Young people in secure accommodation need the relationships of care, the provision of a nurturing and stimulating environment and the careful targeting of problem behaviours, which social care teams at their best can provide. But young people will also need workers who are able to access mental health professionals for advice and who are self-confident enough to work in partnership with mental health specialists on treating emotional and psychological problems. As has been said, we do not need a psychiatrist at the foot of every child's bed and in fact in many places residential workers are best placed to offer truly therapeutic care; but they will need the advice and consultancy of others to confirm their work or to offer other suggestions on how best to understand and respond to the behaviour of each individual young person.

You know some people in their lives go through a bad time and [now is] maybe my time. You don't really know what's wrong with you. I feel like I'm in this dark dimension and I can't find the light, I can't get out and I'm trying my hardest to find the light. It's like I've got problems with school, problems with my friends, problems with this and that, and I'm trying to be good at school, and it's working, but then just at the wrong time, the wrong place, I do something and I get into trouble for it. It feels like this dimension is holding me back, every time I'm trying to get out of it, it's pulling me back in again.

(female 16, Who Cares? Scotland, 2003, p. 37)

Both the research literature and the experience of SIRCC staff is that residential workers want more training in mental health issues and that working more closely with mental health specialists can improve practice and build the confidence of residential teams when working with very difficult behaviour (van Beinum, Martin, & Bonnett, 2002). Residential workers have always had to wrestle with the emotional difficulties of young people in their care. In recent years, as units become smaller and care planning more individualised and detailed, they have increasingly relied on their relationships with the young people as the primary tool for helping them overcome their problems. There is no doubt however that young people who have

had traumatic experiences of family life often find it difficult to respond positively to the personal care offered in residential units. Many of the young people in secure settings will have experienced many changes of placement within the care system further undermining their trust in adults to provide them with any stability and also undermining their own sense of self-worth or even self-control. Working with children and young people who have suffered trauma can make the staff feel bad, and having a mental health perspective can sometimes help staff understand their own, and their colleagues', reactions to the young people. In describing what they learned in East Dunbartonshire the Open Door project supervisors write:

> *Such children, some of whom had suffered terrible abuse, at times could only communicate inner distress by a primitive process of trying to make a staff member feel, inside them, some of the pain and confusion that the child her or himself suffered but was unable to put into words, and therefore could not work through by thinking and talking about it.*
>
> (van Beinum et al, 2002).

It is important that care staff are able to understand and interpret behaviour and to realise the effects that it may have on them and on their staff team. Secure units can all call on psychological support for consultation and advice on how staff might understand and work with young people. Access to psychiatric support in those cases requiring this type and level of interventions can still be more difficult to access.

Conclusion

While staff in secure accommodation will want to draw on any expertise that mental health specialists may have we should not think that mental health professionals will always be able to achieve a great deal in a short period of time – they have no magic wands either!

In relation to the emotional well-being of young people it is the job of the carer to show that they can contain or 'hold on to' the emotions which the young person themselves find unbearable or 'un-containable' (see chapter 3 and paper 5.03). In a secure setting the young person is physically contained and made safe in a physical sense but the aspiration of care workers must be to transfer that sense of security or containment from the buildings to the people who surround the young person in their daily life.

Our goal is to provide young people with the experience of being understood and cared for so that they can begin to recover from the traumas that have led them into the secure placement in the first place. This is necessary if the young people are to establish a more stable emotional foundation on which to build their own capacity to cope and to re-make relationships with their family and the community to which they will soon return.

Training links

SVQ: Unit CYP2 *Contribute to promoting health and social well-being for children and young people* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 313 Work with children and young people to promote their own physical and mental health needs (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

Further reading

Dimigen, G., Del Priore, C., Butler, S., Evans, S., Ferguson, L., & Swan, M. (1999). Psychiatric disorder among children at time of entering local authority care. *British Medical Journal, 319*, 675.

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Talbot, R. (2002). *Young minds: looking after the mental health of looked after Children.* Brighton: Pavilion.

van Beinum, M., Martin, A., & Bonnett, C. (2002). Catching children as they fall: mental health promotion in residential child care in East Dunbartonshire. *Scottish Journal of Residential Child care,* 1(1), 14-22.

4.12 Working with boys and girls

Mark Smith & Laura Steckley

What are young men made of?
What are young men made of?
Sighs and cheers, and crocodile tears
And that are young men made of.

What are young women made of?
What are young women made of?
Ribbons and laces, and sweet pretty faces,
And that are young women made of.

Introduction

This old nursery rhyme suggests that boys and girls are somehow made differently. One of the great debates in psychology is the nature/nurture one. Are people born with particular personality or behavioural traits or do they acquire these through their processes of socialisation? In relation to the focus of this paper, do girls and boys behave in the ways they do as essential attributes of their biological state? Or do repeated parental peer and media images determine for them what it means to be a girl or a boy and accordingly, how they should act? Some discussion of the terminology is provided in paper 4.13

Overview

Whilst most people who come into contact with boys and girls in any capacity would attest to some differences in the ways they behave and in how they are responded to, the whole area of gender difference is not one that has been developed much in social work thinking. Part of the reason for this is understandable from an ideological standpoint. For much of history girls were seen as less valuable or able than boys. Families would invest in boys' education and development in ways they would rarely consider for girls. Expectations of girls often consigned them to a future of domesticity. Traditionally, education systems and institutions were set up to service the needs of boys and men.

Professions such as social work and education have rightly sought to promote issues of gender equality. Schools, for instance, are much more geared to the needs of girls that they were even 20 or 30 years ago. Girls in fact, over the past decade or so, have outperformed boys academically throughout the English-speaking world. However, in promoting the rights and needs of girls, we have

arguably neglected the particular and different needs of boys. As Steve Biddulph (1997) says:

> *For 30 years it has been trendy to deny masculinity and say that boys and girls are really just the same. But as parents and teachers know, this approach isn't working.*

Effective child care requires that practitioners work with the equal but different needs of boys and girls. In this, a balance must be struck between understanding difference (in order to help) and perpetuating stereotypes. Staff need to consider the individual needs and preferences of young people rather than responding to them solely as boys or girls.

Reflective Questions

- *From your experience as a parent, relative or carer, what would you say are the behavioural and personality differences between boys and girls?*
- *Do you think boys and girls are born different or do these changes emerge? Give some examples why you think this.*
- *To what extent does your unit acknowledge differences between boys and girls and how does it respond to these?*

Nature or nurture?

To return to the previous question around nature or nurture, the reality is that differences between boys and girls are attributable to the interplay of both. They start in biology and end in culture.

Gender differences are apparent in the ways girls and boys respond and are responded to, from a very early age. Girls generally appear more securely attached. Boys respond less well to being separated from their mothers in particular.

Some psychoanalytic writers (see chapter 3) suggest that girls' identities are more secure because they seek to replicate that of their primary care givers – initially their mother, and then carers outside the home. For boys to be able to attain a secure sense of being a male, they need to separate from their mothers and construct identities around what they perceive to be male ways of being. They begin to do this from the age of about six when they start to identify more with father figures. This process of separation continues into adolescence when the focus is on finding male role models outwith the home that they can identify with.

Other biological influences on development are hormonal, particularly associated with puberty. In boys, testosterone levels increase 800 fold around age 14. This has obvious effects on physical appearance but also on mood and energy levels. Girls are also experiencing changes in their hormones and in the shape of their bodies. This can also have effects on mood and energy levels, as well as increase anxieties

about weight and desired thinness. Just when their bodies are becoming rounder, many girls are becoming more acutely aware of the barrage of messages from family, friends and media surrounding the overriding importance of being slim.

The problem with boys

Boys both experience and present a number of particular difficulties growing up. Their relative educational underachievement has already been noted. In addition to academic difficulties, boys also account for more than 80% of school exclusions. In Scotland, over three quarters of those referred to the Reporter to the Children's Panel on offence grounds are boys. Involvement in crime can be seen by some boys as a way of 'doing masculinity' (see paper 4.16).

Mental health problems are far more prevalent for boys than girls. At the extreme end, suicide among 15 - 24 year olds is three times greater for boys than for girls (see paper 4.11). The number of suicides increased by 18% over the course of the 1990s. Diagnoses such as attention deficit hyperactivity disorder (ADHD) have also risen substantially in recent years, and again, those affected are almost all boys. Some commentators question whether conditions such as ADHD may in fact reflect social situations such as the lack of a father figure, or educational systems that are not geared for the ways boys learn.

So what's the problem with boys?

There are different schools of thought as to why boys experience some of these difficulties. William Pollack in *Real Boys* (1999) suggests that boys are pushed by societal pressures to subscribe to what he calls 'The Boy Code' − a set of expectations which lay down how boys are expected to behave. Features of the boy code require that boy are:

Sturdy Oaks - they must be stoic and unemotional in the face of suffering; the big boys don't cry syndrome;

give 'em hell - they need to make their presence felt through shows of physical prowess and a 'come ahead' attitude;

big wheels - they are interested in power and dominance and in being in control;

no sissy stuff - an essential aspect of being a boy is not being a girl and not being seen to engage in 'girly' things. This fits in with other research (Frosh, Pheonix and Pattman, 2002) which found that boys' identities are described and constructed around not being a girl rather than around concrete examples of being a boy.

Pollack argues that having to subscribe to the boy code inhibits boys from expressing their more caring and emotional sides.

Christina Hoff Sommers (2000), however, gives another view. The title of her book, *How Misguided Feminism is Harming our Young Men* says it all. She argues that boys are suffering because Western culture devalues manhood and seeks to feminise boys. Both these writers share a belief, from different ideological positions,

that the problem with boys is that they are not allowed to get in touch with their inner selves.

> *One camp wants to reform masculinity, the other to restore it; one seeks to rescue boys from patriarchy, the other from feminism.*
>
> (Young, 2001, p. 1)

Reflective Questions

- *Think of any specific difficulties faced by boys you work with. To what extent might these be related to gender?*
- *Why do <u>you</u> think boys face problems growing up?*

The problem with girls

As is the case with boys, the problem with girls often has little to do with girls themselves and more to do with the culture within which they are trying to grow up. The literature on the difficulties faced by girls growing up predates that for boys. A central book is Mary Pipher's *Reviving Ophelia: Saving the Selves of Adolescent Girls (1994).* Pipher identifies some of the characteristics and issues presented by adolescent girls. They can be obsessed with complicated and intense relationships, have confused and contradictory feelings towards the same people at the same time, and get sexuality, romance and intimacy all mixed up.

Girls can be concerned to the point of obsession with their physical appearance, especially their weight. According to Pipher, these concerns, as well as all sorts of mixed messages such as 'be sexy but don't be sexual' are rooted in cultural and media driven expectations about what girls and women should be like. Such expectations split adolescent girls into true and false selves. There are some general ways they can respond to these cultural pressures; they can conform, withdraw, be depressed or get angry.

A more recent UK study (Reay, 2001) picks up on similar themes and places girls into four categories according to their responses to cultural pressures. Girls can present as *spice girls, nice girls, girlies* or *tomboys.* What was interesting about this study is that while the children (both boys and girls) saw girls as harder working, more mature and more socially skilled, all of the boys and most of the girls believed it was better being a boy.

It is clear that girls also absorb many of our culture's messages to boys about the importance of not being *like a girl*. The *nice girls* and *girlies* conformed to societal expectations of feminism and were viewed by their peers as 'boring' and 'no fun' (*nice girls*) or 'stupid' and 'dumb' (*girlies*). The *spice girls* and *tomboys* resisted traditional definitions of how good girls are supposed to behave, but were seen as 'a bad influence' and 'little cows' by their teachers (*spice girls*), or rejected and scorned their own gender completely (*tomboys*). It seems that these girls and girls in

general, have little if any accepted and valued space for genuine expression of what it is to be a girl.

Girls generally physically develop earlier than boys, and as a result staff may have unrealistic expectations for their behaviour. Their emotional and cognitive development, however, can often be still be at an immature stage despite the fact that they look (and often want to be perceived as) mature. Extreme and changeable emotions, egocentricity, concrete thinking, overreacting and emotional reasoning are often seen as deliberate manipulations or character defects, when in many instances they are a normal and necessary part of the developmental process.

Reflective Questions

- *What are some media images of girls?*
- *What kind of conflicting pressures might these place upon girls growing up?*
- *How would you categorise the girls in your care? Why might they behave in the ways they do?*
- *How might you support girls' healthy expressions of femininity and challenge damaging ones?*

Girls and boys in secure accommodation

Around three-quarters of young people admitted to secure accommodation are boys. The numerical imbalance in the gender composition in secure accommodation is compounded by generally different reasons for admission. Boys are generally admitted for behaviour that involves offending, girls on account of their vulnerability or moral danger. There are ongoing concerns around the placement of sexually vulnerable girls in the same unit as boys, some of whom may be placed there for offences involving sexual aggression. On the other hand, the social backgrounds, experiences of adversity and overall welfare needs are common to both sexes.

Nevertheless, girls and boys in secure accommodation do have some distinct patterns of need. Girls are generally more academically able and require counselling or psychiatric help for sexual abuse or self-harming. Boys are more likely to be persistent offenders and absconders and to abuse alcohol and/or drugs. In contrast to the backgrounds of boys, over half of whom had come to the attention of specialist services before the age of eight, most girls had a relatively short history of social work involvement.

Some research (O'Neil, 2001) suggests that young women placed in secure accommodation on welfare grounds do not fare particularly well from the experience, as the regime is geared towards the needs and demands of boys. The planned new all girls unit at The Good Shepherd Centre has been commissioned to take some of these concerns into account (see chapter 1). Indeed, the planned reconfiguration of the secure estate is set to introduce more single sex units than has been the case in recent years.

Reflective Questions

- *What might be some of the arguments for and against single sex provision in secure accommodation?*

Working with boys and girls

Many secure units might already run or have run groups to seek to address the specific needs of girls. It is less likely that they will have considered the specific needs of boys, perhaps assuming that the overall programme is geared around the needs of boys in any case. However, there are some particular differences in the ways boys and girls respond that might be usefully taken into account in the way any programme operates.

Care has to be taken in any generalisations around gender but, generally speaking, boys tend to respond better to a clear articulation of the rules, whereas girls can be appealed to on a more emotional level. That is not to say that just laying down the law will work for boys. They need to respect whoever is setting the rules otherwise they will drive a coach and horses through them.

The following table suggests some recommendations for staff from youth in custodial settings. (The study is Canadian but the ideas are transferable).

Girls like staff who	Boys like staff who
Are friendly and nice	Talk and joke with them
Provide information that helps them with their problems including counselling and medication	Play sports with them
Listen to them and take time to talk	Try to understand their feelings and be fair
Are consistent and fair	Don't hand out excessive consequences
Cut them some slack and joke around with them	Provide them with positive feedback at the end of a shift
Make it safe for them to show how they feel	
Are sensitive to them when they are experiencing hard times	

From Nicholson and Artz (2003)

While boys and girls need many of the same things, how these things are delivered might be different. Some helpful advice for staff in working across gender issues might be:

- Ask questions that encourage young people to think clearly;
- Congratulate young people on their maturity, insight, or good judgment;
- Validate their autonomous, adult behaviour and support their barely emerging maturity;
- Avoid panicking;
- Watch for trouble and convey the message that we are strong enough to deal with it;
- Avoid taking behaviour personally;
- Reassure;
- Model respect and equality (use inclusive language);
- Give a message that appearance isn't everything.

Reflective Questions

- *Can you add to these lists as to how best to respond to boys and girls?*

Ensuring an appropriate mix of staff

Around two thirds of residents in residential child care generally are boys, yet only around one third of the staff are male. The gender balance on staff teams is likely to be more even in secure settings. As noted however, the resident population there is also more heavily skewed towards boys.

It is important to look beyond some of the superficial assumptions that can be made about the gender composition of staff teams. Men can be portrayed in some quarters as being employed, especially in secure units, primarily for their physical prowess in restraint situations. Men do have a role in managing behaviour but to be cast only in this role can be very uncomfortable for most men. It also undervalues their potential to model healthy images of masculinity which are not oriented around power and control to both girls and boys in their care.

Adolescent boys in particular need adult mentors outwith the home from whom they can learn how to be a man. As Biddulph (1997) says,

> *They (boys) need to download the software from an available male.*

One of the difficulties agencies can face in appointing staff is that equal opportunities legislation may prevent them from developing a gender balance in the workplace that takes into account the particular gender needs of boys and girls in care for suitable role models. The lack of men in residential child care across the board is an area of increasing professional attention and concern. Kibble Education

and Care Centre has recently secured a grant from the European Social Fund which acknowledges men as being under-represented in the social care workforce. The resultant *men can care* project seeks to address this by providing academic and on the job training to a group of trainees. Interest in this project suggests that with relevant recruitment strategies men can be attracted to this area of work.

The whole area of gender is one that should be discussed in staff groups. It is potentially contentious and in the absence of open discussion, myths can grow up around it. It is perhaps especially necessary to address gender in secure accommodation, where issues of control and the gendered assumptions that can go along with this are to the fore. Issues of how staff model particular images of masculinity or femininity are crucial.

Reflective Questions

- *What is the gender balance in your unit?*
- *Are male and female staff expected to fulfill different roles?*
- *What are the implications of this?*
- *How can you challenge gender stereotyping of staff and/or young people while still tuning into the unique needs of boys and girls?*

Conclusion

It is increasingly recognised that residential child care needs to respond to the needs of boys and girls differently. This is consistent with wider themes around valuing the individuality of each person. Staff who work in secure accommodation need to be aware of the different (and of course the similar) needs of girls and boys and to respond to these accordingly. The kind of gender relations that exist in staff groups will be important in modelling healthy gender roles.

Training links

SVQ:

Unit O2 *Promote people's equality, diversity and rights* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome two (optional unit).

Further reading

Biddulph, S. (1997). *Raising boys.* London: Thorsons. This is a particularly readable, sensitive and reassuring book about, as the title suggests, raising boys.

Frosh, S., Pheonix, A. & Pattman, R. (2002). *Young masculinities: understanding boys in contemporary society.* Basingstoke: Palgrave.

O'Neill, T. (2001). *Children in secure accommodation: a gendered exploration of locked institutional care for children in trouble.* London: Jessica Kingsley.

Pipher, M. (1994). *Reviving Ophelia: saving the selves of adolescent girls.* New York: Ballantine Books.

Reay, D. (2001). 'Spice Girls', 'Nice Girls', 'Girlies' and 'Tomboys': gender discourses, girls' cultures and femininities in the primary classroom. *Gender and Education*, 13(2), pp. 153-166.

Smith, M. (2003). Boys to men: exploring masculinity in child and youth care. *Relational Child and Youth Care Practice,* 16(4), pp. 12-21.

Young, C. (2001). *Where the Boys Are. CYC-Online.* Posted 21 February 2001. Retrieved 18 July 2002:
http://www.cyc-net.org/today2001/today010221.html.
This article summarises the debate around the problem with boys outlined in this paper

Kibble Education and Care Centre have developed a website to support their *men can care* project. This gives details on the project itself but also contains some useful links

4.13 Sexuality

Mark Smith

Despite its fundamental importance in our work, we rarely address sexuality, other than superficially.

Introduction

This paper outlines some themes around sexuality with the intention of giving practitioners a base from which they might develop their understanding and practice in this area. The key points include: gender and sexuality, adolescent sexuality, working with sexuality and staff support.

Overview

Sexuality is one of the most important but least explored areas of work with children and young people. Its importance can be gauged by a cursory glance at the things which concern us in relation to secure care; we lock up girls very often on account of their sexual vulnerability; we lock up boys primarily on account of violence or increasingly what is termed sexually aggressive behaviour.

At a wider social level, youth sexuality has become big business. It is used, blatantly, for marketing purposes. Children and young people are increasingly constructed as sexual beings. In the specific context of residential child care, sexuality gone wrong is responsible for a series of abuse scandals. Major reports such as the Edinburgh Inquiry stress the need to consider attitudes towards sexuality in the recruitment process (Marshall, Jamieson & Finlayson, 1999).

More than any of this, though, sexuality is integral to 'self.' It is part of who each of us, staff or young person, is as a human being. It encompasses our gender identity, our sexual orientation and much of our social behaviour. When we connect with others in our everyday encounters, our sexualities inevitably enter into that engagement. We need to become aware of this to ensure that the reality of our sexual selves becomes a healthy rather than a damaging force in our work with young people.

Sex, gender and sexuality

Language around these terms can be confusing and can become confused in practice. There is indeed an inevitable crossover between them, reflecting the whole nature/nurture debate. For the purposes of this paper it may help to think about sex as the biological fact of being either male or female, and gender as referring to a more complex notion of how an individual should dress, behave, express oneself, relate to others, etc., based upon his or her sex (i.e. man and woman; feminine and masculine). Sexuality is intimately connected with notions of gender, but represents more of a focus on a person's sexual and romantic attractions. How a person defines their own gender and sexuality is influenced, to a large extent, by social norms and assumptions. So whilst sex is biological, gender and sexuality are largely socially constructed and defined differently in different cultures and periods in history.

Reflective Questions

- *How is the sexuality of children and youth represented in the media?*
- *How is the sexuality of carers represented in the media?*
- *To what extent is the sexuality of the young people you work with implicated in their admission to secure accommodation?*

Gender roles over time

Gender roles are not static. They differ over cultures and history. From Victorian times, gender roles were, on the surface, relatively well-defined and straightforward. Men were cast in the role of breadwinners and women as carers and home-makers. Such gender roles were reflected, too, in residential child care, in family group homes or in the housemother/housemaster system in residential schools.

From the 1960s, the position of man in the breadwinner role became less clear with the decline in traditional industries. In addition, feminists began to question the patriarchal assumptions behind such delineation of gender roles across society. They also began to explore what it meant to be a woman and held out possibilities for them beyond those traditionally defined. Feminism presented a challenge to men around their privileged positions in the workplace and in society more generally. It also forced some men into a deeper exploration of what it meant to be a man. From the early 1990s there has been an increasing body of writing around masculinity and men's issues.

Despite the complex and dynamic nature of sexuality, there are powerful and sincerely held social forces which promote what might be considered to be 'normative' views, which continue to ascribe particular gender roles and assume a moral position on issues such as same sex partnerships. The moral and political dimensions to debates around sexuality make it an area where practitioners need to tread carefully.

Hegemonic masculinity

Robert Connell, an Australian writer on masculinity coined the term 'hegemonic masculinity' in the 1990s (Connell, 1995). Hegemonic masculinity is the 'taken for granted' state of what we think a man should be: strong, heterosexual, into sport, stoic and undemonstrative. Social power and status are vested in those who demonstrate such qualities. Women and men who do not fit the bill are judged and positioned as being inferior to this ideal. Men who would wish to express their masculinity in different ways can find it hard to assert a place for themselves as 'real men.'

In recent years, understanding and experience of sexuality have become more diffuse. Ideas of the 'new man' may soften images of hegemonic masculinity. Same sex partnerships are accepted to a degree that would have been difficult to imagine 20 years ago. Our understandings of sexuality cannot then be static. As individuals we are all positioned at different points along continua of sexual orientation and expression. It is increasingly difficult to hold on to erstwhile assumptions of what might be thought to be 'normal.'

Reflective Questions

- *How have your understandings of sexuality changed over the years?*
- *How are gender roles played out in your workplace?*
- *Are there any areas of practice where men or women take a lead role? Why might this be?*
- *What are/might be the implications of a member of staff expressing their sexuality in ways that would not be thought of as 'traditional'?*

Adolescent sexual identity

The fundamental developmental task of adolescence is to deal with the 'Who am I?' question. Addressing issues of sexual identity is integral to this (see chapter 3).

With ever increasing pressures related to appearance and sexual attractiveness, girls frequently have difficulty defining their sexual selves (or really any sense of self) as anything other than being adequate objects of males' desires. If they do not conform to societal standards of how they should look and relate to members of the opposite sex, they can be attacked by their female peers who are also desperately trying to measure up to unrealistic expectations. Girls' bodies are often developmentally ahead of their ability to manage the subsequent pressures (from outwith and from within) and as a result are ill-equipped to cope with them. Their inability to make self-affirming decisions and recover from poor ones has often been viewed as a failing of strength or character, but has more to do with the exploitative and devaluing climates they are struggling to navigate.

Boys too can find it difficult to assert an appropriate self-identity in adolescence. Much of a boy's identity is constructed around not being a girl. When boys describe themselves it is often in terms of not being 'sissy' or 'girly' in any way, rather than around any more positive picture of emerging masculinity. Their assertions of boyhood are often expressed in sexist or homophobic language and behaviours. Such behaviours might be construed as masking some confusion over their sexual identity. It can be very difficult for any boy who thinks he may be gay or bisexual to express any of these feelings in such a hostile climate, although there is growing evidence that a large proportion of young people question their sexual identity at some point and on some level. Experience tells us that a number of the young people we work with in residential care will go on to experience different types of sexual relationships. Indeed, given the confusion and lack of stability in so many areas of their lives, it is likely that their sexual identities may also lack stability.

Adolescence is also a time of heightened sexual interest and activity as a result of the hormonal impact of puberty. In the confines of a secure unit this means that some powerful sexual energies will be directed in all sorts of directions. Again, the kind of children and young people who are placed in secure accommodation can confuse sexual drive with wider aspects of sexuality such as the desire for intimacy and validation.

Working with issues of sexuality

Working around issues of sexuality involves a number of possible pitfalls for staff. They need to be sensitive to the value conflicts that surround the whole area. In supporting young people in their developing sexuality, they potentially leave themselves open to accusations of promoting one form of sexual expression over another.

Staff need to be clear too about where they stand and where their employing agency and indeed wider society stand on some of the moral tensions that exist around sexuality. They will, for instance, be regularly confronted with questions around what to do on issues pertaining to the age of consent:

Is sexual behaviour necessarily harmful, just because it is deemed to be illegal?
Might the response of the system be more harmful to the young people involved?
What scope do I have to make this kind of judgment?

Staff have to work too on the border between what may be considered normal and healthy sexual behaviour and what crosses that line to become possibly more abusive or exploitative. Depending on their own value positions, individual staff members will reach different conclusions about where the line is to be drawn on such matters.

The law and received practice wisdom can be equally contradictory as to where some of the lines lie. There are potentially confusing ages of consent for different actions. For instance, the Age of Legal Capacity Act (1991) (see paper 4.10) allows a GP to prescribe the contraceptive pill to girls under 16 while the law sets the age of consent for sexual activity at 16. Differential laws apply too to boys and girls in the area of sexual activity. Practitioners need to be aware of the legal frameworks and to apply appropriate professional judgment within these.

The challenge for staff working with young people and their sexuality is to assist the young person to develop their own integrated sexuality irrespective of whether that sexuality is heterosexual, homosexual or bisexual.

The challenge of the organisation is to facilitate this process taking place.

Reflective Questions

- *Can you think of a young person you work with or have worked with who may be gay, lesbian or bisexual?*
- *What messages do/did they get from their experience in the unit that might have supported or suppressed their expression of their sexuality?*
- *How do you deal with issues of sexual attraction in your workplace?*
- *Identify some of the contradictions you are faced with in practice around issues of sexuality.*
- *Think of particular situations that have presented you with dilemmas around sexual matters. How did you resolve them?*

Why we don't do sexuality

Despite its fundamental importance in our work, we rarely address sexuality, other than superficially. It may be reduced to a mechanistic consideration of sexual health and even at this level there can be a tendency to farm it out to 'experts' such as health professionals or specialist agencies. Many workers lack confidence or feel uncomfortable about addressing issues of sexuality in the workplace. There can be good reasons for this. In a climate of heightened anxiety over sexual abuse, workers may be understandably reluctant to enter into areas where their motives could be questioned.

At a deeper level, because sexuality and self are so intertwined, to address issues of sexuality involves examining that aspect of our 'selves.' That can be uncharted territory for many workers. It can also be made particularly difficult when discussions touch on areas from a worker's own or family experience which is personal and raw.

Talking about sexuality

Talking to young people about sexuality is not neutral. It is not like talking to them about the weather or about football. Because we are all sexual beings, when we talk to young people about sexuality, it touches on aspects of our own sexual selves and can trigger a range of emotions. To deal with these safely and comfortably, workers need to reflect on their own sexuality and maybe identify why particular situations may throw up particular responses. This can be a tricky area to get into. As a result, many workers find it easier either to deny these feelings or else not to get involved

in such areas. Yet, because sexuality is such a fundamental part of our developing beings, it might be argued that we fail properly to promote the holistic development of young people if we do not acknowledge them as sexual beings.

Reflective Questions

- *Consider your own views about what you think is normal or acceptable sexual behaviour. Where do these come from?*
- *How might your views differ from those of colleagues?*
- *Think about a time you tried to engage with a young person over a sexual matter.*
- *How did you feel? Why might you have felt that way?*

Supporting healthy sexuality

With practise and support, workers can engage in positive ways around issues of sexuality. Perhaps the first step is to open up the area for discussion within staff teams. Once staff have had a chance to talk through their own values and feelings it should become easier to settle on strategies on how to work with young people. Trying to be as open and matter of fact as possible is likely to be the best way to proceed. Using appropriate humour may make it easier for staff and young people to deal with the issue without becoming too embarrassed. However, jokes should not trivialise the subject or be used to hide discomfort altogether. Some reflection is required too as to what assumptions lie behind any humour or behind our use of language more generally and how young people might interpret this.

The most powerful way to encourage healthy attitudes towards sexuality is to ensure that we model appropriate attitudes and behaviours in the lifespace. We should ideally provide different images of both femininity and masculinity that young people might draw upon. Staff should take care not to use sexist or homophobic language. They should treat colleagues and young people respectfully.

Reflective Questions

- *How is sexuality modelled in your unit?*
- *What opportunities are available to discuss issues of sexuality?*

Supervision

Because sexuality is such a sensitive yet essential area, staff need to be properly supported to feel confident about working in this area. A suitably open environment where sex can be addressed openly is essential. To protect both young people and

staff from inappropriate practice in this sensitive area, specific work around issues of sexuality should be included in young people's care plans.

Supervision should offer an opportunity for staff to explore some of the feelings and possible value conflicts that working with sexuality can raise for them. This requires supervisors who are themselves confident in working with these issues.

Conclusion

Questions of sexuality are fundamentally linked to who young people (and staff) are and how they behave. It can be an uncomfortable area of practice for staff to become involved in but it is important that they do. To do so safely and positively, issues of sexuality need to be addressed openly in staff meetings and in supervision. Most importantly though, staff should seek in their everyday practice to model and promote non-oppressive sexual attitudes and behaviours.

Training links

SVQ: Unit CYP 4 *Encourage young people to develop and maintain a positive sense of self and identity* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit O2 *Promote people's equality, diversity and rights* (mandatory unit in the SVQ 3 qualification *Caring for children and young people*).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

A good website which addresses issues of masculinity from a pro-feminist perspective is www.xyonline.net.

Christie, A. (2001). *Men and social work: theories and practices.* Basingstoke: Palgrave.

Orme, J. (2002). Feminist social work. In R. Adams, L. Dominelli & M. Payne, *Social work: themes, issues and critical debates* (pp. 218-226). Basingstoke: Palgrave.

The Journal of Child and Youth Care 14(4) is on the theme of sexuality.

4.14 Self-harm

Shannon A. Moore

….young people in secure accommodation have an even greater risk of deliberate self-harming ….. because of the stress and emotional strain related to admission into secure care….

Introduction

This paper considers issues surrounding deliberate self-harm and injury in secure care settings. The key points include: the prevalence and reasons for self-harm, effective staff responses and interventions, providing safe alternatives, and the establishment of clear policies.

Overview

Across all sectors of society individuals engage in self-harm or self-injury through a variety of behaviours such as smoking, excessive drinking and dangerous driving. Behaviours like these become particularly concerning when they impair daily functioning. This paper is focused on *deliberate self-harming and self-injuring* behaviours that occur in secure care settings among young people, placing them at risk of mental health disturbance (see paper 4.11), scarring, permanent injury and even death. Deliberate self-harm is a complex behaviour that can be effectively addressed through reflection on interventions and theories focused on responding to it.

Reflective Questions

- *Identify some self-harming behaviours that you or someone close to you engages in. Are any of these behaviours intentionally self-harming?*
- *What distinguishes intentional and unintentional self-harm?*

Prevalence, explanations and definitions of intentional self-harm and self-injury

Intentional self-harming is often a response to severe emotional pain associated with past or current experiences of abuse, grief and loss, neglect, lack of support, stress, abandonment or a sense of meaninglessness. In the general population of young people in Great Britain aged 11-15, a recent survey found that one in 17 had tried intentional self-harm or self-injury (National Statistics, 2001). A recent study by Bywaters & Rolfe (2002) found that these behaviours most commonly begin between ages 12 and 14. With these figures in mind it becomes even more worrying that emotional and psychological challenges to well-being are more common for young people in care systems as opposed to the general population. Moreover, young people in secure accommodation have an even greater risk of deliberate self-harming behaviours than those in other care settings because of the stress and emotional strain related to admission into secure care, harsh custodial regimes (in the case of young people placed in penal settings), and isolation from family and community (O'Neill, 2001; Rose, 2002).

In secure accommodation young people are at greater risk for internalising problems such as depression and other mental health challenges, as well as externalising problems such as aggression and risk behaviours (O'Neill, 2001). In secure care settings intentional self-harm or self-injury behaviours range broadly. A few examples are: biting, burning or cutting themselves; seeking physical restraint; hitting themselves; hitting walls or other hard objects; misuse of alcohol, drugs and other substances; overdosing with drugs; suicide attempts.

These extreme responses to life pressures present complex challenges for staff providing care in secure settings. By understanding underlying factors that lead to self-harming behaviours, and by reflecting on strategies for responding to these challenging behaviours, staff will have the tools more effectively to fulfill the duty to provide a safe and secure care environment (Rose, 2002).

Reflective Questions

- *How might self-harming help young people cope with emotional and psychological pain?*
- *How does it make you feel when someone deliberately self-harms?*
- *What are your instinctive reactions in response to witnessing another person self-harm?*

Reasons for intentional self-harm

As we respond to self-harming behaviours by young people living in secure accommodation, the difficult emotions we feel can give us insight into the intensity of feelings young people are grappling with when engaging in these behaviours. The reasons for self-harming are invariably individual. At the same time common patterns in the meaning of these behaviours can be identified as an underlying

attempt to communicate and as a way of coping. Some of the underlying reasons are as follows:

Coping with current life stresses such as admission to secure accommodation.

The stress of being placed in secure accommodation could result in being isolated from community and family and loss of freedom. This breakdown in intimate relationships and regular channels of communication may increase the likelihood of self-injury. Secure accommodation and other care settings may also put young people at greater risk of stigmatisation, bullying, abuse and other stress. Young people may self-harm as a response to admission to secure accommodation and may be at greatest risk in the first 24-48 hours of admission.

Coping with past trauma.

Intentional self-harming may be a way to deal with the psychological discomfort and stress associated with the trauma of past emotional, physical or sexual abuse or grief and loss.

A way to feel alive and to stay alive.

Although self-harming behaviours have been found to increase the chance of a completed suicide, it is common for individuals to state that deliberate self-harm helps them stay alive and may help them feel alive.

Release and relief.

The sensation of physical pain may be a way of relieving emotional pain and feelings of self-hatred. This pain in turn may help the young person dissociate from reality and escape into a dreamlike world. The sight of scars and flowing blood may also be interpreted as healing.

Self-punishment.

As a result of guilt and shame felt for requiring secure accommodation, young people might feel they need a further level of punishment for being bad or wrong by hurting and scarring as an act of self-retribution.

Expression of feelings and form of communication.

When young people lack the capacity to express their emotions and pain through language or other positive action, intentional self-harming may be a way to illustrate the depth of their emotional anguish. It is important to note that it is not attention seeking behaviour - other easier and less extreme ways to seek attention exist.

Feeling in control.

When young people are admitted to secure accommodation they lose personal freedom as external controls are enforced to ensure their safety and the safety of others. Intentional self-harming may help the young person regain a sense of control, as they can

choose when to start and end self-harming behaviours, and these behaviours are often carried out in a secret and private context. Intentional self-harming also forces a response from staff, which could also lead to a sense of greater control. In addition, when individuals feel a lack of emotional control or are experiencing flashbacks to previous traumas, the choice to self-harm may give the young person a sense of control and power over the present moment.

To receive caring, touch or affection.

When young people are in secure care they are isolated from familiar sources of affection, support and physical touch such as caregivers, family, and peers. By seeking physical restraint young people may consciously or unconsciously be accessing human contact that is otherwise missing from their daily experience. Also, scars and wounds from self-harm that are bandaged and treated may give young people a sense that others are willing to care for them. Self-harm may also give young people a chance to care for themselves through self-nurturing behaviours that relieve pain and discomfort.

Bravado, environment and cultural norms.

Intentional self-harm may be a mechanism to gain acceptance from peers or initiation into a peer group through ritualistic self-injuring behaviours. Young people may also demonstrate bravado and personal power to peers and use self-injury to prove themselves. If self-harming behaviours become part of the culture of the secure environment these challenging behaviours may help the young person gain acceptance in their peer groups through mimicking behaviours. Secure contexts that develop a culture of self-harming are often indicative of a breakdown in communication and relationships between young people and staff.

By reflecting on some of the reasons for intentional self-harming it is possible to see that young people also may experience positive reinforcement to continue these challenging behaviours: self-harming can become a habit, an obsession, a compulsion or an addiction.

Reflective Questions

- *Think back to the self-harming behaviours that you identified with the first reflective question. What purpose do these behaviours serve?*
- *Do any of these behaviours serve a positive purpose?*

[I] tried [self harming] and got scared of it. If they asked why [I harmed myself], I'd say 'anger, release', that would put them off. They'd leave it to settle down a bit but they don't come back to speak to you and that's when you feel unwanted and low again.

(Male 14, Who Cares? Scotland, 2003, p. 39)

The needs of intentionally self-harming young people

In order to provide safe and secure accommodation for young people it is essential to consider the motivation and needs of intentionally self-harming young people. The following provides some guidelines for understanding some of these complex needs (see Arnold & Magill, 2000):

- Safe skills for expressing, responding to and coping with emotional pain and distress through an increase in knowledge of the range of emotions and how these are linked to thinking, feeling and being;
- A safe context for the expression of difficult emotions and memories that includes acceptance and respect for the whole young person including their self-harming behaviours;
- Open channels of communication between staff and young people;
- Control, choice and dignity to the greatest extent possible following admission to secure accommodation and in line with the UN Convention of the Rights of the Child 1989;
- Hope that change is possible and that new ways of coping can be developed;
- Practical information and support to understand intentional self-harm, the reality of secure accommodation, external support and access to advocating agencies such as Who Cares? Scotland.

Young people who self-harm need to understand the factors that provoke and sustain these behaviours if they are to stop self-injuring. Communication and understanding are the keys to alleviating these behaviours (Rose, 2002; O'Neill, 2001).

Reflective Questions

- *What system factors in secure accommodation might increase the likelihood that young people will engage in self-harming behaviours?*
- *What could you do in your own working environment and in your own style of working to alleviate some of these factors?*

Effective responses and interventions

Communication always works two ways and it is important that staff are open and sensitive when responding to young people. At the same time staff will need to manage the difficult emotions and instinctive reactions that witnessing such behaviours will inevitably provoke (see Arnold & Magill, 2000):

Show caring & clear boundaries:

It is important to show caring for the well-being of the self-harming individual. At the same time the emotional charge for both the young person and staff can be overwhelming. It is important not to become overwhelmed or lost in the experience of caring - this would lead to ineffective interventions, a lack of a secure base for the young person and escalating personal stress for you as a staff member. Even if you experience a strong reaction it is best to contain this response and present a concerned and curious front that is at the same time in control with a calm straightforward response (e.g., 'I see that you have hurt yourself. I will get some bandages so that you can care for you injury. I am sure it is hurting and I don't want it to get infected'). Moving the young person toward ever increasing safety and security must be the aim of any intervention.

Open communication channels and increase insight:

Convey a tolerant attitude and openness to talk about self-harm, and a willingness to get the young person specialist support. Provide a context for the young person to understand difficult emotions and learn how to express them safely. Help the young person identify the triggers for self-harming and how they feel before, after and during these behaviours.

Acknowledge feelings and show respect:

Acknowledge the young person's capacity to cope with stress, trauma or difficult feelings and to stay alive. Help the young person understand that when the underlying factors leading to self-injury are uncovered, strong and difficult memories and emotions are often found. In this way a young person's impulse to self-injure could become a trigger for seeking help. Normalize strong emotional reactions over the first 24-48 hours of being admitted into secure accommodation and let the young person know that staff are present to support them through this transition.

Understand that it takes time to stop:

Remember that progress will come in small and gradual steps. The magnitude of the difficult emotions/context leading to self-harming behaviours is indicative of the challenge young people face when changing these behaviours. It will take a period of time and personal power to stop self-harming once it begins. This begins with gradually reduced intensity and duration of self-harming over time. It may also begin with better self-care of injuries and increased communication skills.

Provide safe alternatives to self-harming:

Providing a safe alternative to self-harming is a strategy that helps distract from intentional self-harm so that young people can begin to deal with their distress and emotions more safely. Encourage the young person to identify the emotion associated with the urge to self-injure. Here are some suggestions:

Anger: focus on physical activities that are safe, like hitting something soft, tearing up paper, hitting a pillow or throwing it against the wall, running, or walking.

Depression: encourage the person to self-care: focus on calm and comforting activities like taking a bath or having a hot drink.

Dissociation from reality, numbness and floating feelings: focus on here and now objects in the room and have the young person describe what is around them; support them to focus on their breathing and notice the weight on their body as they sit on the chair or floor.

Establish clear policies and guidelines:

Ensure your establishment has clear policies and guidelines for staff to respond to self-harming behaviours which include reporting, recording and monitoring these behaviours. Staff should have access to training and support in order to respond to these behaviours effectively. Information about the risk of hepatitis and AIDS should also be available so that young people understand the additional risks of sharing or using dirty implements to harm themselves.

Consider alternative care contexts:

Self-harming behaviours can increase in contexts that are restrained and controlling such as secure accommodation. It is important to consider alternative care settings for young people who intentionally self-harm, whenever this is possible (see O'Neill, 2001).

Reflective Questions

- *Think about an incident when a young person in your care engaged in self-harming behaviours.*
- *What emotion was associated with this behaviour for the young person?*
- *What strategies might you use now to respond to this young person's needs?*
- *Can you identify any local resources that might help in working with young people who self-harm?*

Conclusion

Intentional self-harm is one of the most complex behaviours that staff are called on to respond to in secure accommodation. These challenging behaviours vary broadly and the reasons for young people to self-injure are very individual. It is important to remember that these behaviours are indicators of underlying stress and hurt that need to be cared for. Finally, keeping our duty to provide care and security to young people in the forefront of our work can guide sensitive and effective interventions that reduce the risk for young people to hurt themselves.

Training links

SVQ:
Unit Z8 Support individuals when they are distressed (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit SC17 Evaluate risk of abuse, failure to protect and harm to self and others (optional unit in the SVQ level 3 qualification *Caring for children and young people* and mandatory unit in the SVQ level 4 qualification in Care).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

Arnold, L. & Magill, A. (2000). *Self-harm: a resource pack*. The Basement Project: Abergavenny, UK.

http://freespace.virgin.net/basement.project/Publications%20list.htm

Bywaters, P. & Rolfe, A. (2002). *Look beyond the scars: understanding and responding to self-injury and self-harm*. London: NCH.

Meltzer, H., Corbin, T., Gatward, R., Goodman, R. & Ford, T. (2003). *The mental health of young people looked after by local authorities in England: summary report.* London: Office of National Statistics.

Piggot, J., Williams, C., McLeod, S. & Barton, J. (2004). A qualitative study of support for young people who self-harm in residential care in Glasgow. *Scottish Journal of Residential Child Care,* 3(2), 45-55

Web Site Links:

The Basement Project: The Basement Project provides support groups for those who have been abused as children and people who self-harm. They also provide training, consultation and supervision for workers in community and mental health services, as well as a range of publications offering practical guidance for workers.

Address: PO Box 5, Abergavenny NP7 5XW
Tel: 01873 856524
http://freespace.virgin.net/basement.project/default.htm

Who Cares? Scotland: Is a national children's charity
http://whocaresscotland.net

NCH: Is a national children's charity (Tel 0207226 2537)
www.nch.org.uk/selfharm

YoungMinds: is a national children's charity (Tel 0800 018 2138)
http://www.youngminds.org.uk/publications/booklets/selfinjury.php

National Self-harm Network: information for people who self-harm
www.helen.ukpet.com

Mental Health and Growing Up, Second Edition
Deliberate self-harm in young people - a fact sheet from the Royal College of Psychiatrists (for parents and teachers)
http://www.rcpsych.ac.uk/info/mhgu/newmhgu30.htm

The Young People & Self-Harm Information Resource http://www.selfharm.org.uk
Email: selfharm@ncb.org.uk

United Nations Convention on the Rights of the Child (1989): Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 on 20 November 1989, entry into force 2 September 1990. Available on-line http://www.uncrc.info.

4.15 Drugs

Brian Wood

Young people and those responsible for them need to be prepared both to resist drugs and, as necessary, to handle drug related problems. Information, skills and support need to be provided in ways that are sensitive to age and circumstances, …..

(Tackling Drugs to Build a Better Britain, 1998, p. 4)

Introduction

This paper aims to support the practice of front line residential workers in working with issues of drugs. Chapter 1 and paper 4.16 contain further discussion around the prevalence and impact of drug use among young people. This paper will attempt to further workers' knowledge and understanding of drug use amongst young people in secure accommodation. It considers how workers might use and develop their skills and resources to reduce aspects of harm to young people in their care, relating to drug use.

Background

Drug use among young people in Scotland has been on the increase for as long as statistics around this issue have been gathered. In particular drug use among young people in local authority care is on the increase. Staff working in a variety of settings feel powerless to make any kind of meaningful impact on what can be a traumatic experience for the young person and the staff member alike.

Practice experience in secure accommodation suggests that when the issue of drug use comes it can elicit uncertainty in the staff group. They may seek to respond in standardised and narrow ways, such as automatically involving the police. Such a response is, in part, due to a concern to 'cover' themselves in relation to the agency by whom they are employed. If staff are to make any kind of impact on this growing problem, then they need a supportive agency culture to do so.

Residential workers have a responsibility if they are aware that young people in their care have drugs on their person.

All residential workers should be actively involved in the communication of values, skills and accurate knowledge to young people in order to aid them in making

informed choices in relation to drugs. This should take place alongside the provision of a safe, secure and drug free environment wherever that may be.

What do we mean by drug?

There is a range of opinion around what constitutes a 'drug.' For the purposes of this document the following definition is used:

> *A drug is any substance taken into the body which alters the way the body functions either emotionally, physically or mentally. This includes tobacco, alcohol, solvents, prescribed and over the counter medicines as well as illicit substances.*

Within individual units this could be used as a topic for opening a broader discussion around workers' opinions, as well as their knowledge of drugs and their effects. An appendix to this document covers the main drugs used by young people in Scotland today. This list is far from exhaustive and further information can be obtained from a number of the websites listed.

Reflective Questions

- *What is your individual perception of what constitutes a drug?*
- *Is your perception the same as the perceptions of your colleagues?*

Why young people take drugs

The cultural context of young people and their drug use is difficult for many adults to comprehend. Young people take drugs for a number of reasons. The first reason can be hard for adults to understand; it is enjoyable, especially in the early stages of usage. However, enjoyment can shift into dependency and this has implications in terms of funding a drug habit. Young people may also take drugs as a release from the pressures in their lives. It can be helpful in some cases to think of drug use as a dis-ease – young people who are not at ease with themselves may turn to drugs. There is also a peer group dimension to usage, both in terms of accessibility and peer culture.

Approaches to working with drugs

In Scotland at the moment there are two main approaches to working with people who have problems with drug use. They are harm reduction and abstinence.

The total abstinence model has been around for quite some time and has proved to have had limited success in tackling what is a growing social and cultural problem.

There is evidence to back up the theory that this form of intervention is more successful with people who are well into their drug taking careers.

Harm reduction attempts to lessen the impact that drug misuse undoubtedly has on the individual and society in general. This is usually facilitated by linking the drug user into specifically designed services around their drug use and lifestyle.

Both approaches have their merits and their downside; abstinence among curious young people is unlikely to be a successful approach. However, being linked into what is fundamentally a legalised cycle of drug use has its own issues and limitations.

Practice implications

It is important that units acknowledge that there will always be the possibility of drugs being brought in and that staff must make it clear to all people that have access to the building that drugs in the unit are not acceptable. Clearly staff members must regularly and in a consistent manner make young people aware that it is not part of the unit culture to allow drug use and at the same time show the young people that there are viable alternatives.

Providing information and education to young people around drug use should happen in a number of different ways. It should be impartial and include information about drugs that all young people need to know. This should include the components of health and safety when things go wrong, along with more targeted information in relation to a young person's drug status.

There must also be scope for the development of educational inputs that transcend young peoples' fears around adult misunderstanding of drug use. This type of approach will facilitate a more open dialogue and remove the feeling that the process is fraught with danger. It is time to create a forum that allows young people to engage in open discussion around their drug use with no fear of being condemned for it.

Having regular and honest discussions in group form that focus on healthy attitudes towards drug taking, smoking, drinking and lifestyle will open up the subject for further discussion (see paper 4.10).

Good Practice

In order to prevent use or supply of drugs in your unit staff groups should engage with the topic proactively. Here are some examples of how they might do so:

- Organise a regular discussion group for young people in relation to drug use;
- Make drug use a live issue in your unit;
- Ensure the resident group are aware of the units policy around drug use;
- Maintain vigilance, conduct searches when appropriate;
- Ensure staff are well supplied with information that can be passed on to the residents;
- Ensure adequate supervision and lighting;
- Apply graduated sanctions e.g. withdrawal of privileges or non participation;
- Temporarily exclude young people from the group;
- Make connections with the local service provision who's remit involves drug use and young people.

Reflective Questions

- *Within your unit, how are the issues of drug and alcohol use dealt with in the staff team?*
- *How aware are unit staff of local or national agencies that work with young people around drug issues?*
- *Does your unit have good links with services which work specifically in this area? If not what are you doing about it?*

Confidentiality in practice

Working with young people in a residential setting is built upon relationships. Developing positive working relationships with young people can depend to a large extent on trust and confidentiality. It is therefore important that workers make young people aware of situations where confidentiality may not be maintained.

Trust based on confidentiality is of paramount importance in a residential worker's relationship with the young people in their care. When a young person discloses that

they are using drugs, there are a number of factors to consider relating to whom to inform:

- The welfare of the young person. Where there is a significant or immediate risk to the young person related to their substance misuse, it is likely that their parents will need to be informed.
- Risk to other people
- The age and developmental maturity of the young person concerned
- The wishes of the young person and the possible consequences of the information being disclosed to other parties
- Likely legal implications
- Consequences for the client/worker relationship.

Police involvement

One of the most frequently asked questions in relation to the discovery of drug use or supply in residential units is, 'should we involve the police?'

There is no legal requirement to report a drugs related offence to the police, although local codes of conduct or practice may impose a duty upon staff in residential units to report an alleged offence to their employer. Consideration should be given to the effect of any decision taken on the welfare of the child and of the implications for the unit concerned.

It would be useful for units to develop a protocol with the local police to consider how they might work together on drugs-related issues.

Working with others

Drug use has different causes, manifestations and implications for different young people. Different professionals might be involved in helping young people with their difficulties. This may include GPs' mental health workers or drugs counsellors. Staff in residential units may think that the issue is beyond their expertise. However, in addition to any specialist services, young people will need supportive and trusting relationships with those around them. It is important then that staff become comfortable in working with drugs issues.

Reflective Questions

- *How would you access information around drug or alcohol dependency?*
- *Can you recall a situation when your unit worked well with another service around drug use?*

Training links

SVQ:
Unit Z17 *Support clients who are substance users* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 342 *Assess and act upon immediate risk of danger to substance users* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*)

HSC 341 Help individuals address their substance use through an action plan (generic optional unit for the revised SVQ level 3 qualification Health and social care: children and young people)

Further reading

McIntosh, J., MacDonald, F. & McKeganey, N. (2003). Dealing with the offer of drugs: the experiences of a sample of pre-teenage schoolchildren. *Addiction,* 98, 7, 977-986.

Kandel, D. & Yamaguchi, K. (1993). From beer to crack: developmental patterns of drug involvement. *American Journal of Public Health,* 83(6), 851-855.

Scottish Executive. (2003b). *Getting our priorities right: good practice guidance for working with children and families affected by substance misuse.* Edinburgh: Scottish Executive.

Misuse of Drugs Act 1971.

HMSO. (1998). *Tackling drugs to build a better Britain.* London: The Stationery Office.

Useful websites

www.drugworld.org

www.sdf.org.uk

www.emcdda.eu.int

www.lifeline.org.uk

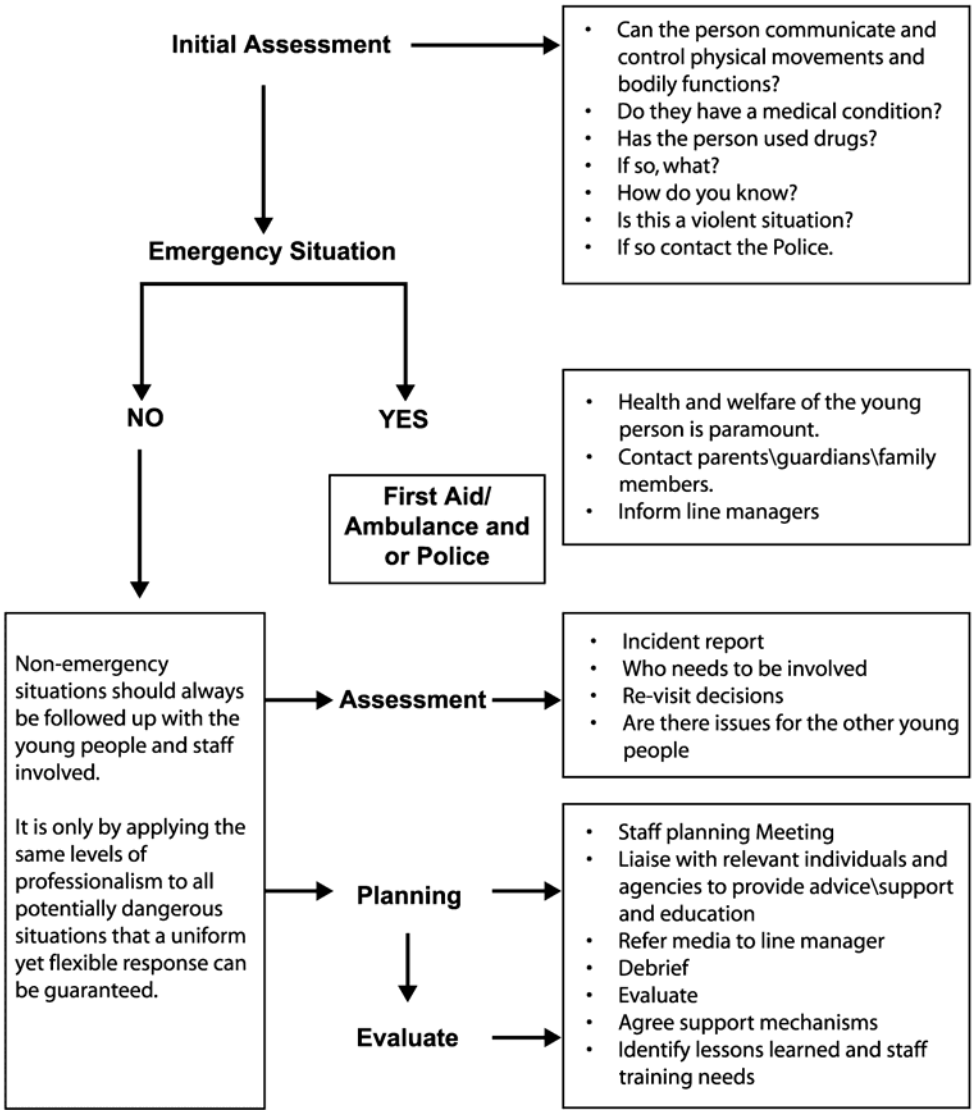
Appendix 1 Dealing with an Incident

Dealing with an Incident

At all times

The health and safety of the worker involved, the young person, other young people and workers is of paramount importance when deciding upon appropriate action to be taken.

This flow chart could form the basis of a training session with staff in the managing of incidents and in testing out unit policy. It is strongly recommended that workers undertake training in first aid procedures.



Guidelines for Practice

An emergency exists when a young person:

- Is unconscious
- Displays difficulty in breathing
- Shows signs of overdose
- Is seriously disorientated
- Tells you it is an emergency.

If the above is happening

Call an ambulance

Stay calm – demonstrate you are in control

Use first aid procedures

Take steps to protect yourself and the young person

- Assess the situation, ensure you and the young person are not in any danger.
- If first aid qualified, apply first aid.
- Save any substances involved and pass them to the ambulance crew.

While waiting for the ambulance – DO NOT PANIC

Do collect any substance for medical analysis

Do not give anything by mouth

Do not induce vomiting

1. If the young person is conscious

   Ask the young person what happened and try to identify any substance used.

   Keep the young person warm and if possible quiet.

Put them in the recovery position and attempt to engage them in order to keep them conscious.

2. If the young person is not conscious

Do ensure that the young person is breathing and place in the recovery position.

Make a note of the incident, what time the ambulance was called, along with a brief description of the young person's condition.

Do not move the young person unnecessarily; move the rest of the group if need be.

Do not leave the young person unattended for any reason.

When the ambulance arrives make sure you ascertain what hospital the young person is going to, and if possible send a staff member along with the young person.

Reflective Questions

- *What is your knowledge of the effect of different substances?*
- *Does your unit have a policy or the capacity for working with a young person who is withdrawing from any substance?*
- *How have you and your unit dealt with drug-taking episodes in the past?*
- *Did it work? If yes, why? If no, why not?*

Appendix 2 Drugs used by young people in Scotland

Cocaine

Description:

White or creamy in colour, grainy, powder or rock.

Aliases:

Coke, Charlie, Ching, Toot, Snow, Posh

Methods of consumption:

Cocaine is most usually chopped into a fine powder using a sharp blade or credit type card and then snorted up the nose.

Other methods include smoking it either in a pipe or a joint, swallowing it in a wrap of paper or injecting into the veins.

Effects:

Cocaine is a stimulant drug (upper).

The effect is almost instant and is usually short lived.

The user may feel more confident than is usual and may appear talkative and alert.

Coming down from a cocaine high can cause disrupted sleep patterns, loss of appetite and being more irritable than usual.

Cocaine can cause the user to experience quite dramatic episodes of paranoia, panic attacks, arrogance and extreme anxiety.

Regular use of cocaine leads to a buildup of tolerance, so that more of the drug is needed for the same effect. Cocaine is a highly addictive substance, so regular usage could lead to dependency problems.

As with many of the powder-based drugs, cocaine differs in strength from batch to batch. One batch can be ten times stronger than the next, exposing the user to possible overdose.

The Law

Cocaine is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

Heroin

Description:

Heroin is a powdery substance that varies in colour from white to brown, depending on its country of origin.

Aliases:

H, horse, smack, brown, gear, skag, Roberta flack.

Methods of consumption:

Heroin can be smoked either in a joint or by burning it on tin foil (aka chasing the dragon).

Heroin can also be snorted up the nose.

Heroin can also be injected into the body.

Smoking the drug is less risky that snorting or injecting. It enters the bloodstream more slowly and as such the dosage can be controlled.

Injecting the drug is the most risky method of consumption, exposing the user to possible overdose and a range of transmissible diseases.

Effects:

Consuming heroin can make users feel relaxed and at peace with themselves. It sometimes gives the user a sense of security. Depending on the strength of the drug the effect can last for four to six hours.

Negative side effects are lethargy, nausea, vomiting, loss of sex drive and irritability.

The pupils of the eye shrink to pin size when using heroin.

Regular usage can lead to dependency problems; also more drug is needed for the same effect.

The Law:

Heroin is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

Cannabis

Description:

Cannabis is most usually sold as a compressed block of resin in a variety of brown shades. It also comes as dried leaves or the flowers of mature plants.

Aliases:

Draw, blow, grass, weed, skunk, ganja, pot, hash, tarry.

Methods of consumption:

The drug is usually consumed along with tobacco in a joint, bong or pipe.

It can also be eaten; this method of consumption takes longer for the effect to come on and will be more intense and longer lasting.

Effects:

In small amounts and with infrequent use, the drug can make the user feel relaxed, increase creativity, feel more sociable, hungry (the munchies) and giggly.

When used more frequently and in larger doses, the drug can cause feelings of paranoia, panic attacks, anxiety and make the user feel physically sick.

Some of the stronger variations of the drug, e.g. skunk, can have a hallucinogenic component to them.

It is often held that cannabis is not physically addictive; however some people report a psychological dependency.

The Law:

Cannabis has recently been reclassified under the Misuse of Drugs Act from a class B to a class C drug.

The maximum sentence for possession is two years and/or an unlimited fine

The maximum sentence for supply is 14 years and/or an unlimited fine

Usage of the drug remains an offence and the police still have licence to arrest users at their discretion.

Ecstasy

Description:

Most commonly presented in pill form; can also be supplied in capsules and in powder form.

Aliases:

Es, MDMAs, party smarties, eccies.

Methods of consumption:

Ecstasy is most usually consumed orally both in powder and in pill form.

When in powder form it can be snorted, although MDMA is a caustic substance and burns the lining of the nose.

Effects:

Causes user to have euphoric feelings

Feelings of well being and increased sociability

Increases blood pressure and body temperature

Taken regularly the drug causes mood changes; in particular it can cause anxiety and lead to panic attacks.

The Law:

Ecstasy is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

Tranquillizers

Description:

The majority of these drugs originate from the medical profession and are legally held with a prescription.

Their primary function is to promote calmness; they are also used to treat different forms of anxiety, depression, insomnia and nervousness.

The word tranquillizer is a generic term for a large number of drugs that have similar properties.

As such the following information is not specific to any one drug. Further information can be found on the websites listed.

Aliases:

Valium, vallies, norries, jellies, nitrazepam, lorazepam, moggies, eggs, benzos, mazzies.

Methods of consumption:

Mainly taken orally in pill or capsule form.

Can be administered anally in suppository form.

Can also be injected; however this is an extremely dangerous practice and can be fatal.

Effects:

Tranquillizers are designed to suppress the central nervous system and therefore have a sedative effect.

Tranquillizers are highly addictive as tolerance increases very quickly.

The symptoms of withdrawal can be witnessed after relatively short periods of regular use. These symptoms range from mild nausea, dizziness and confusion, through to panic attacks and seizures (fits) when usage has been greater and for longer periods.

The Law:

Tranquillizers are controlled under the Misuse of Medicines Act.

They are classified a class C drug.

They can only be prescribed legally by a doctor or a pharmacist.

The maximum sentence for possession is two years and/or an unlimited fine.

The maximum sentence for supply is 14 years and/or an unlimited fine.

Methadone

Description:

Methadone is a synthetic man-made derivative of the opioid drug such as heroin or morphine.

Methadone is most commonly found in linctus form which is green in colour and is known as methadone mixture. This can vary in strength, 1mg to 1ml is the most common mix and represents, for example, 30ml mixture = 30mg methadone.

It is also available in tablet and ampoule form.

This drug is used widely in the treatment of opiate addiction.

Aliases:

Meth, green, green madness, green juice, phy and turtle.

Methods of consumption:

Usually consumed orally.

Can be injected however this method of consumption is risky and will lead to permanent damage to the vascular system.

Effects:

The initial effect of the drug will take 45-90 minutes to come on.

The user will experience a general feeling of well being.

The drug regularly causes the user to ‘speed’ during the effect.

There is a real risk of overdose when using this drug as it has a residual or half life that can last up to 24 hours. This causes a gradual buildup of the drug in a regular user’s system.

Given that the drug is a member if the opiate family, pinprick pupils are a side effect of usage.

The Law:

Methadone is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Non-prescribed possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

Solvents and Gas

Description:

Various household and industrial chemicals.

Aliases:

Glue, petrol, thinners, aerosols.

Method of consumption:

Inhalation directly from the product into the lungs.

Usually involves the use of a plastic bag, with the substance inside.

Effect:

Some products similar to alcohol.

Hallucinogenic effect and drowsiness.

Long term heavy usage will cause brain and liver damage.

Short term memory loss and inability to concentrate.

The Law:

It is illegal for shopkeepers to sell these product to anyone under the age of 16 if they suspect it will be misused

4.16 Offending

Susan Batchelor & Fergus McNeill

…studies suggest that the vast majority of people have committed a crime at some time in their lives…

Introduction

This paper provides a brief overview of what we know about young offenders in Scotland. After presenting some basic trends and patterns of offending, we discuss how criminal careers are established and developed, paying particular attention to characteristics associated with young people involved in persistent offending.

Patterns of youth crime and persistent offending

The extent of youth offending

It is widely accepted that age is a major indicator of involvement in offending and that young people, in general, are responsible for a disproportionate amount of crime. They constitute a quarter of all known offenders and, depending upon the age and crime types selected, are 'credited' with between 40 and 66 percent of all indictable crime. According to a recent report (Audit Scotland, 2002), approximately £230-240 million of public money is spent on dealing with youth offending in Scotland each year. On top of this financial burden, crime has wider social impacts including, for example, psychological distress to victims and the effects of fear of youth crime and disorder.

Number of young offenders

There are currently about 915,000 young people aged between 8 and 21 years living in Scotland. A review of offenders' files carried out in 2001 revealed a total of over 76,000 recorded offenders under the age of 21 (Audit Scotland, 2001). This represents one in 12 young people.

In 2003/04 34,266 referrals were made to the Children's Reporter on offence grounds, a 13% rise over the previous year. This rise is roughly in line with an increase across all grounds of referral. 1201 young people were identified as 'persistent young offenders.' (SCRA, 2004b).

Since the mid-1980s referral rates for girls have risen (from 8 to 12 referrals per 1,000 population in 2000/01. That said, young women still constitute a very small proportion of overall offence referrals – it is not surprising that gender is another of the strongest predictors of offending. The peak age for offence referrals in 2000/2001 was 15 for boys and 14 for girls, although a study of the fast-track hearing pilot scheme (SCRA, 2005) indicates that 15 is the peak age for both sexes. According to this same study, girls who offend are more likely to have been in residential child care than are boys.

In the adult system the peak age of conviction was 18. Seven per cent of 18-year-old males were convicted on at least one occasion for a crime, simple assault or breach of the peace, compared with 1% of females

'Normal' deviance or criminal careers?

The vast majority of young people are 'temporary delinquents' for whom offending is 'a transitory phenomenon linked to their social development'. The prevalence of youth offending is demonstrated by self-report research studies involving young people (e.g. Graham & Bowling, 1995; see also the Edinburgh study of Youth Transition and Crime, www.law.ed.ac.uk/cls/esytc). Such studies suggest that the vast majority of people have committed a crime at some time in their lives, albeit of a relatively minor nature such as stealing from school, vandalism, shoplifting and fighting. Lesser offending may therefore be considered a typical rather than abnormal form of behaviour, particularly for young men who offend not only more often but also until an older age.

That said, there are undoubtedly some young people for whom offending is not simply part of 'normal' youth activity, but is more problematic. It is now widely accepted that a comparatively small proportion of 'persistent' offenders account for a high proportion of all offences. In Scotland in 2001 over half of all convictions were accounted for by the 26% of individuals who were convicted on more than one occasion. Those aged under 21 were the most likely to have been convicted more than once (Scottish Executive, 2002b).

The Scottish Executive's 10 point Action Plan on Youth Crime (Scottish Executive, 2002a) defined persistent young offenders as 'young people who have been referred to a Children's Hearing on offence grounds in respect of at least 5 offending episodes in the last 6 months.'

Reflective Questions

- *Why do you think offending is less prevalent among girls than boys?*
- *Thinking of your own adolescence, can you identify individuals who were involved in criminal behaviour? What happened to them?*

Characteristics of young people involved in persistent offending

Comparisons between persistent young offenders and less frequent offenders do not reveal any striking differences in terms of characteristics and family backgrounds. They do, however, show characteristic risk factors to a much greater degree.

Age of onset

One of the best predictors of persistence is the early onset of offending. Young people who become involved in crime before the age of 14 tend to become the most persistent offenders with longer criminal careers. Evaluations of two projects in Scotland which target persistent young offenders revealed that in one project almost 75% had been charged before their 14th birthday and in the other project 66% had been charged by the age of 12 (Lobley & Smith, 1999; Lobley, Smith & Stern, 2001).

Patterns of offending

Most young offenders commit a range of offences rather than concentrate on one type of crime. Various studies suggest:

- the greater the number of offences young people had committed, the more likely they were to have been involved in a wide range of offences (Lobley et al, 2001; Hagell & Newburn, 1994);
- juveniles who remain involved in crime commit more serious offences as they age (Blumstein, Cohen, Roth & Vischer, 1986);
- violent offenders are essentially frequent offenders (Farrington, 1996).

Family influences

The family is central to an understanding of why some people offend and others do not.

Family factors can be usefully grouped into four:

- Parental neglect;
- Parental conflict and discipline;
- Deviant parental behaviour and attitudes;
- Family disruption.

Those involved in persistent offending are more likely to come from families who fit into several of the above groups.

History of social work involvement

In general, persistent young offenders tend to be well known by social work departments and more often have been referred in the first instance on welfare grounds and not on offence grounds. Many young offenders have experienced neglect or physical, sexual or emotional abuse. Another feature that distinguishes persistent offenders is experience of local authority care.

Educational experience

Youth delinquency is strongly associated with not liking school, poor school performance, weak attachments to school and teachers and low educational aspirations. Persistent young offenders tend to have more pronounced educational problems with high rates of disruptive behaviour, truancy and school exclusion.

The influence of delinquent peers

Evidence suggests that relationships with criminal peers are associated with criminal behaviour. However, it is not clear whether membership of a delinquent peer group *leads* to offending or whether delinquents simply gravitate together. Persistent young offenders are more likely to associate with other persistent young offenders (as opposed to re-offenders) whom they usually meet in children's homes, custody or elsewhere in the local area, and with whom they tend to co-offend. They are also more likely to 'hang about' in public places than other offenders/non-offenders.

Substance misuse

A high proportion of young people involved in persistent offending have problems related to misuse of alcohol and drugs. In many cases the use of drugs and alcohol is associated with unstructured and often chaotic lifestyles. Far more young people identified as delinquent have used what might be considered to be more socially acceptable drugs, such as cannabis, alcohol or tobacco than have used hard drugs such as heroin or crack cocaine. Moreover, the use of the former, substances is more strongly related to offending than any other drugs. The drugs-crime connection is complex. No single causal relationship between substance misuse and crime has been established, though it is generally accepted that 'addictive type' drug use (heroin, methadone, crack cocaine and valium) in particular requires a level of involvement in crime to finance the addiction and is frequently related to shoplifting. 'Stimulant and polydrug' use is often related to stealing cars and violence while young people who are 'heavy' or 'binge' drinkers are more likely to be involved in violent crime.

Psychological factors

Studies suggest that persistent offenders may be subject to psychological factors. They are likely to be inclined to aggression, impulsive or risk taking behaviours and tend to have poorer physical health than those who do not offend.

Social, economic and environmental factors

Finally, social and economic deprivation is an important predictor of antisocial behaviour and crime. The risks of becoming involved in persistent offending are higher for young people growing up in poor housing, particularly public housing in deteriorated inner city areas and peripheral housing estates. Other environmental

risk factors include social disintegration, criminal opportunity, the availability of drugs and a high percentage of children and young people living within the community.

Reflective Questions

- *Can you think of examples of the behaviours or situations that would fit into each of the four groups of factors identified in the paragraph on 'Family influences'?*
- *Think of a young offender in your unit. To what extent does s/he fit the pattern of characteristics identified in this paper?*

Conclusion

There is a widespread view that a small number of persistent offenders are responsible for a high proportion of crime in Scotland. The difference between offenders and persistent offenders seems to be one of degree.

It is clear that persistent young offenders have very high levels of need. For delinquency in general, risk factors include: poor parenting; association with delinquent peers; poor school performances and persistent truancy; high levels of impulsiveness and aggressiveness; poverty and poor housing. We do know that young people who experience one or more such factors are at greater risk of offending. Within the individual life histories of persistent offenders, these risk factors tend to accumulate and reinforce one another. Early onset of offending is an indication that young people have a range of characteristics that may cause them to behave antisocially throughout their lives.

Though talk about crime and punishment tends to treat victims and offenders as discrete groups, recent evidence from the Edinburgh Study of Youth Transition and Crime suggest that victimisation and delinquency are linked. Indeed, experience of being a victim of crime at the age of 12 is one of the most powerful predictors of offending at the age of 15.

Though persistent offending causes real and serious damage to communities, the evidence in this chapter suggests that it is itself, in part at least, the product of other forms of disadvantage and victimisation.

Training links

SVQ:

Unit C7 *Provide a framework for the management of behaviour*
(optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 322 *Prepare, implement and evaluate group activities to address the offending behaviour of children and young people* (specific optional unit for the

revised SVQ level 3 qualification *Health and social care: children and young people*).

Unit HSC 324 *Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome two (optional unit).

Further reading

Batchelor, S. & Burman, M. (2004). Working with girls and young women. In G. McIvor (Ed.), *Research highlights in social work: women who offend*. London: Jessica Kingsley.

Batchelor, S. & McNeill, F. (2005). The young person-worker relationship'. In T. Bateman and J. Pitts (Eds.), *The Russell House Companion to Youth Justice* (pp. 166-171). London: Russell House Publishing.

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Scottish Children's Reporter Administration. (2004b). Annual Report 2003/04. *Scottish Children's Reporter Administration.* Retrieved 12th December 2004:

www.scra.gov.uk/AR_03_04_Pack.html

Scottish Children's Reporter Administration. (2005). On the right track: a study of children and young People in the fast track pilot. *Scottish Children's Reporter Administration.* Retrieved 17th April 2005:

www.scra.gov.uk/AR_03_04_Pack.html

4.17 Sexual offending and sexual vulnerability

Mark Smith

…The key to all of the interventions is helping the young people to learn about respect. They need to learn how to respect themselves, as well as other people.

(Charles & Collins, 2000b, pp. 2-3)

Introduction

The whole area of sexual offending is subject to intense political, media and public concern. This places considerable pressures on staff who have to work with young people deemed to be sexually aggressive. This paper considers:

- problems of definition;
- the policy context;
- the characteristics of young people identified as sexually aggressive;
- approaches to working with them;
- implications for the regime in secure units.

Adolescent sex offending

It is generally accepted that between a quarter and a third of all sexual abuse is carried out by children and young people. Many adult offenders begin their offending careers in adolescence. That is not to say that this is an inevitable progression. Recidivism rates for young people who sexually offend are in fact significantly lower than that for adult sex offenders. Many, in appropriately supportive environments, simply grow out of such behaviours and can move on to develop appropriate and non-abusive adult relationships. Nevertheless, it is important to respond appropriately to sexually aggressive behaviour in adolescence lest it continue into adulthood, with all the resultant consequences for possible victims and abusers alike.

The first difficulty in this area is one of definition. Some more serious acts are fairly unambiguous. However, adolescence is a time when sexual identities are being developed (see chapter 3) and can involve some crossing of sexual boundaries

which may be inappropriate but not necessarily indicative of ongoing problems with sexual behaviour.

Moreover, because most sexual behaviour is conducted in relative privacy, those cases that come to our attention are likely to be the tip of an iceberg as far as adolescent sexual behaviour is concerned.

Another issue is that many young people identified as sexually aggressive have themselves been subjected to sexual or other forms of abuse. This crossover between the sexually abused and the sexually aggressive is highlighted in secure accommodation, where young people can be placed on account of either or both sexual offending and/or sexual vulnerability.

Despite such difficulties in defining and quantifying sexual aggression, the term itself is heavily value laden and can evoke a range of strong emotional reactions.

Nevertheless, it is important that staff have some definition of sexual offending to work with. As good a working definition as any might be:

> *the commission of any sexual act against an individual's will, in an aggressive, exploitative or threatening manner.*

Reflective Questions

- *What comes to mind when you hear the term sexual aggression?*
- *Can you think of any adolescent behaviour that might be construed as sexually aggressive or offensive?*

The policy context

A Commitment to Protect (Social Work Services Inspectorate, 1997) identified that young people's offending must be more effectively addressed at an early stage if their progression to more serious offending in adulthood is to be prevented. A subsequent Expert Panel on Sex Offending, set up by the Executive recommended that all children identified as being at risk of sex offending or who are displaying sexually aggressive behaviour should have access to an appropriate personal change programme.

Young people identified as sexually aggressive

Sexual offenders are rarely the monsters the media portray them to be. The majority are boys. Many are assessed as having learning difficulties and have previously been in special education or other care settings. Many will have traumatic personal histories or traumatic episodes within these. Problems of poor personal and social skills prevail. They are described by Grant Charles and Jennifer Collins (2000a) as:

> *extremely needy young people who have not yet learned how to make appropriate connections with other people. They are often victims of abuse who have learned through their own victimization that it is okay to use others to meet their own needs. They are kids who have taken a different path to deal with their own victimization. (p. 2)*

While most of those officially identified as sex offenders are boys, practice experience tells us that girls too can be sexually aggressive and exploitative, perhaps as a learned way of responding to males or as a result of confused boundaries between sex and affection. This can lead them to initiate inappropriate sexual contact with males or perhaps other girls. Yet because of received societal norms around the male as sexual aggressor, we can fail to acknowledge or else minimise this dynamic (see paper 4.13). The effects of being pushed towards sexual contact that is unwelcome can have detrimental consequences irrespective of the sex of the aggressor.

Whilst some sexually aggressive youngsters may demonstrate particular sexual preferences, in other cases there may be a more indiscriminate aspect to their behaviours. Commonly understood boundaries between gay and straight expressions of sexuality may well be blurred.

Reflective Questions

- *Can you think of any young person/people in your unit considered to be sexually aggressive?*
- *What are their backgrounds?*

Interventions

Vital components of working with sexual offenders include the effective provision of assessment and therapeutic services. There are a number of generally accepted goals in programmes developed for work with sexual offenders. These are identified as:

> *..increasing offender accountability; assisting offenders to understand and interrupt the thoughts, feelings and behaviours that maintain sexual offending; reducing deviant sexual arousal, if present; developing healthy attitudes towards sex and relationships; and reducing the offenders' personal trauma, if present.*
>
> (Worling & Curwen, 2000 cited in Kendrick, Mitchell & Smith, 2004, p. 40)

The general consensus of those working in this field to date has favoured personal change programmes based around cognitive behavioural approaches (see chapter 3). Such interventions focus on changing patterns of deviant arousal, correcting

distorted thinking, development of victim empathy and increasing social competence. Participants on such programmes are also encouraged to consider diversionary strategies to prevent relapse into offending patterns.

Whilst cognitive behavioural methods seem to be the preferred clinical approach to this work, other writers stress the need for a more holistic approach when working with young people.

> *Holistic treatment means treating the whole person not just a particular problem....When we see the whole person as a person with many facets, many of which are damaged parts, then we are better able to understand the nature of what we must treat and the complexities of doing so.*
>
> *(Longo, 2002, p. 229)*

Currently, a number of secure units and residential schools run units with a particular focus on working with sexually aggressive youngsters. Some locate these within a wider context of the boys themselves (they are almost always boys) having had past experiences which have resulted in them being traumatised. This trauma is thought to contribute to their sexually inappropriate behaviour. Working with personal trauma therefore becomes central to the task of tackling sexual aggression.

An issue of concern in establishing separate units is the possibility of residents in these specialist units becoming stigmatised. There is a risk too that the programme in such units becomes overly focussed on addressing issues of sexual offending at the expense of a more normalising environment. On the other hand, placement in specialist units where there is an openess about the remit can allow boys to realise that they are not alone in their thoughts and behaviours and they may feel freed up to address their difficulties. A clear focus and well articulated programme can also give staff a clear sense of purpose and direction in their work.

Another issue to bear in mind is the question of who does the specific work with boys to address their sexual aggression. Some units use external consultants or specialist agencies which are contracted in, others have developed specific programme teams, and others expect care staff to undertake direct work with youngsters with the support of line managers or external consultants.

Whichever model is preferred there is a need to ensure that staff on the ground are aware of the treatment plans for young people and can reinforce these in everyday practice. As in every area of residential child care, the adoption of a whole person and lifespace based approaches would appear to be particularly appropriate (see paper 4.06). Writers with specific experience in this field note:

> w*e believe that the most powerful and influential work with these young people occurs in the milieu. Therapy is an adjunct. It provides important education and opportunities for self-awareness but the day-to-day modelling, support and teaching moments that happen within the daily lives of the young people is often where the real change occurs.*
>
> (Charles & Collins, 2000b, p. 3)

Reflective Questions

- *How does your unit work with sexually aggressive young people?*
- *What might be the possible advantages/disadvantages of this approach?*

The milieu

Working with sexually aggressive youngsters highlights a number of practice issues and dilemmas for staff. When sexual boundaries are absent or distorted, the need for levels of supervision adequate to avoid inappropriate sexual activity becomes a priority. However, this needs to be balanced with human rights principles such as free association, confidentiality and privacy (see paper 4.20).

Another balance to be struck is that between normal adolescent sexuality and sexual behaviour that is problematic. Not all sexual expression should be pathologised. Masturbation among adolescent boys, for instance, is normal and for the most part healthy. Again practice scholars in this field give their views:

> W*e approached this premise from the stance of encouraging young people to be responsible for their own sexual feelings. Instead of trying to deny and blunt sexual feelings as part of treatment, we wanted to teach the young people to learn how to respond appropriately to their own sexual urges.*
>
> (Charles & Collins, 2000a, p. 2)

In working with sexually aggressive young people, as in any other area of residential child care, an appropriate unit culture is vital. The impact of stress is a significant factor in sex offending. Young people who feel under stress are more likely to relapse into sexual offending. They are also less likely to respond to any interventions. It is essential, then, that young people should feel safe and respected if they are to be able to work on areas of sexual difficulty. Staff, by the nature of their involvement with young people, make legal or moral judgments on their behaviours. They must ensure that they themselves model appropriately respectful behaviours in relationships. They need to avoid language which is sexually stereotyping or demeaning.

A key component of supporting a young person who has sexually offended is to supervise their interactions with others appropriately. In this way the unit can seek to reduce the possibility of reoffending and maximise the modelling of appropriate interactions to the young person.

An important part of developing a supervision/support model is the development of an appropriate risk assessment (see paper 4.18).

Reflective Questions

- *How does your unit deal with issues of adolescent sexuality?*
- *To what extent does the unit culture promote healthy attitudes towards sexuality?*

Supporting staff

If staff are expected to undertake direct work around areas of sexual aggression, they need to feel confident and sufficiently equipped to do so. Working with specific programmes demands an understanding of their theoretical basis (see chapter 3) and of notions of programme integrity (the need to see programmes through to completion and in a certain order). A pick and mix approach to programmes or a lack of understanding as to how they fit together is likely to be counter-productive.

Working with sexually aggressive youngsters is not emotionally neutral (see paper 4.13). It can elicit a range of strong feelings among staff. Some may adopt a particular moral position on certain sexual behaviours. For others, proximity to youngsters who have committed sexual offences can touch some raw emotions, perhaps relating to past personal abuse, or maybe, relating to feelings around their own children's stage of development or vulnerability. This has the potential to lead to some fairly primitive judgemental positions being taken. Consequently, it is important that staff have a well developed awareness of self and the ways in which work in this area might touch on those aspects of self. It is also essential that appropriate supervision and support structures for staff working in this area are in place.

Reflective Questions

- *Have you experienced a situation where a young person has caused a particular emotional response in you?*
- *What supports are available in your workplace to address such issues?*

Moving on from secure

A lot of good work can be done in secure accommodation to address inappropriate sexual behaviour. However, research consistently points to the need for any lessons learnt and support offered in security to be continued once a young person moves on. This is why it is important to include relapse prevention in any work done with young people. Essentially, this is about rehearsing with them strategies they might

adopt to sublimate problematic thoughts and impulses once they have moved on from security. Ensuring that there are appropriate family or other community supports in place once a young person moves on is vital. Indeed, involving families in the work done to support young people, where possible and appropriate, is linked to improved outcomes in work with sexually aggressive young people.

The issue of exits and mobility for those who have sexually offended will be at the forefront of plans in relation to leaving secure. The reader is directed to consider the papers on risk assessment (paper 4.18) and exits and mobility (paper 4.26) in conjunction with this paper.

Conclusion

Charles and Collins (2000) provide a good summation of this area:

> *Supporting and developing the strengths of a young person and his family are likely to prove significant in reducing risk. Interventions that focus solely on offence related behaviours do not fully address the development of the range of skills and abilities that are generally required to lead an abuse-free lifestyle. Developing a model that incorporates the identification and utilisation of strengths and assets as well as risks is therefore essential.*

Training links

***SVQ**:*

Unit C15 Contribute to the protection of children from abuse
(mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit W5 *Support clients with difficult or potentially difficult relationships* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 324 *Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Unit HSC 356 *Support individuals to deal with relationship problems* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

A Scottish perspective on some of the subject area of this paper is offered in both:

Kendrick, A. (2004). Managing children and young people who are sexually aggressive. In H. Kemshall & G. McIvor (Eds.), *Managing sex offender risk* (pp. 165-186). London: Jessica Kingsley

Kendrick, A., Mitchell, R. & Smith, M. (2004). The development of a residential unit working with sexually aggressive young men. In H. G. Eriksson & T. Tjelflaat (Eds.), *Residential care: horizons for the new century* (pp. 38-55). Aldershot: Ashgate.

A series of three brief practice based papers, by Grant Charles and Jennifer Collins, which are referenced through this paper can be found at:

www.cyc-net.org/cyc-online/cycol-1299-offenders.html
www.cyc-net.org/cyc-online/cycol-0200-offenders3.html
www.cyc-net.org/cyc-online/cycol-0100-offenders2.html

4.18 Risk assessment

Mark Smith, Fergus McNeill & Susan Batchelor

To be alive at all involves some risk.

(Harold Macmillan)

Introduction

Risk has become a dominant, some might say an all-consuming, professional and societal concern in recent years. Risk is now increasingly equated with danger. In just about every area of social work practice, the language of risk assessment is prominent. This paper considers the concept of a 'risk society', the development of risk perspectives in the areas of child protection and criminal justice, and some of the specific areas of risk that might concern staff in secure accommodation. Limitations of risk assessment are discussed.

The 'risk society'

Some sociologists suggest that we live in a 'risk society' (Beck, 1992). It is helpful to locate this idea historically. The period in history from the Enlightenment of the eighteenth century, throughout most of the twentieth century has been characterised by belief in scientific explanations of the social world and in the prospect of continual human progress. However, the world has become increasingly complex and recent events such as pension and mortgage crises, concerns over the environment and, most starkly perhaps, the spectre of international terrorism post 9/11, introduce questions to this erstwhile belief in progress. Old belief systems are not as sure as they once seemed. To try to cope with our resultant anxieties we have adopted the notion of risk to help us regain some order in our world. Risk, according to Nigel Parton, a social work writer on the subject, has become a collective state of mind rather than an objective reality (Parton, 1999). Much of this is fuelled by the popular press. However, it may have some basis in reality. Science, which might once have been thought to offer some objective insight into our world, no longer provides the answers. Consider for instance the recent publicity over diagnoses of shaken baby syndrome or Munchausen's syndrome by proxy. Approaches to child protection based upon scientific principles have been opened to question. We need to find new ways of understanding and living in our world in all its complexity.

Reflective Questions

Think of some examples from your everyday experience where there is a concern about risk.

- *What are these risks and how real are they?*
- *Do you feel any safer as a result of attempts to minimise risk?*

Risk in child protection

Until the mid-1980s, the social work approach to child protection was to consider it within a wider welfare framework. Inquiries into high profile child abuse cases have re-framed the social work task to trying to identify only 'high' and 'significant' risk cases.

In England, *Messages from Research* (1995), a Department of Health compendium of research studies, argued that approaches to child protection should be located within a wider, family support context. Current assessment frameworks (DOH) operate from an ecological approach which takes into account a range of systems, as well as individual, considerations (see chapter 3 and paper 4.04). However, because of political, public and media sensitivity, the assessment of risk rather than wider (but invariably related) welfare concerns has become the predominant concern for children and families social workers in recent years. Social workers are often said to be ‘damned if they do and damned if they don't’ in responding to child protection cases.

In secure accommodation workers may be faced with making decisions in cases where there is a child protection component. Such cases may arise in relation to decisions about home leave, for instance, or about a young person having contact with particular individuals. These decisions are rarely clear-cut. It may be that there are good arguments for promoting and maintaining family contact (see chapter 3 and paper 4.21) even in situations where there are concerns about the level of care in a home or about the presence of a particular individual. The pros and cons of particular courses of action need to be considered and balances have to be struck.

Reflective Questions

- *Think of a case where you have had to balance risks.*
- *What considerations did you have to take into account and what informed your final decision?*

Risk in criminal justice

Current concerns in youth justice are with *risk of re-offending* (or recidivism) and *risk of serious harm* (to potential victims). However, the above two risks differ in that risk of re-offending is essentially about the *probability* that an offence will occur, whereas

risk of serious harm is about the *impact or consequences* of an offence, should it occur.

During the 1990s, risk of re-offending increasingly came to be seen as pivotal in determining what level or intensity of service should be provided in individual cases. As 'the risk principle' became increasingly well known, researchers worked to develop risk assessment tools that could supplement professional judgement and, perhaps, provide for greater consistency in practice. Risk assessment approaches increasingly emphasise priorities and issues around community safety and public protection. Both issues, re-offending and serious harm, have driven the development of new techniques of risk assessment.

Approaches to risk assessment in criminal justice service

Until recently there have been two main approaches to risk assessment. Clinical approaches (or 'first generation' risk assessment) rely on the professional knowledge, skills and experience of individual practitioners. Actuarial approaches (or 'second generation' risk assessment) seek to apply statistical calculations of probability correlating specific risk factors with reconviction data.

Both approaches have been subject to a number of criticisms. The reliance on professional judgement in clinical approaches has been questioned on grounds of accuracy, personal bias and subjectivity. Actuarial approaches may seem to be more objective. However, conviction is not, in and of itself, a measure of criminal behaviour (see paper 4.16) and therefore predicting reconviction is not the same as predicting re-offending. Furthermore, though actuarial tools assess the likelihood of reconviction, they say nothing about the *type* or *seriousness* of predicted conviction. Thus, they fail to assess risk of serious harm.

'Third generation' approaches to risk assessment (like both ASSET and YLS/CMI, described below) integrate 'dynamic' (or changeable) risk factors in the process. Dynamic risk factors correspond with 'criminogenic' (or crime-generating) needs. By highlighting specific criminogenic needs, third generation risk/needs assessment tools aim to individualise risk assessment in order to guide practice, but without compromising the predictive validity of such tools. Since such instruments can also capture changes in levels of assessed risk across time, they have important applications in terms of monitoring and evaluation of intervention effectiveness.

However, third generation instruments generate their own set of issues and problems. These include the demands which their increased complexity creates in making demands on workers' time, sometimes leading to 'completion fatigue'; dilemmas in balancing comprehensiveness and predictive accuracy with usefulness and brevity; the re-introduction of elements of professional judgement and related issues of consistency and bias; and concerns about the ability of such tools (derived largely from research involving white males) to accommodate and respect diversity and difference vis-à-vis gender and ethnicity in assessing risk.

Risk/needs assessment instruments in youth justice

The two available instruments designed to inform, supplement and structure 'clinical' or professional assessment in work with young people are ASSET and YLS. These are increasingly used in youth justice services including secure accommodation.

ASSET

The Youth Justice Board in England and Wales has developed ASSET in collaboration with Oxford University's Centre for Criminological Research. The Core ASSET form runs to 12 pages, including sections on personal details, care history, criminal history, offending behaviour, living arrangements, statutory education, employment, training and further education, neighbourhood, lifestyle, substance use, physical health, emotional and mental health, perception of self and others, thinking and behaviour, attitudes to offending, motivation to change, positive factors, indicators of vulnerability and indicators of serious harm to others.

The assessment should be informed by at least one interview with the young person, an interview with his or her caregiver, existing reports and records (including details of previous convictions), and discussion with individuals or agencies currently or recently involved with the young person. In each section of the form, workers are required to enter responses to a range of questions, to arrive at a rating of the association between the issues raised and the risk of further offending, and to state the evidence for this rating. In the conclusion these ratings are aggregated to produce an overall score. A three-page form entitled 'What do YOU think?' aims to facilitate self-assessment by the young person. In cases where the core ASSET indicates a risk of serious harm there is a further four-page form for a full assessment of any such risk.

ASSET can be subject to the concerns about time and resources, especially for lower level offence categories, and the potential for worker bias as noted above. Its structure allows for, and indeed encourages, workers to make professional assessments and professional judgements about needs and risks and to think through the evidence for these judgements.

Youth level of service/case management inventory

The second available instrument is the Youth Level of Service/Case Management Inventory (YLS/CMI). Though this tool was developed in Canada, it is currently in use in a number of Scottish local authorities, through the Cognitive Centre Foundation. It is essentially a junior version of the Level of Service Inventory discussed above, which has become the most widely used risk assessment tool in criminal justice social work in Scotland. YLS/CMI (at 5 pages) is shorter than ASSET, containing 54 items within 8 major 'risk domains'. Part 1 provides an assessment of risk and needs by scoring a variety of factors related to prior and current offences and disposals, family circumstances and parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behaviour and attitudes and orientation. In Part 2, these scores are aggregated to give an overall risk score. Part 3 provides space for assessment of other needs and Part 4 allows the professional to record and explain his or her

assessment of risk and need. This assessment may depart from the score recorded in Part 2. Part 5 sets contact levels and Part 6 details the case management plan.

Reflective Questions

- *What, if any, formal risk assesment tools are used in your workplace?*
- *What would you say are the advantages and disadvantages of these?*

Risk in secure accommodation

By definition, dealing with risk is central to work in secure accommodation. Young people are admitted on account of risk to themselves or others. It is therefore an essential task of secure accommodation to try to minimise the risks that led to admission. Young people's exit strategies will be linked to the success with which these risks are addressed.

The initial assessment of a young person (see paper 4.04) should identify particular risks, such as violent behaviour, self-harming, drug use, sexual vulnerability, sexual aggression, propensity to need restraint and perhaps other factors such as a history of making allegations against staff. The identification of such behaviours should form the basis of informed strategies and responses to address them, thus matching identified needs with the resources required to meet these. This might involve specific practical measures such as restricting access to glass bottles or aerosols.

Some units may operate a phased introduction to particular areas of their programme, such as education or the use of the gym. As a placement progresses, considerations of risk attach to decisions over mobility programmes, family contact and participation in particular activities.

Like any assessment, risk assessments need to be dynamic and able to be adjusted in light of changing circumstances. Risk assessment and risk awareness ought to be a habit of mind for staff working in secure accommodation. They need to try to anticipate possible risks in situations without over-reacting to them.

Matching needs to resources is particularly important in secure accommodation. In some cases, building design may determine (sometimes inhibit) what can be done to avoid certain risks. In other cases, staff numbers and skill levels will determine how realistic any planned response to risk might be. If, for instance, it is determined that three members of staff are required to restrain a young person, what are the implications for supervising the rest of the group?

Reflective Questions

- *What areas of practice are subject to risk assessment procedures in your unit?*
- *What are the mechanisms for this?*

Limitations of risk assessment

Critics of risk assessment and approaches claim that they lead to defensive and risk averse cultures of practice. They induce a concern to do things right (i.e., to follow procedures) rather than to do the right thing. As such they devalue professional judgment. The inclination not to take risks, but to 'play it safe' is particularly apparent in organisational and wider political and media climates where practitioners fear a blaming reaction if anything goes wrong. On the other hand, risk assessments within suitably supportive cultures can also be used to argue and support a case to take particular informed risks in a case.

Robinson (2003) writing about work with offenders makes a point which has a wider applicability:

> *'In recognition of the inherent unpredictability of future behaviour, it is generally accepted that 'defensibility' rather than 'certainty' is the goal of risk assessment practice. A 'defensible' risk assessment is one which is judged to be as accurate as possible and which would stand up to scrutiny if the handling of the case were to be investigated…'*
>
> (Robinson, 2003)

Risk should not be allowed to dominate other practice considerations in working with young people. As discussed in the papers on safe care and children's rights (4.19 and 4.20), there are competing rights and developmental requirements that need to be taken into account. Nor should risk assessments (which focus primarily on child protection or offending concerns) be allowed to be substituted for a more holistic ecological assessment (see paper 4.04). Risk assessment needs to be considered within a 'whole child' approach (see chapter 2).

Tuddenham (2000) argues for and outlines a model of 'reflexive risk assessment' within which practitioners recognise that their knowledge is emergent, tenuous and open to revision; that definitions and discussions about risk are contestable and culturally relative; and, that risk assessment functions within certain policy contexts and within a society increasingly pre-occupied with risk and its prediction.

Worker skills

Risk assessment is not neutral in any area of practice. Decisions that follow on from a risk assessment rely significantly on worker skill. In secure accommodation for instance, young people on mobility programmes may be less likely to abscond from workers they have a strong relationship with, who demonstrate appropriate personal and professional qualities (Trotter, 1999, 2002) (See also chapter 2 and paper 4.07).

Conclusion

Risk assessment instruments can usefully supplement professional assessment, enhancing its comprehensiveness, consistency and credibility. In terms of service planning and delivery, they offer advantages in allowing for the development of consistent policies and practices around gatekeeping and the prevention of net-widening.

However, risk assessment instruments have some limitations and require judicious and critically informed use by professional staff.

Training links

SVQ:

SC17 *Evaluate Risk of Abuse, Failure to Protect and Harm to Self and Others* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 395 *Contribute to assessing, and act upon risk of danger, harm and abuse* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit)

Further reading

Stalker, K. (2003). Managing risk and uncertainty in social work: a literature review. *Journal of Social Work,* 3(2), 211-233. Provides an overview of the development of risk perspectives in social work.

Nigel Parton has written extensively on risk in child protection. Anything by him in this area is worthwhile reading. The source cited here is Parton, N. (1999). Reconfiguring child welfare practices: risk, advanced liberalism and the governance of freedom. In A. S. Chambon & L. Epstein (Eds.), *Reading Foucault for Social Work.* New York: Columbia University Press.

Department of Health. (1995). *Child protection: messages from research.* London: HMSO. Outlines research on child protection and advocates a family support model of practice.

The sections of this paper relating to criminal justice are abbreviated from a fuller version of a monograph by Fergus McNeill & Susan Batchelor (2004), Persistent offending by young people: developing practice issues in community and criminal justice, Monograph number 3. London: National Association of Probation Officers.

4.19 Safe care

Mark Smith

....respecting children's rights is the biggest safeguard against abuse, because children who are listened to and respected will be assertive in their dealings with adults....who they can trust to take their concerns seriously.

(Moss & Petrie, 2002, p. 2)

Introduction

A feeling of safety is identified in the Skinner Report (SWSI, 1992) as one of the underpinning principles of effective residential child care. This paper considers:

- why children entering secure accommodation may not feel safe;
- how the culture and the nature of relationships in a unit might contribute to safe care;
- the role of policies and procedures;
- how to work with children who have been abused.

Children in secure accommodation are likely to have had a range of experiences that make them feel unsafe. They may have been abused, physically, sexually or emotionally. They may have had abusive experiences at the hands of other young people or adults in previous care placements. They may have been moved from pillar to post in their previous care careers, leading to feelings of instability and impermanence. Many will have encountered combinations of such experiences, all of which will impact on their initial response to secure accommodation. Having been out of control, some will resist adult attempts to put a structure around them. Others may appear over-compliant. Almost all will have, at best, a wary trust of the adults and other young people in the living situation.

Before any meaningful work can be done with young people, they need to feel safe. This calls for an element of containment. By definition, in secure accommodation there will be a physical or buildings dimension to this. However, children also need to know they can be contained emotionally. They need to know that staff can soak up some of their inner turmoil; to help them feel safe from themselves and their own destructive thoughts and impulses. And they need to start to build or re-build trust in adults.

They don't realise how much they want to be listened to and how much that makes us feel safe.

(male 16, Who Cares? Scotland, 2003, p. 42).

The first step in making children feel safe is through a unit's rhythms and routines (see paper 4.06). The aim of any secure unit is to establish feelings of predictability and dependability. Young people who have been or who feel unsafe or out of control will benefit from being surrounded by a relatively tight structure, where, as far as possible, they know what will come next.

Reflective Questions

- *Consider the backgrounds of the children in your unit.*
- *What experiences do you know of that might make them feel unsafe?*
- *To what extent do the rhythms and routines in your unit contribute to children feeling safe?*

The development of safe care perspectives

One of the unsavoury realisations over the past decade or so is that children have been abused in residential child care. This has led agencies to introduce a range of measures to minimise the chance of such situations happening again. All organisations providing residential child care are obliged to operate a range of policies to ensure children are safe. Inquiries and reports on residential child care highlight the need for appropriate personnel policies around areas such as recruitment, selection and responses to allegations.

There is also an expectation that agencies will have in place mechanisms through which staff can raise concerns about the safety of children. Inquiries and reports invariably stress the need for staff to be suitably trained, supervised and supported to be able to perform what is a very complex job. The Kent Report (Kent, 1997) in particular recognises this complexity and argues that the level of qualification required ought to be at least the equivalent of those required for other areas of professional social work. Other safe care initiatives include the development of accessible and child friendly complaints procedures.

Complaints

One of the findings of the various inquiries into abuse in residential child care is that children at times did complain about their treatment but these complaints were either not believed or not acted on. All organisations now need to operate complaints procedures to which young people have easy access. Formal complaints

should be dealt with by someone suitably removed from the source of the complaint, in some cases someone independent of the establishment itself.

In any situation children will have gripes about aspects of their everyday care. Agencies may wish to consider a different level of response to these. A climate that provides for grievances to be resolved at the lowest appropriate level is likely to help young people learn, negotiate and to feel valued and listened to by the adults around them.

Children should have access to children's rights or advocacy services to help them express their views. Many local authorities now employ or commission children's rights officers. Young people also have access to Who Cares? Scotland, who have recently established a specific presence in secure accommodation.

Given the locked physical environment, it is especially important that young people in secure accommodation have access to trusted adults outside the secure environment. There are always balances to be struck in such settings around issues such as the use of the telephone, as identified in the paper on children's rights (4.20). However, there should be a presumption that young people do have reasonably free access to a telephone or other means of making contact with parents, social workers or other possible advocates outwith the unit. Exceptions to this need to be argued on a case by case basis in terms of the safety of a young person or others being compromised by them having such free access to means of communication.

Bullying

The biggest concern of most children in residential settings is not that they will be abused by staff, but that they will be bullied by other young people. This fear may be particularly pronounced in secure accommodation where some of the residents will, rightly or wrongly, have reputations that go before them.

Increasingly, units are expected to have anti-bullying policies or strategies. However, there is no easy answer to bullying. Again, the culture of a unit will be central to how safe residents in it feel. For them to feel safe, staff need to be authoritative and in control. They need to be able to intervene to stop overt bullying. They also need however to be able to differentiate between bullying which is an inappropriate expression of power and normal adolescent jockeying for position in the peer group. The line between the two can be a fine one and may vary from individual to individual. However, to treat every adolescent fall-out as bullying may in fact highlight it and contribute to the continuation of a situation.

Bullying policies need to take care that they do not match power with power or that they do not lead to further victimisation of the bullied child (see Brown, 2004 for a good discussion of this). In secure settings they must also proceed from an understanding that a bully is unlikely to be able to be moved on. Strategies need to attempt to work with both the bully and the bullied to address the problem. In this, the ability of staff to understand and work with group dynamics and to model relationships that are respectful will be vital.

Reflective Questions

- *What are the policies and procedures in your organisation designed to keep children safe?*
- *How appropriate are they?*

Regulatory bodies

Government interest in seeking to ensure appropriately safe social care provision is evident in the establishment of two new statutory bodies in recent years. The SSSC has responsibility for regulating the workforce through establishing a qualifications framework setting out minimum qualifications required for work in various areas of social care. All staff will require to hold at least an academic qualification at HNC level and a vocational award at SVQ level 3 or above by 2008/9. The SSSC has also established codes of conduct for workers in social work and social care settings.

The other body, the Scottish Commission for the Regulation of Care (SCRC) is responsible for inspecting all care establishments against sets of national standards.

However, the Kent Report acknowledges that belt and braces do not make good trousers (see chapter 2). Healthy units and cultures are essential to the provision of safe developmental care. It is the feeling of safety that is important, not just the procedural devices put in place to try to ensure this. A holistic understanding of the care task and an awareness of the wider context in which care is provided are essential if young people are to feel truly safe.

Safety and risk

We live in a society which is increasingly risk conscious and risk averse (see paper 4.18). Whilst it is appropriate that reasonable measures are taken to minimise the risk children face in residential care or any other walk of life, there is a balance to be struck between ensuring a safe environment and one that meets young people's developmental needs. For example:

> *The director of a residential establishment was describing his centre's grounds. He spoke of swings, ropes and tree houses. He said that sometimes people asked him if children got hurt. His reply was that yes they did but his view was 'Better a broken arm than a broken psyche'.*

Indeed the need for residential establishments to address the broad range of children's developmental needs is enshrined in Article 6 of the United Nations Convention on the Rights of the Child: the right to survival and development (see paper 4.20). This Article includes the right to developmental approaches which should be ensured 'to the maximum extent possible'. The term 'development' in this context is interpreted in the broadest sense and adds a qualitative dimension – not only physical health, but also mental, emotional, cognitive, spiritual, social and cultural development.

Cultural safety

Children and young people in secure accommodation are likely to come from a range of different backgrounds. They may come from urban or rural areas, east or west, Catholic or Protestant traditions. Even within cities, particular housing estates may have their own cultural nuances. In the coming years secure units, as with other areas of residential child care, may find themselves admitting increasing numbers of children from different racial backgrounds. In these latter cases, cultural differences may be apparent and may call for particular care arrangements to be made.

However, even in areas where differences are less obvious, there will still be cultural nuances which will affect the ways young people experience care. Children will feel safest when they feel that staff are in tune with their cultural experience. The importance of staff having an awareness of issues of cultural safety is increasingly acknowledged in the child and youth care literature. Cultural safety is defined as:

> *the state of being in which the child or young person experiences that her or his personal well-being, as well as social and cultural frames of reference, is acknowledged – even if not fully understood by the worker(s) claiming to help him or her. Furthermore, cultural safety means that each child or young person will be given an active reason to feel hopeful that her or his needs and those of her or his family members and kin will be accorded dignity and respect.*
>
> *(Ramsden, 1997).*

It follows from this that workers in any residential care setting should attempt to find out a bit about the cultural backgrounds of children and their families and to recognise cultural dimensions to particular behaviours and responses. Practice issues such as how workers greet children or family members, for instance, or around matters of privacy, will assume a particular significance.

Reflective Questions

- *Think of a time that you have felt truly cared for and at ease.*
- *What have been the components of this sense of comfort?*
- *Consider the cultural backgrounds of the children and young people in your unit.*
- *To what extent does practice in the unit take account of these?*

Staff care

Maier in *The Core of Care* (1979) identifies care for the caregiver as an essential component in the provision of care. Put simply, if staff do not feel safe and valued, they will not be in a position to make young people feel safe. If staff feel under physical or emotional threat in their work environment, or if they feel bullied and

under threat of disciplinary action, they will be unsure and defensive in their interactions with young people.

For any unit to be a healthy and safe environment everyone in it needs to feel safe. There needs to be an appropriate 'fit' between unit culture and that of the wider organisation. If organisational cultures are bullying and unsupportive, this is likely to be reflected in unit cultures which are either similarly bullying or lacking in confidence and unduly passive.

Reflective Questions

- *Are there aspects of the culture in your workplace which make staff feel unsafe?*
- *How might these impact on the experience of care for the young people?*

Resilience

As we have seen in Chapter 3, the notion of resilience is increasingly influential in work with young people. In relation to a young person's feeling of safety, it is worthwhile not just confronting the bully, but working on the protective factors that are likely to boost a bullied young person's resilience. Practice experience suggests that young people can be encouraged to feel stronger and better able to stand up for themselves. Staff should actively encourage them to do so through their everyday interactions and lifespace interventions.

Notions of resilience also have relevance to other areas of the safe care agenda. Resilience theory points to the importance of staff and young people sharing activities across a range of sporting, cultural and leisure pursuits (see paper 4.08). It also highlights the importance of strong, appropriate adult-child relationships as a powerful bulwark against abuse. Overly defensive organisational policies and cultures risk preventing the development of the very relationships that are likely to keep children safe.

Resilience theory also tells us that different children will react differently to the same experience. We cannot afford to make assumptions, for instance, that young people who have been abused should not experience physical contact from staff. In certain cases this may be something to bear in mind. In most cases, however, children will need to experience safe physical contact from non-abusive adults if they are to develop realistic and healthy attitudes towards future relationships. This makes it vital that decisions about what is appropriately safe care are located within individual placement plans rather than within a defensive procedural frame.

Working with children who have been abused

The whole area of child protection can bring about anxiety and uncertainty in residential workers. They may feel that only those with particular training should become involved in work with children and young people who have been abused. The reality is that almost all young people in secure accommodation will have encountered some previous abuse. Their primary needs are for a safe and predictable environment where they can experience trusting adult relationships.

If a young person discloses specific abuse to a member of staff, there are some fairly basic things to bear in mind:

- do not over-react;
- respond to the immediate needs of the young person for comfort and reassurance;
- don't probe too much for information, but conversely, don't run away from the discussion - let the young person set the pace;
- at an appropriate point, advise the young person you may have to pass on what they tell you, in accordance with child protection procedures;
- be aware that some disclosures of abuse may touch on elements of your own past experience. In such cases, you should try to seek support in this from a supervisor or colleague (see paper 4.13);
- discuss the case with a supervisor or designated child protection person.

Child abuse is not a neutral term or concept. Ideas of what constitutes abuse will vary from individual to individual and indeed from professional to professional. In considering what is a child protection matter, some care needs to be taken that the net is not widened too much and that situations which may be inappropriate or which do not sit comfortably within our own particular frame of reference are automatically dealt with through child protection procedures. In low level cases a child protection response may not be in the best interests of a child and may in fact cause them more harm than their original concern. Always consider what is in the best interests of the child in determining what is a child protection matter rather than adopting a defensive procedural response.

Reflective Questions

- *What are your own views of what constitutes child abuse?*
- *How might these impact on how you respond to young people talking to you about abuse?*
- *What are your organisation's child protection policies?*

Conclusion

For young people to experience a feeling of safety demands that agencies providing care put in place a range of appropriate procedural safeguards. However, these alone are not enough and if they become the sole or predominant organisational focus they risk detracting from the relational nature of care itself. A holistic consideration of safe care has to be located within an understanding of children's wider developmental needs. It also requires organisational cultures where staff feel sufficiently safe and supported to carry out the care task and are able to discuss and question practice.

Training links

SVQ:

Unit C15 *Contribute to the protection of children from abuse* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit SC17 *Evaluate risk of abuse, failure to protect and harm to self and others.*

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

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Kendrick, A. & Smith, M. (2002). Close enough? Professional closeness and safe caring. *Scottish Journal of Residential Child Care*, August/September, pp. 46-54.

Kent, R. (1997). *Children's safeguards review.* Edinburgh: Stationery Office.

4.20 Children's rights

Richard Mitchell

Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person.

(United Nations Convention on the Rights of the Child, Article 37 (c))

Introduction

This chapter outlines the background to, and importance of, applying a human rights perspective in our practice with children in secure accommodation. The key points include:

- Scotland and the United Kingdom have signed up to the United Nations Convention on the Rights of the Child (CRC).
- Practice in secure accommodation needs to take this into account.
- Rights-based perspectives can be incorporated into practice.

Children's *rights* should not be confused with children's *wants*. For example, a child has a right to privacy, but does not necessarily have a right to watch the television or stay up late. This paper looks at the international legal framework for a rights-based approach.

Background

There is a growing awareness and respect for human rights in Scotland and this is increasingly evident in the development of policies and procedures in relation to children and young people. The rights agenda is perhaps nowhere more important, or more challenging, than with young people placed in secure accommodation. The recognition of a rights dimension to practice is apparent in the provision made for legal representation of children and young people being considered for placement in secure accommodation. The recent appointment of Professor Kathleen Marshall as the first Scottish Commissioner for Children and Young People to safeguard and promote children's rights is an example of this acknowledgment of the importance of children's rights in the Scottish tradition.

The CRC is a legally binding treaty in international law. Scotland signed up to it in 1991. There can however be a lack of even basic information about children's rights, contributing to confusion and suspicion of these in institutional and practice

settings. In one study of Scottish residential care, Heron and Chakrabarti (2002) argue that 'the superficiality of the rights agenda has added to the complexities and tensions permeating residential provision' and has undermined practitioner morale in the process (p. 356). The Convention on the Rights of the Child provides a framework within which children's rights can be upheld and has a number of passages that speak specifically and clearly to care providers in order to ensure that the best interests of young people remain paramount. The following pages provide some direction for interpreting the CRC in the context of Scotland's secure accommodation.

Reflective Questions

- *What kind of information do you provide for staff, residents, parents and care providers regarding the CRC?*
- *How do you balance the need for young people to participate actively and their need for protection?*

Core CRC articles and secure accommodation

Article 42 suggests that awareness of the CRC's main principles and provisions will be made 'widely known' through 'appropriate and active means to adults and children alike'. Most importantly, there are many examples of children's rights statutorily embedded throughout The Children (Scotland) Act 1995 and in the scope of The Commissioner for Children and Young People (Scotland) Act 2003.

As with all CRC principles and provisions, the fullest definition of 'the child' is meant to include all young people under 18 years of age, knowing that in different jurisdictions the age of majority may come sooner or it may come later. Generally speaking, care providers should also understand that there are four basic human rights principles meant to help with interpreting the Convention as a whole: Articles 2, 3, 6 and 12.

Non-discrimination (Art. 2): States parties must ensure that all children within their jurisdiction enjoy their rights. No child should suffer discrimination. This applies to every child, 'irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status'. The essential message is equality of opportunity. Girls should be given the same opportunities as boys. Refugee children, children of foreign origin, children of indigenous or minority groups should have the same rights as all others. Children with disabilities should be given the same opportunity to enjoy an adequate standard of living.

Best interests of the child (Art. 3): When the authorities of a state take decisions which affect children, the best interests of children must be a primary consideration (see chapter 1). This principle relates to

decisions by courts of law, administrative authorities, legislative bodies and both public and private social-welfare institutions. This is, of course, a fundamental message of the Convention, the implementation of which is a major challenge.

The right to life, survival and development (Art. 6): This Article includes the right to survival and to development which should be ensured 'to the maximum extent possible'. The term 'development' in this context is interpreted in the broadest sense, and adds a qualitative dimension: not only physical health is intended but also mental, emotional, cognitive, social and cultural development. In this context, this Article also has important implications when looking at the repeated evidence regarding poor educational outcomes and levels of homelessness for Scotland's young people after leaving out-of-home accommodation.

The views of the child (Art. 12): Children and young people should be free to have opinions in all matters affecting them, and those views should be given due weight 'in accordance with the age and maturity of the child'. The underlying idea is that children have the right to be heard and to have their views taken seriously, including in any judicial or administrative proceedings affecting them.

The way in which these four principles work together offers a straightforward, rights-based approach for practitioners to apply the central idea of *best interests* in combination with anti-discriminatory practice, respect for physical and cognitive development, and the right of young people freely to express their views. Secure care providers know and understand that children and young people are themselves primary sources for information regarding adult interpretations of their 'best interests', and, in fact, are active partners in the process of case management while being accommodated. While *participation* is also a central concern in all discussions about young people's rights, this principle cannot be practised in isolation or without an holistic appreciation of these other fundamental children's rights principles.

Reflective Questions

- *How do you facilitate active and informed participation of children and young people in all decisions that affect them?*
- *How do you ensure the fullest development of each resident – intellectually, emotionally, socially, culturally, spiritually?*

Other CRC provisions and secure accommodation

While the above core principles provide a *minimum* rights-based approach, in terms of secure care and case management, CRC **Articles 37 and 40** also provide clear direction for Scotland's secure facilities. For example, adults in authority are asked to recognise the right of every young person 'having infringed the penal law to be treated in a manner consistent with the promotion of…dignity and worth, which

reinforces the child's respect for human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting reintegration and assuming a constructive role in society' **(Article 40.1).** 'Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the particular needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults…and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances…' **(Article 37c).**

As is the case in all residential care facilities, authorities are required to take such protective measures 'to provide necessary support for the child and for those who have the care of the child…for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment…and, as appropriate, for judicial involvement' **(Article 19.2).** Of additional significance, **Article 20** provides that any young person 'temporarily deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection', and particular regard for the 'ethnic, religious, cultural and linguistic background' shall play a role in decision-making and case management. Furthermore, **Article 25** suggests that authorities 'recognise the right of a child who has been placed by competent authorities for the purposes of care, protection or treatment…to a periodic review of the treatment provided and all other circumstances relevant to his or her placement'. These reviews provide collaborative, democratic opportunities actively to engage a young person as well as parents, family members or care providers, and educational and other concerned professionals.

A frequently thorny issue for providers of secure accommodation is the **Article 16** consideration that no young person 'shall be subjected to arbitrary or unlawful interference with his or her privacy, family…or correspondence' since young people have 'the right to protection of the law against such interference'. This passage is of particular concern with regard to the monitoring of telephone calls, contact with family members and other forms of correspondence. Generally speaking, unless a clear threat to safety can be established because of these contacts, the interpretation of this Article is unambiguous - all young people have a human right to respect for privacy while in secure accommodation.

In some instances a child's right to privacy may have to be subordinated to the right to be safe. This would need to be considered where the issue of potential suicide is present.

Reflective Questions

- *Do you screen letters and telephone conversations of residents, and what are the protocols/rationales for this?*
- *Is the impact of isolation from family, culture and community taken into account during planning and programming for residents?*

Establishing a culture of respect for children's rights in secure accommodation

One way in which secure units already draw on a children's rights approach is through their involvement with Who Cares? Scotland. Who Cares? has a number of staff who work specifically with young people in secure accommodation. They are able to provide an advocacy service to individual young people and to ensure that a rights perspective informs practice in units.

The following suggestions are made for those who wish to take forward rights-based principles in their care facility. Adopting this approach to practice is not likely to be any easier than any other institutional approach, and indeed, these guidelines are certainly not meant to suggest this will be the case. Often, the complexities may well increase but by having accurate and clear information, along with an understanding of how to apply the CRC in practice, care staff may proceed ethically with the daily challenges that will doubtless continue to multiply in this field. Establishing a culture of respect for human rights also allows for an interdisciplinary, 'joined-up' approach to engagement, support and treatment with and for young people to run parallel with other placement goals.

- Initial and ongoing staff training in basic knowledge of what the Convention on the Rights of the Child says *generally* - and *specifically* to providers of secure accommodation.
- Basic written and video resources provided for all new staff, new residents and their family members and care providers based upon the four core CRC principles. Institutional policy guidelines for practice founded upon CRC principles and provisions.
- Effective internal and external complaint procedures for all residents, and for all staff.
- Regular in-service visits and ongoing communication with the Commissioner for Children and Young People.

The establishment of an appropriate culture of children's rights requires that these be considered within a wider context of human rights and personal responsibilities.

Conclusion

While these pages have offered a brief overview of human rights considerations for providers of secure accommodation. Adopting a rights-based approach to institutional culture goes far beyond ticking off an auditor's checklist. The above framework also offers the opportunity for all practitioners and young people professionally to engage on common ground - clearly a morale booster for any secure facility.

Training links

SVQ:

Unit O2 Promote people's equality, diversity and rights
(mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome two (optional unit).

Further reading

Barry, M. (2002). Minor rights and major concerns: the views of young people in care. In B. Franklin (Ed.), *New handbook of children's rights* (pp. 239-253). London: Routledge.

Kearney, B. (2000). Children's rights and children's welfare in Scotland. In N. Baldwin (Ed.), *Protecting children promoting their rights* (pp. 37-50). London: Whiting & Birch Ltd.

Scottish Parliament. (2001). *A Children's Rights Commissioner - Research Notes*. From The Information Centre:

http://www.scottish.parliament.uk/S1/whats_happening/research/pdf_res_notes/rn00-62.pdf.

4.21 Partnership with families

Maura Daly

On the day he went into secure care, I cried all day, asking myself over and over again "where did I go wrong?"

(grandparent of a child admitted to secure accommodation)

Introduction

This chapter is based on two important premises. Firstly, regardless of the child's earlier experiences, the family remains important to the child in care and most children will at some point return to their family of origin. Secondly, family networks are important to children's development, even if the child is unable to live within that network (see chapter 3).

Families and secure accommodation

Historically links with family were severed for many children coming into care. Admission to secure accommodation might be seen as confirmation of family relationships having broken down or in some cases being implicated in the need for placement in secure accommodation. This way of thinking can lead staff in secure accommodation to view families as problems. They can be identified as dangerous and staff can get caught up in trying to restrict or manage access. This way of working sets workers in opposition to families.

This is not to deny that some families operate in ways that are not in the best interests of children and young people, and staff in secure accommodation do need to be aware of their potential for harm. When it comes down to it however, most families actually want the best for their children. They often just do not know how to provide this or are not in a position, materially or emotionally, to do so. For some, their way of trying to show their care for a child is to pit themselves against those in authority. In attempting to work in partnership with families we need to try and break down some of these barriers. Research has concluded that children perform better socially, emotionally and educationally where family connections are preserved.

Placement in secure accommodation can in many cases take some of the sting out of fractious family relationships. Knowing that their child is safe and no longer the cause of constant angst can allow a breathing space where family members can begin to think more positively about them again. Likewise for young people, just

feeling under control again provides an opportunity to reappraise their feelings for their family.

Before I moved to (the centre) I never saw my Da'...never saw him since I was four (my mum kicked him out) - last year I saw him again. I stay with my dad at the weekend.

Young person in residential school, cited in Smith, McKay & Chakrabarti, 2004, p. 92

Many staff in secure accommodation engage well with families on an individual level. The purpose of this chapter is to explore ways in which we can engage with families at a more systematic level. Units should consider how they might involve families at every stage of the care experience, from admission through assessment, ongoing care planning to throughcare and aftercare.

As with all aspects of our care-giving, a degree of self-awareness is needed to identify any issues arising from our own family experiences and their impact on our practice.

Reflective Questions

- *Think about your own views and experience of family life. How might this affect your approach to work with the families of children in your care?*
- *What is/are your unit's approach/policies in relation to work with families?*

What is family?

There are a number of political, legal and organisational definitions of 'family' but none which manages to encompass the widely diverse family backgrounds from which the children in our care are likely to have come. These may include traditional two-parent nuclear families, single-parent families, re-constituted families with step-parents, same sex partnerships, and extended kinship. Rather than strive for a definition of family, it will be best to view it as whatever the individual child considers it to be regardless of biological relatedness. (That is not to ignore the latter as it is necessary to have an understanding of the biological family composition and its impact on the child as well). Our work therefore has to be in the context of the 'constructed family'.

Irrespective of their actual composition, the families of the children in our care will be characterised, invariably, by a number of the following:

- structural disadvantage including low income, unemployment, poor education, physical or mental ill-health
- drug or alcohol dependency
- unresolved pain from parents' own histories of attachment problems

- breakdown in family communication
- conflict in the marital relationship
- ineffectual parenting throughout parenthood
- disagreement about how to manage behaviour.

And as a member of that family the child might have experienced:

- abuse or neglect
- early attachment problems
- scapegoating
- middle-child syndrome (may not actually be the middle child but position in family may be relevant)
- non-acceptance of/ambivalence in relations with a step-parent.

Reflective Questions

- *Think about some of the families of the young people you work with. What is the composition of their families?*
- *What are some of the difficulties they face?*

Why family work?

There are legislative, organisational and, most importantly, ethical reasons for engaging in work with the families of children in our care.

The European Convention on Human Rights (ECHR), the United Nations Convention on the Rights of the Child (UNCRC), and the Children (Scotland) Act 1995 all make clear our legal responsibilities to work in partnership with families.

There are also good organisational reasons. Actively involving the family gives a message to the child that staff and family are openly working together, reducing opportunities for situations to be manipulated. Furthermore, it signals to all that problems do not lie exclusively with either the child or the family, but are symptoms of wider dysfunction. It can reduce any uncertainty or conflict about the roles of parents and of substitute carers.

Finally, and most importantly, there are clear ethical reasons for close working with families. For children, their family is the key connection to understanding their identity, their attachments and their heritage.

As with other interventions, care staff in secure units may question who has responsibility for family work. Traditionally, it has been the locus of the statutory field social worker. Several factors, however, challenge this view. Firstly, field social workers are increasingly locked into child protection investigation, assessment and care management, with little time for either preventative or therapeutic work. Secondly, in the minutiae of everyday work with children in their life-space, you will

have developed close and trusting relationships, the foundation for therapeutic work. Finally, you can bring a fresh perspective, possibly after years of social work intervention. Care planning meetings provide a forum for discussion and agreement as to who has the principal role in this and how it is to be achieved.

Family work may be beneficial for a number of reasons:

- to re-establish regular contact between the child and family
- to reaffirm the child's position in the family
- to mend broken relationships with parents and siblings
- to pave the way for the child's eventual return to the family unit
- alternatively to 'free' the child to move on to another situation (see paper 4.22)
- either way, to assess the longer term options.

Reflective Questions

- Identify possible purposes of family work with the families of young people in your unit.

What is family work?

'Family work' can be a difficult concept to define. It incorporates a broad spectrum of interventions. At one end of a continuum, it can be task-centred to address immediate problems and identify simple, achievable yet highly important solutions for the child. At the other end, it can involve complex and intensive family therapy, with a heavy focus on psychotherapy, designed to alter the family's functioning significantly. And along the continuum will be specific interventions such as family group conferencing.

Some knowledge around attachment theory, family functioning, and human development (see Chapter 3) is needed in order to be able to understand and respond appropriately. Skills in active listening, where the emphasis is on the emotional undercurrent rather than the words, observation and non-verbal communication are important. As in all human intervention, relationship is key. Research increasingly points to the importance of the helping relationship as the conduit for change (see Chapter 2). A worker's skill level and confidence will dictate where on the continuum of work with families they can intervene most effectively. Any intervention needs to be thought through and agreed. Ill-conceived or badly executed interventions can be intrusive and unhelpful for everyone concerned.

Residential workers have an important role to play with families. By the time a child reaches secure care, their family is likely to have been 'social-worked' for years. Initially you may be perceived as the next in a line of professionals trying to impose

an order in their lives. By taking a different approach, and indeed without the 'shackles' of the statutory social worker, you can offer something new.

A change in outlook is central to successful work with families. We need to shift our thinking from treatment of a dysfunctional unit to involvement and participation, respecting and trusting families more and judging them less. We need to view families as partners in the care of their children – part of the solution rather than the problem. A child will have arrived accompanied by extensive background reports, detailing the minutiae of his family life, wherein will be contained all sorts of assumptions. This may be a good time for the family to review some of these, to gain family members' own stories of their situations and to become partners towards a common goal.

Whatever the approach taken, in our interventions with families we are modelling parenting, either consciously or unconsciously. We should therefore treat families in the way we wish parents to treat their children, confronting negative behaviours without threatening, moralising or ordering. Fahlberg (2001) explores some messages for positive parenting that we can convey in our interactions with parents:

- emotional nurturing
- a basic sense of acceptance
- times of unconditional giving
- appropriate limit setting
- positive role modelling
- encouragement for growth and change
- teaching responsibility
- teaching appropriate expression of emotions
- encouragement for reciprocal interactions
- a balance between dependency and independence
- discipline rather than punishment
- teaching life-skills
- teaching relationships.

Reflective Questions

- *Can you think of workers who relate well to families? What qualities do they bring to this work?*

Approaches to family work

As stated earlier, family is whoever the child constructs it to be. Therefore wherever possible, everyone identified by the child as having a role within what they consider to be family should be included in any work we undertake. Traditional social work

interventions in families have often focussed on mothers as the primary carers to the exclusion of fathers. This has served to undermine fathers' rights with regard to their children's care, and indeed their responsibility to be involved in child care. This can have the effect of placing disproportionate responsibility and often blame on to mothers. There is now an increasing body of knowledge and recognition of the role fathers can play in their children's care. This is perhaps especially relevant for children in secure care as they strive to work out their identity (see papers 4.12 and 4.13).

Here are some approaches to family work that could be considered within the group care context, dependent on the knowledge and skill level of individual workers and teams and the needs of the families. Just as there is no single definition of family, there is no standard approach to working with families.

A child and youth care approach

Recent literature on child and youth care (Garfat, 2003) talks about developing the concept of lifespace (see paper 4.06) for family work. It is based on the premise that in the same way as we can engage therapeutically with children in the daily care-giving experience, we can also work positively with families as they live their lives. By getting involved in the rhythms and routines of the family's lifespace we can promote improved relationships. This may involve being with families in their homes, within their community, and in any other place where they live their lives. The advantages of this approach are that you help families to learn new ways of interaction as situations present, rather than hypothetically. The family will experience you as reaching out to them, thereby shifting the inherently unequal power imbalance. Moreover, you are more likely to engage with *all* family members and to come to a better understanding of how they operate together.

Clearly this approach needs to be balanced with a need for confidentiality and privacy, and our own comfort with regard to this degree of intrusion.

Solution-focused approach

Qualified and experienced care staff may feel confident in undertaking a more focussed, therapeutic approach to work with families. This approach requires regular commitment of time and space by all involved and all members should have an opportunity to contribute.

The first stage in this therapy is for the worker and family to agree goals. These may be for more contact with the child, for the child to return home, or for the child to be freed up to move on elsewhere. The aim of the intervention is to achieve change through opening up lines of communication; challenging scape-goating; decreasing guilt and blame; increasing empathy with, and acceptance of, difference; challenging myths; and making new agreements for being together. 'Problems' will emerge, and while they will need to be aired and addressed, the focus should stay on resolution.

This approach is strengths-based, exploring the knowledge and resources within the family. In some situations parents feel so overwhelmed by their child's problem

behaviour that they find it difficult to be positive about any aspect of their relationship or functioning. Re-framing the meaning attaching to events can help to redefine 'problem' behaviour. For example, a young person's negative behaviour is often an acting out of anger or another emotional state.

Check out with families their dreams and wishes for the child in secure care. Usually they are not much different from those of other families. Ultimately they want their child to settle down, get an education, get a good job, meet someone nice and have kids. The focus is on how these wishes can be achieved.

As in all interventions, language is important. Speak the language of the family; identify with the feelings of each member. 'Attach' to the family. The focus is on the family as a unit, not the individual child.

The goals should be regularly revisited, progress reviewed and outcomes evaluated. Care planning meetings can be used to do this.

Family group conferencing

Family group conferences are a relatively new but popular model of working in partnership with families. Most local authorities now have either their own team or have arrangements to buy in the services of voluntary agencies who have specialist family group conferencing teams. The model comes from New Zealand where there was increasing concern about the over-representation of Maori children in care, most of whom were with white carers. A key feature of the model is that it is participatory, with facilities being provided to allow the young person to play an active role. It is kinship-led, involving *all* players in his life. Any family member should only be excluded in exceptional circumstances such as risk of violence or intimidation. Family group conferences are particularly relevant for planning where a young person is going to live long-term.

The 'conference' is facilitated by an independent co-ordinator. This role requires particular skills in negotiation and mediation to ensure that the meeting reflects the language, abilities, diversity and culture of the young person's family. At the meeting, professionals explain their roles and responsibilities, their concerns and available resources. The family then meets in private to agree collectively the best way forward, the resources required, and a system for monitoring. They also agree a contingency plan. Professionals should accept the family's plan unless it is likely to place the young person at significant harm.

Some research has been done on this model. Generally it is perceived as participative by families but is also stressful. A key concern from families has been the failure by professionals to sustain their commitment to the plan. From a secure accommodation perspective, this may require a shift in the way we work. If one outcome from a conference was that a young person should return home with intensive outreach support from care staff, this might present organisational challenges. If this outcome is best for the young person and his family, then this is a worthwhile investment.

Reflective Questions

- *What approach(es) to family work might be useful in your agency?*
- *What kind of supports would you need to carry them out?*

Tools

In order to work effectively with families it is important to organise the information already held and that gleaned in the course of your involvement. Visual representation of this can be helpful. A family map or genogram provides the historical context to the young person's life. It allows for fuller exploration of the significant players and its creation provides a forum for discussing relationships, roles, rules and myths in wider family functioning. An eco-map provides information on the family's whole environment. The family is a system, with all parts playing a role in its survival. Finally a family 'life-snake' can help a family see the connectedness of events and behaviours. These are illustrated in paper 4.22.

Training links

SVQ: Unit P2 *Establish and maintain relationships with parents* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).
Unit HSC 312 Support the social, emotional and identity development of children and young people (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

Daniel, B. & Taylor, V. (2001). *Engaging with fathers: practice issues for health and social care.* London: Jessica Kingsley Publishers. As the title suggests, this book addresses the need to work with fathers. Well grounded in practice experience.

Fahlberg, V. (2001). *A child's journey through placement.* London: British Association for Adoption and Fostering. This is a classic text for anyone working with children and families. It is particularly good on issues of transition and identity. Although grounded in theory it is very accessible.

Garfat, T. (2003). *A child and youth care approach to working with families*. New York: Haworth. This edited volume outlines a conceptual framework for working with families from a child and youth care perspective. It identifies a number of the issues to be taken into account in such work and offers some practical examples.

Garfat, T. & McElwee, N. (2005). *Developing effective interventions with families.* Athenry, Co. Galway: EirCan Consulting. This is the first in a new series of child and youth care texts (see cyc-net.org for details).

Helpful articles on family group conferences can be found on-line at www.iirp.org/library/fgcseries01.html

4.22 Life story work

Maura Daly

…someone, cut off from their past and denied their future can only live for the present.

Introduction

Every young person has a unique history. For many, that will be a straightforward account of a safe, predictable and protected childhood, and an easy passage into adolescence. Young people in secure accommodation, however, are likely to have suffered several changes in their lives, often involving multiple separations, losses, traumas, and possibly physical, emotional or sexual abuse. Life story work can be a useful tool to help young people make sense of past experience. This paper will:

- describe life story work;
- consider some of the purposes of life story work;
- identify some of the knowledge and skills required to undertake it;
- offer some suggestions as to how to use this approach.

What is life story work?

Life story or biographical work is a method of direct work with young people that can facilitate and encourage personal growth. It is concerned with how a young person sees, interprets and understands his/her world. Its roots are in 'symbolic interactionism', the belief that we all have an interpretive self which helps us make sense of our worlds and through this to discover our identity (see chapter 3). Importantly, life story work is not just about recording the facts of a child's life, but about the language, meaning and thoughts a young person attaches to them.

As with many therapeutic interventions, life story work with young people is not just for 'the experts'. A long-held misconception is that this is the domain of the qualified field social worker or other therapist. Increasingly however field social workers are involved in assessment, investigation and case management, and are left with little time for direct therapeutic intervention. Therefore the onus is on those providing direct care to engage in this work. Given the central importance of the 'relationship' in all therapeutic work with young people (see chapter 2), workers involved in daily care-giving are in a better position to engage in life story work than those less well known to the child. Conveying a message of care, trust, responsiveness and

genuine interest in their world will elicit facts, thoughts and feelings which give the intervention a therapeutic quality.

Purpose of life story work

There are many reasons why lifestory work with a young person might be appropriate.

It provides a history for the young person.

Children who remain within their own birth families throughout their childhoods will have evidence of their history all round them, contained not only in photo albums and memory boxes, but in the anecdotes and stories that trundle out on family occasions and are regularly relived. Even as adults, we all enjoy hearing accounts about our early years.

Young people in our care may have experienced several moves during their lives. With each move, some of their history is lost, both the hard, tangible evidence and that which relies on memory. Creating a life story gives the young person a chance to retrieve some of this and record it before it becomes lost forever.

It connects the young person's past, present and future.

The experience of the survivors of the concentration camps suggests that someone who is cut off from their past and denied their future can only live for the present. Practice experience tells us that the past for many of the young people in secure accommodation is confused, the future uncertain. As a result they only live for the present, and that this can lead them into risky behaviours.

It helps the young person separate fantasy from reality.

In order to protect them at a young age, children may have been given a less than honest reason for why difficult events occurred. (This should happen less now than in the past as it is generally accepted that children should know the truth from a young age). Alternatively they may have invented their own explanation of events in order to protect themselves emotionally. Life story work provides an opportunity to challenge misconceptions in a supported way. By adolescence, most young people have the cognitive capacity to develop a firmer understanding of the realities of their lives.

It contributes to identity formation.

Our identity is shaped by a range of experiences and influences which make us distinct from others. If young people are unsure about these experiences, then it is easy to assume an identity ascribed by others e.g. 'ned', and live out the expectations that go with that label. Young people need to develop an understanding of what their gender, culture, class, ability, age, race and sexual identity means for them.

It builds self-esteem.

Self-esteem is the collection of beliefs or feelings we have about ourselves. The two main sources of self-esteem are competence and self-worth. The first involves achievement or success, while the latter is our self-belief in those achievements. Engaging in life story work promotes both, through the sharing of responsibilities and the accomplishment of tasks, with lots of opportunity for praise and positive reinforcement.

It deals with anger and other strong emotions connected to early life events.

Anger is the most common emotional response we come across in working with young people in secure accommodation. Our task is to help them learn how to express it appropriately. Years of suppressing strong emotions may have resulted in the behaviour that brought them into secure care. Life story work will inevitably involve discussion about the source of a young person's anger. It allows the worker to affirm that anger is a common emotion and there are ways of expressing it appropriately.

It helps in preparation for another placement.

Young people in secure accommodation may be moving on either to another placement or to a semi-independent setting. Life story work can help to prepare them for these changes. This may be the first time in many years that the young person truly feels secure and protected emotionally and this positive experience should be translated into longer term advantage.

It addresses specific problem behaviours.

Life story work provides an opportunity to examine how the young person became involved in specific behaviours, e.g. drug use, sexual exploitation, self-harm or offending. By adolescence, young people should have developed some logic and insight, enabling them to consider how their behaviour affects other people and how other people's behaviour affects them.

Knowledge and skills required

A range of knowledge and skill is required to undertake life story work. An understanding of child and adolescent development will assist in gauging the young person's cognitive, social, and emotional development, while an overview of attachment theory will help in understanding the impact of losses, separations and traumas in their lives (see Chapter 3).

The essential skill required is delicate and sensitive communication. Flexibility and a willingness to try a variety of communication techniques will aid the process. No young person communicates solely through words, and effective communication involves discovering the best way to communicate. If a young person is initially resistant, the use of art, reading, storytelling, photography or other activities, which may feel less threatening, can be used. These are not for interpretation but simply a part of the process.

Some sharing of one's own experience, an element in what is known in social work as 'use of self', will encourage a flow of information. As in all communication, there needs to be a degree of reciprocity. This is not to suggest that workers necessarily disclose personal information about their own experiences, but rather that they convey their humanity, warts and all. Since much of this occurs naturally in our daily experience with young people in care, residential workers are already at that point.

One note of caution is about the need to ensure that events taking place on a daily basis within the lifespace don't get in the way of the work. Between sessions with a young person, workers will be engaged with them in other contexts, and some awareness and possible separating out of roles may be required.

Reflective Questions

- *Before undertaking life story work for the first time, a good exercise is to think about your own biography.*
- *How easy would it be to share this with someone else?*
- *With whom would I like to share it?*
- *Where might I hold back?*
- *Is it all real or is some of it fantasy?*
- *What do I not know about myself?*
- *Where would I find this out?*

Preparing to do life story work

When preparing to do life story work the following factors should be considered:

Where?

There is no ideal physical location in which to do life story work. It does not have to be limited to an office setting and, importantly, it has to be comfortable for the young person. Some degree of privacy is required if personal and confidential discussion is taking place.

When?

Life story work is an intense intervention that requires time and persistence. The young person needs to know that you will be available for them and this will be the first test of whether you are trustworthy. Given the competing demands on your time, it would be useful to schedule a mutually agreed allocated time. In your daily interactions with a young person outwith these planned sessions other opportunities may present themselves and these can also be used.

Who can do this?

In addition to having the knowledge and skills discussed above, those engaging in this work must be able to accept a variety of strong emotions without either minimising them or feeling overwhelmed by them. Good self-awareness is also a prerequisite as disclosure of certain events by a young person may evoke strong emotions in the worker. Good supervision to support this work is vital.

With whom can we do this work?

There is a tendency to believe that some of the young people in our care are too damaged and chaotic to 'engage' in this work. This is often used as an excuse when we are perhaps feeling daunted by the task. What will become apparent however is that being there consistently over time for a young person, being flexible, and often doing it on their terms, will create the climate in which they will want to engage.

What do we do?

There are any number of techniques and 'tools' (see Further reading). The important thing is to be comfortable with what, if any, you are using. Many can be adapted to fit the needs of young people at different ages and stages of development, with different experiences and from different cultural backgrounds.

Other considerations

Life story work should only be undertaken within the context of the care plan. The reasons for doing so should be clearly articulated and whoever does such work needs to be sufficiently confident and skillful. In addition the following points should be considered: does the young person give clear permission for access to social work, medical and other records? Who can have access to the life story work – parents, social workers, courts? Under what circumstances will information be shared with a third party? Is the young person fully aware of all these considerations?

Reflective Questions

- *Are there other considerations that should be taken into account?*

Content of a life story book

Before beginning life story work, ascertain what is to the forefront of the young person's mind. The here and now is what matters most to young people. Any current difficulties should be addressed, e.g., home leave/family contact arrangements, before embarking on discussion about the past or future. Equally,

there is a balance to be sought so as not to avoid the work by finding other things to talk about.

There is no obvious place to start. Just as every young person's collection of experiences is unique, so will be his/her life story book. Sometimes his/her own account of his/her history provides the foundation on which to base the work. The use of a questionnaire can prompt the young person if s/he has difficulty knowing where to start or has worries s/he usually chooses not to talk about. (This can also be used later to evaluate progress.) The immediate past might be more relevant than early life for the young person. It may also take the young person time to trust and have confidence in the worker prior to unfolding their history.

Drawing an eco-map (see diagram 1) may help young people who are unable to give a fluid, coherent account. Based on a systems approach (see chapter 3), it helps the young person to see him/herself as part of a bigger system with all parts playing a role. This book is not just about him/her in isolation but about the many facets that have contributed to his/her make-up.

Because information may come at different times, a loose-leaf folder is probably the best way of gathering the book together. There are prepared books available, but while they are useful as a focus, they can restrict the breadth of information the young person may want to include.

The language used in the book is very important and should reflect the young person's own vocabulary and sentence structure. Again, how the information is recorded is open. If the young person has good writing skills and is confident in them, s/he may choose to write much of it him/herself. If s/he has keyboard skills, s/he may choose to type it. Some, however, will rely on the worker recording it. Importantly, it needs to be legible to the young person later on.

Be careful in how you reflect the information back to the young person. It is important to remember that while s/he might criticise parents/carers and others, s/he will seldom tolerate you doing so!

Most life story work will include the following areas:

Birth details

Every life story book should contain details of the young person's parentage and place of birth. Even if these details are unknown, this should be acknowledged in order that the young person can then feel able to talk about it. A genogram (see diagram 2) may help in this. The case files held within the social work department will provide a lot of the information required and access to this can be negotiated with the social worker. Parents and family members and previous carers are an obvious source of information. The young person may know of other sources. In most cases, school medical records and GP files will have details of birth weight, developmental milestones and early childhood illnesses.

In gathering and discussing this information, it is important to help the young person to understand that being successful, moving on,

and achieving is not a rejection of their parents or early life experiences.

Attachment history

Early experiences in relationships shape the quality of later relationships (see chapter 3). If young children have not had their physical and emotional needs met, leading to a secure attachment, adolescence and the transition to adulthood is more difficult as they test out the availability of the adults around them. Young people's earlier attachments will help them understand their current situation. These attachments may have been to significant relatives or other carers rather than to birth parents and this should be recorded. Any letters received over the years may be included, with the young person's permission. In the course of the life story work, it may become important to the young person to reconnect with someone from their past. This would require thoughtful consideration and careful planning.

The very act of engaging in this work with a young person, thus enabling him/her to experience an unconditional relationship with a reliable and available adult, could in itself begin the construction of a secure attachment base.

Houses / neighbourhoods

Life story work requires to be done in the context of the young person's social and physical environment. If s/he has had a number of moves, it would be useful to draw a map with him/her, showing all the addresses where s/he has lived. Photos or pictures might be included here.

Schools attended / teachers' names

Report cards, school photos (class and individual), drawings and project materials should be included. If the child has no access to these, schools will have copies of some.

Activities / sports / hobbies

Since good self-esteem is dependent on achievement, it is important to reflect back on a young person's earlier attainments to re-inforce the positive benefits they brought. This could also have the dual effect of re-igniting their interest in healthy activity (see paper 4.08).

Religion/ culture / race

An understanding of one's history in terms of religious, cultural and racial experiences is necessary for identity formation. The issue of cultural safety is addressed in paper 4.19.

Why the young person came into care

An honest account which does not attach blame to any individual but rather seeks to put the events into a wider context will be beneficial in helping a young person move on. By adolescence, most young people have the cognitive ability to understand all the factors which led to their coming into care. An exploration of these can lead to eventual forgiveness of abusive or neglectful parents

through understanding the parents' own unmet needs. This understanding and forgiveness can be a cornerstone on which the young person develops future secure attachments.

Placement history

The young person may have had several care placements and s/he may be unclear as to why some ended, especially where they seemed to be going well. S/he may feel, at best confused and, at worst responsible for this and clarification will help. It may be appropriate to contact previous carers to get photos, cards, documents and verbal accounts of the young person's time with them.

Why the young person came into secure accommodation

Deprivation of liberty, in addition to separation from family and peers, is a serious intervention which young people may need help to make sense of. Many young people may not fully understand what has led to them being there. Life story work can help set a context to this.

Plans for the future

Although we cannot entirely undo the psychological damage of early life experiences, life story work can help to equip young people with the compensatory skills they will need to manage the future. Most adolescents have the capacity for hypothetical thinking. They can look ahead to the times when some of their earlier difficulties might resurface. Certain events - becoming intimate in a relationship, having children, suffering further loss, or developing an illness - will trigger memories of their own past. How they have addressed this will influence how they deal with future situations. And in this way we can help to break the cycle of abuse and neglect between generations.

Life story work may also assist a young person in developing a 'cover-story' for the future. This is not a lie but rather a method for withholding sensitive and personal information from others. Guidance can be provided about the degree to which information needs to be shared and with whom.

A life snake (see diagram 3), summarising major events in a young person's life, with options for the future branching out, is a useful visual aid to focus this discussion.

One of the staff who was in a home a few years ago with us is in the same home now with us. It's like old times again. Yes, she was our keyworker for us back then and now she's my keyworker. She knows what [my sister and I] have been doing, she knows our history. Probably because she was there when we were growing up and she still is really. She's a part of my history because I was close to her back then and I'm still close to her now.

(female 15, Who Cares? Scotland, 2003, p. 17).

Ending life story work

As with all therapeutic interventions, the ending is important and it is essential that it does not constitute another loss in the young person's life. The ending should be formally marked, perhaps with a special treat, and agreement reached as to where the work should be kept. It should be acknowledged that, while the formal recording has ended, the life story may be the basis for ongoing direct work on particular themes.

Training links

SVQ:

Unit CYP4 *Encourage young people to develop and maintain a positive sense of self and identity* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Supporting and managing provision in secure care settings*: outcome one (optional unit).

Further reading

Fahlberg, V. I. (1991). *A child's journey through placement*. London: BAAF.

King, P. (1989). *Talking pictures: trigger pictures to help children talk about themselves*. London: BAAF.

Ryan, T. & Walker, R. (1999). *Life story work*. London: BAAF.

Diagram 1

Eco Map

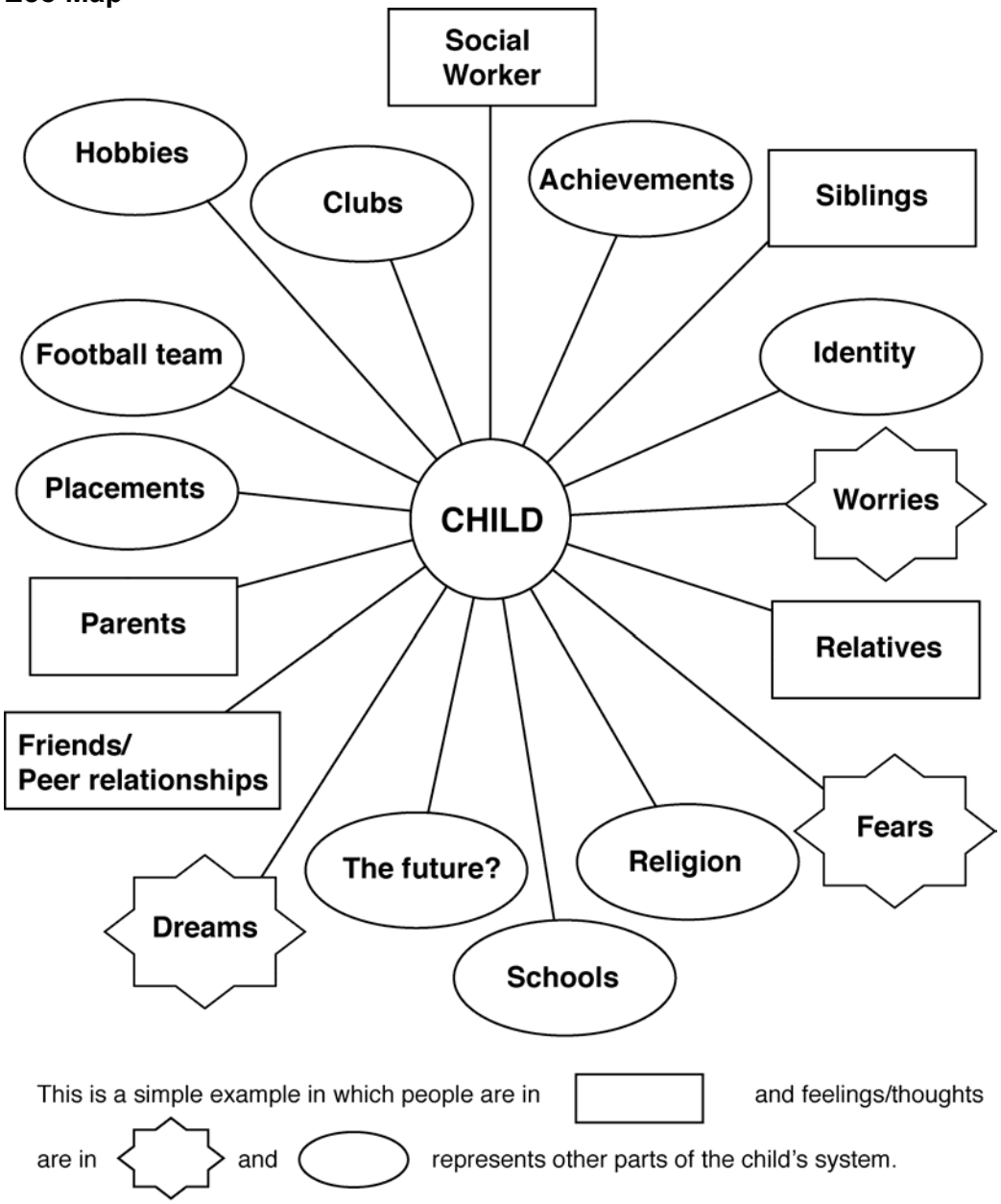
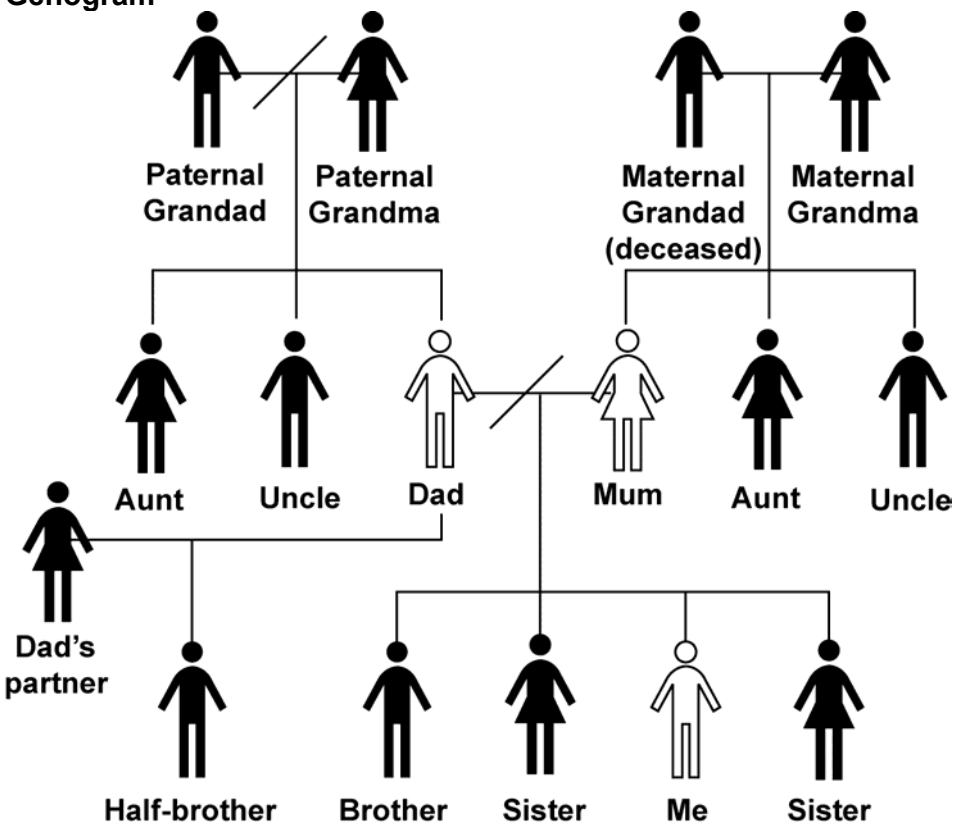


Diagram 2

Genogram



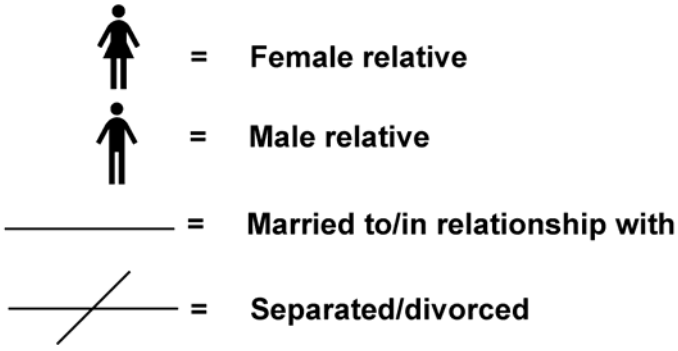
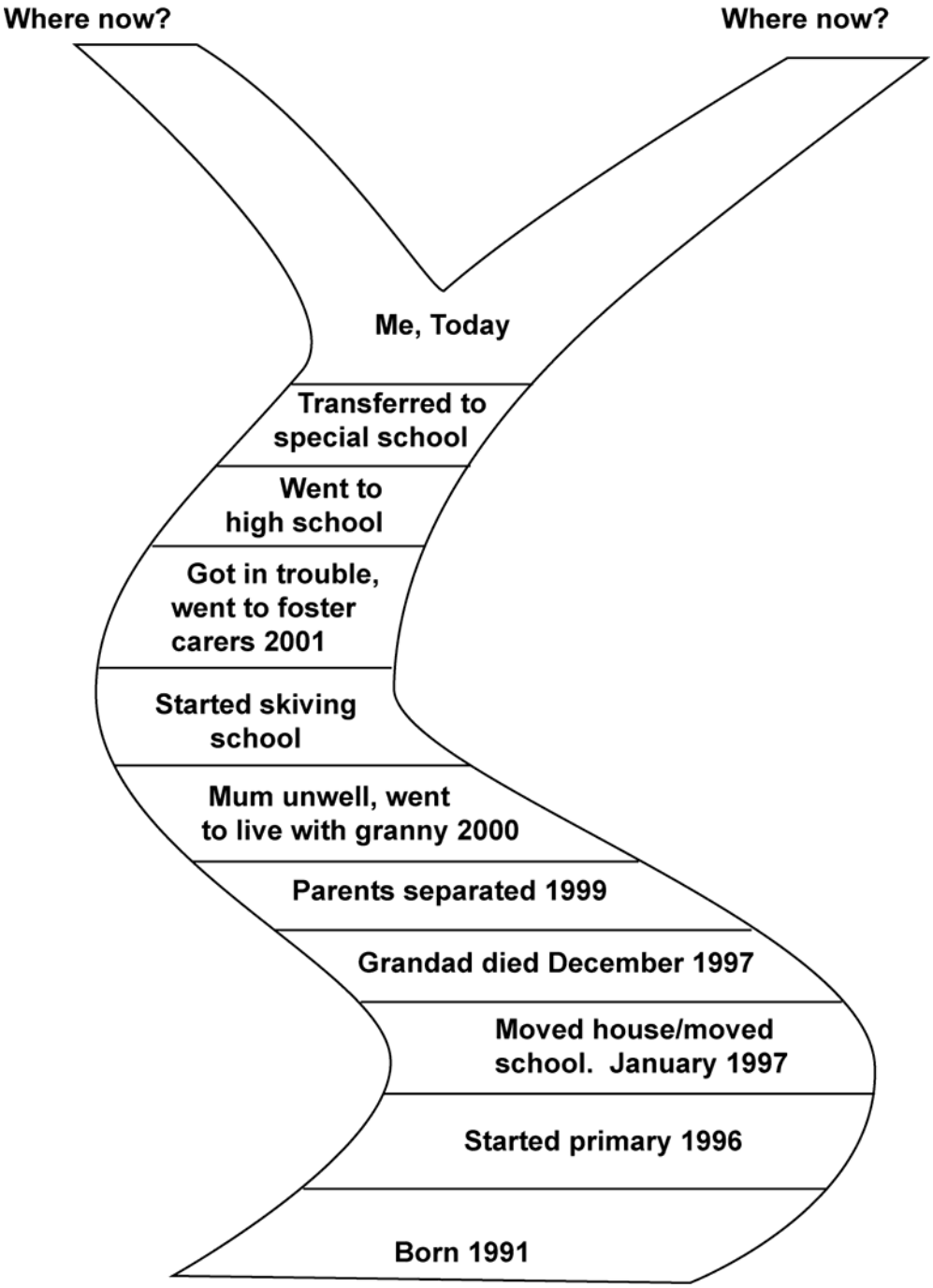


Diagram 3

Life Snake



4.23 Managing Behaviour

Laura Steckley

Caring work means helping to meet an individual's developmental requirements rather than a focus on working to undo or to correct unwanted behaviours.

Henry Maier (1987)

Introduction

This section offers some ways of thinking about behaviour, our immediate objective in managing that behaviour, and our primary task in working with young people; these ways of thinking can bring greater clarity and effectiveness. This section also addresses self and relationship as inextricable components of working with challenging behaviour. Physical restraint is briefly discussed as the extreme end of working with challenging behaviour, and finally, some practical advice and further reading are offered.

Overview

Working with challenging behaviour is an integral part of every shift in direct practice; it is especially pronounced in secure accommodation since many young people are placed there as a result of their behaviour (at least in part). It is also likely to be a key feature in many of the dilemmas, difficulties and frustrations that frontline practitioners encounter in their day-to-day work. Most of us, at one time or another, have been exasperated at being unable to help a young person shift from an aggressive and/or destructive course of action. We also may have experienced an unanticipated positive response from a young person, though we may or may not have had the time or inclination to wonder about why. In order to get to some answers as to how we can continually get better at working with challenging behaviour, it is important to step back and first ask ourselves questions about how we think about the behaviour that challenges us, whose behaviour we should be working with, and why should we work with it in the way that we do.

The way we think about behaviour and misbehaviour affects how we respond to it, how effective our response is to it and whether the young person benefits from our efforts. This is also true of how we view our primary task, or what it is we are trying to accomplish overall in our work with young people. Even if you 'do all the right things', if your thinking behind it is actually coming from a perspective that is not well informed or in the best interests of young people, there is a much greater chance that, over time, one of two things will happen: either young people will respond unfavourably to your efforts, or they will be damaged by them.

What do we mean by 'working with challenging behaviour'?

For some, thinking about challenging behaviour might conjure up images of physically restraining a young person, and for others it might mean applying a

consequence for misbehaviour. Others still might think about an empathetic response that helps a young person 'talk it out' rather than 'act it out', and even a subtle but deliberate raised eyebrow can be a form of helping a young person manage their own behaviour. For the purposes of this section, the notion of working with challenging behaviour will cover all of these and more, and it is helpful to consider our behavioural interventions along a spectrum from least intrusive (e.g. a raised eyebrow) to most intrusive/restrictive (e.g. a physical restraint). This spectrum can be thought of not only in terms of what you do, but how you do it (e.g. the tone and volume of your voice). Knowing where to pitch your response along this spectrum will depend on many things, including your relationship with the young person, your assessment of the situation and the challenging behaviour you are responding to. Much of this will be discussed throughout this section.

Your immediate goal in working with challenging behaviour will depend on your initial sense of what is going on in a situation, or your initial assessment. Some specifics related to assessment will be reviewed later in this section. Immediate goals in working with challenging behaviour can range from regaining safety to inviting a young person to manage his own behaviour; the immediate goal should be informed by your assessment of the young person and situation, and by your understanding of your establishment's primary task. Your immediate goal should also match up with how intrusive your intervention is.

It is useful to view behaviour as a form of communication. Because young people in our care are often confused and unable to put their feelings or needs into words, our job can be about interpretation, or 'breaking the kid-code'. Behaviour is often referred to as an expression of a need, and more recently research has highlighted that emotional pain is at the root of most of what we describe as 'acting out behaviour' (Anglin, 2002). Often young people are not aware of the thoughts, feelings and issues that underlie their behaviour. Simply by tuning into what might be beneath the behaviour and what that behaviour might communicate, we can be more effective in our responses to young people.

There are many factors that impact the effectiveness of our work with challenging behaviour, both in the moment and, more generally, in how the unit is managing. These include:

- The state of and potential impact of our *self* on situation;
- The culture of the unit;
- Our perception of our primary task;
- The young person's history and current state;
- The young person's likely triggers and habitual reactions;
- The strength of relationships between young people and staff, and between staff with each other;
- The impact of the group on the young person and vice versa;
- The state of and whereabouts of fellow staff;
- The unit's policies and procedures;
- The physical environment;
- The emotional environment;
- All relevant risk factors.

All of these must be considered and assessed in our attempts to respond to challenging behaviour, sometimes in a very short period of time. The first three, self, culture and primary task, will be discussed next.

Reflective Questions

- *What do you think of when you think about challenging behaviour? Do you always see it negatively?*

- *Do you regularly try to decipher the 'kid code' and understand what the young person is trying to communicate?*

Self

If relationships are the primary way we help young people to learn, develop and heal, then our *self* can be seen as the primary tool we use. First and foremost, the most important person's behaviour you must work with is your own. When faced with an angry, aggressive young person it is easy to lose sight of this. Effective use of self means more than just resisting the urge to retaliate. Holding onto an awareness of yourself and being able to act usefully on that awareness can be difficult under normal conditions; doing so when also trying to work with the challenging behaviour of a young person or group can sometimes feel impossible. It is not impossible, however, and many practitioners do this amazingly well considering all that is involved. Garfat (1998), in a study of effective interventions in child and youth care, highlights how effective workers showed a highly developed self-awareness and an ability to monitor, control and positively use their *selves* in the process of intervening with a young person.

Knowing and understanding the individual young people you work with, and continually developing your knowledge of young people generally and how to best work with them (e.g., developmental theory, resilience-based practice) can make it easier to maintain a useful perspective in difficult situations. Chapter 3 of this guidance is a good resource towards this end. It is also vital to know and understand yourself. In fact, it has been said that 'without self there is no other' (Ricks, 2001), meaning we only know other people through our own interpretation or experience of them. One way of looking at this is to acknowledge that what we see and feel about someone else often tells us as much or more about ourselves. One person's view of a situation will be anywhere from slightly to extremely different from other people's view because the combination of each person's history, culture, values, beliefs and biology are unique. All of these things shape how we see and make sense of the world. An important challenge in working with young people is sorting out which part of our experience is telling us something important about the young person, and which is more about ourselves.

Meaning Making

A starting point in meeting this challenge is to pay attention to *meaning making*. How people make meaning of their experiences, or meaning making, has become an important focus in guiding good practice (Garfat, 2004). The meaning each of us makes of any event or situation is affected not only by the particular circumstances of that situation but also by our perception of it; this perception is affected by our own personal histories, experiences and values, as well as the overall culture we grew up in and the organisational culture we work in. It is easy to recognise that many of the young people we work with have very different personal histories, experiences and values from our own, and that as a result they can often make a different meaning of a situation from what we do. Yet, it is just as easy to forget this, especially when faced with challenging behaviour. Sometimes, the

misunderstanding that results from unrecognised different meanings made of a situation is the source of the challenging behaviour in the first place.

As we become attuned to how young people make sense of their world, their situation and specific events, we will be more effective in working with them in a way that helps them better to manage their own behaviour. To do this, we must be in touch with how we make meaning of situations and events, striving consistently to be aware that any interpretation is merely *our own* meaning made of a situation or event. A good place to start is by looking at our own experiences of being cared for and caring for others. Cultivate a habit of wondering about how similar or different each young person's experiences have been, and how potential differences might impart very different meaning making around your efforts to help, both generally and in specific situations. For instance, your efforts to help a young person to learn how to behave properly at the meal table may be experienced by that young person as staff trying to change her into someone who will no longer fit into her family or community (even though she may not be able to articulate this clearly in her own mind).

Reflective Questions

- *How often do you consider your own thoughts, beliefs, feelings, body language, facial expressions and tone of voice when responding to challenging behaviour?*

- *Can you think of a recent or memorable situation in which the meaning you made of what was going on was different from the young person's, and it was the source of the conflict or problem? Were you aware of the difference? If not, how might being aware have helped the situation?*

Counter-aggression

It is also useful to have an understanding of *counter-aggression.* Counter-aggression describes the aggressive thoughts, feelings and sometimes behaviours we have in reaction to someone else's aggression. It is not only normal to feel aggressive when faced with someone else's aggression, but it may even be a biological instinct that has helped our species survive (Long, 1995). Unfortunately, counter-aggression interferes with good practice.

Our counter-aggression can get triggered when we feel physically threatened, when our values or beliefs are violated, when we feel helpless, discouraged or losing control, or when something happens that stimulates unresolved issues or simply memories from our past; often we are not aware of our own counter-aggression or why it has been triggered. We may think that we are calm and fully in control, when actually our body language, tone of voice or facial expression conveys our aggressive feelings.

Counter-aggression also clouds our thinking. For instance, it is difficult to see how our decisions may be punitive and serve our own desire for control or retaliation when we are having a counter-aggressive reaction. It can be even harder to see our own *passive-aggressive behaviour*. Passive-aggressive behaviour can take many different forms. Some examples include being slow to respond to a young person's request, using cutting humour or being unreliable with a young person.

Passive-aggression is often a form of counter-aggression, and people are usually unaware when they are behaving passive-aggressively.

Whatever form it takes, counter-aggression makes us less effective in working with challenging behaviour and is detrimental to building therapeutic relationships with young people. Indeed, it is a key challenge in managing our own behaviour, and the first step in meeting this challenge is to cultivate our self awareness and acknowledge when we are having counter-aggressive thoughts and feelings. This acknowledgement can immediately diffuse some of its power and enable us to put it aside when in the midst of dealing with a young person's challenging behaviour. Later, it will be important to reflect on and talk about these thoughts and feelings, what they tell us about our tendencies and how they impact on our practice.

Projection, Transference and Counter-transference

A basic understanding of ideas from a psychodynamic tradition (see Chapter 3) about *projection, transference and counter-transference* can help us begin to sort out which parts of our feelings are about our own *selves* and which parts might be telling us about the young person. These terms refer to unconscious ways people react to their own feelings. They are normal and sometimes even necessary to get us through difficult situations. Sometimes, however, they can be problematic or even destructive.

Projection refers to the process where feelings or characteristics are attributed to another person because they are too uncomfortable or unacceptable to acknowledge in oneself. It is a way of defending against or distancing from pain and anxiety. One way to understand this is to think about the way a film projector *projects* an image onto a blank screen. What we see is coming from the projector, but it appears to be on the screen.

Young people often project feelings onto staff; for instance, a member of staff being accused of hating a young person might actually reflect the young person's pain of hating himself. Staff can also project aspects of their own selves onto the young people in their care. An example of this could be a member of staff who sees a young person's misbehaviour as designed to hurt or humiliate the member of staff, when actually the misbehaviour is triggering the staff member's own desire to hurt or humiliate the young person. While it is normal to experience such feelings when working with challenging behaviour, they are at the same time often viewed as unacceptable. This makes it much more difficult to acknowledge them.

Projection becomes a problem when it continues unrecognized. It is challenging enough to 'break the kid code' and get to the meaning behind the behaviour when we're seeing clearly. It becomes impossible when we are deep in the process of projection. Just as we cannot see the actual screen when a film is being projected onto it, we cannot really see a young person when we are projecting our own unwanted feelings onto him.

Transference refers to a process where young people experience feelings towards staff that are really about other significant people in their past or present (often a parent). Most of us experience transference in relationships with caregivers or authority figures. We are generally not aware of it when we are transferring these feelings onto other people in our lives. In secure care, transference can take the form of a young person targeting his rage or distrust at a female practitioner that is much more a result of abuse he experienced at the hands of his mother. Or, it can

take the form of a young person idealizing a male member of staff when actually these idealized feelings are more about an absent, fantasised father. These are some common examples, and transference can take shape in unlimited ways. It would be hard to imagine any residential child care setting where transference was not happening regularly, and when practitioners are the target of transference, they can sometimes experience *counter-transference.*

Counter-transference refers to practitioners unconsciously reacting to the young person as a result the young person's process of transference. A practitioner who is the target of a young person's transference about his mother may become uncharacteristically rigid and punitive when challenged, just like the young person's mother. Another example might be the member of staff who is the recipient of idealised feelings about the young person's father may end up developing a 'blind spot' for the young person's misbehaviour and avoiding saying 'no' as part of his process of counter-transference. When we are experiencing unacknowledged counter-transference, clear sight and judgement become clouded. Again, like the example of the projector screen above, the young person becomes invisible, or at least less visible, behind our own emotional static. Our ability to assess and respond with insight and sensitivity is reduced.

Reflective Questions

- *Can you think of a time when you experienced counter-aggression, projection or counter-transference when working with a challenging young person? How did it impinge and what did you do? What would you do differently if you could do it over again?*

- *Have you noticed a reaction from a colleague that might be explained by counter-aggression, projection or counter-transference? How might you open up dialogue to help your colleague become aware of and work with these processes?*

Understanding these reactions is relevant to effective use of self in two significant ways: first, practitioners must continually and actively work to recognize when they are engaging in processes of projection and counter-transference and work to see the young people in their care more clearly. Second, the feelings that arise within their *selves* can give them important clues about a young people's experiences of attachment, their relationships with important figures in their past and present, and feelings they are unconsciously struggling with. As we tune into the feelings that are triggered by our work, we can better understand our young people, their struggles and their inner world. As young people feel better understood, they often become more receptive to our efforts to help them. The goal, then, is not to avoid having feelings, but to put them into perspective and make good use of them. This requires *emotional availability.*

Emotional Availability

Emotional availability is about a way of being with others, in this case a way of being with the young people in our care. For us to be effective in our work with young people generally, and in helping them learn to manage their behaviour specifically, we must be open, warm, empathetic and accessible. We can create

emotionally safe spaces where young people, over time, can come to trust our genuine care and respect for them even when things become difficult.

Being open, warm, empathetic and accessible means that young people will sometimes 'get to' us. Unfortunately, many of us have been led to believe that if a young person 'gets to' us, we are somehow not competent or professional. However, if we are so armoured that we do not allow ourselves to experience emotional reactions from the work, we will not be able to tune into what our feelings can tell us about what is going on underneath the surface of a young person's behaviour. By the same token, we cannot be 'got to' so much that it disables us from getting beyond our feelings, responding constructively or continuing with the work. Emotional availability, then, requires skill and insight in balancing accessibility with boundaries.

To be able to be emotionally available to others, one must consistently work to develop and maintain self awareness. This involves tuning into your own internal world—your thoughts and feelings, and the values, beliefs and experiences that are beneath them. This can sometimes take a great deal of courage and honesty, which is frequently what is demanded of the young people we work with. Developing an ability to identify and work constructively with the processes of counter-aggression, projection, transference and counter-transference, we also must speak openly and honestly with one another about what we are experiencing and observing. To have clarity, we sometimes need to see ourselves reflected back in the feedback of colleagues and supervisors: just as we are sometimes gentle and honest mirrors for young people, we need to be the same for one another. The degree to which this is possible will be influenced by your unit culture, but do not underestimate the influence you can have in helping to make it happen.

Unit Culture

The culture of a unit is made up of many factors, from concrete aspects such as the physical environment or unit policies, to more abstract aspects like staff attitudes and values. How challenging behaviour is worked with, and in turn how *effectively* it is worked with, is consistently and directly impacted by a unit's culture. How to develop and maintain the kind of culture that supports effective work with challenging behaviour is complicated and is the subject of many books (Ainsworth & Fulcher, 2006; Campling, Davies, & Farquharson, 2004; Ward, et al., 2003). *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People* (Davidson, et al., 2005) offers a chapter (*Creating the Right Conditions*) about creating the kinds of unit cultures that support the reduction, and where possible, elimination of the need for physically restraining young people. While its main focus is related to physical restraint, the guidance in this chapter is as much about working with challenging behaviour as it is about physical restraint. This includes the importance of creating environments where it is safe and expected that people question, challenge and talk through issues. Developing a behaviour management policy also has an important role to play, and *Holding Safely* also offers guidance about how to do this.

Some of the components of a good unit culture are also components of good practice related to working with challenging behaviour. They shape the culture, and they reflect the culture. Research into effectiveness in residential child care points to the importance of a shared sense of purpose (Department of Health, 1998), and this is a key component which affects the culture of a unit. There is potential danger in viewing the effective management of behaviour as the main purpose of a

unit. For example, a unit where the young people rarely misbehave due fear of physical or emotional harm could be viewed as effectively managing behaviour through abusive practice. Given the many difficulties young people carry, simply keeping a lid on young people's behaviour without abusing them would be an extremely limited use of secure care, and it is questionable whether this is even possible. Therefore, shared values and understanding as to what we are trying to accomplish in our work with young people, how and why we are trying to accomplish it, and how working with challenging behaviour fits into this overall aim, are all necessary for effective work with challenging behaviour truly to serve the young people in our care.

Different units will have different ways of defining their primary aim. If this aim and its underlying values are not clear and collectively owned within each unit, individuals will likely have very different interpretations as to what they are trying to accomplish with young people and how this should be done. This will also be reflected in how behaviour is managed. Just as developing a good unit culture is complicated, there is no easy formula for achieving a clear overall aim with supporting values and practices that everyone shares and demonstrates (albeit in their own unique ways). It takes time, and is more of a process of 'getting there' then an event of 'arriving'. Section 2.5 of this guidance offers some important points to support this process, but it is important to highlight the importance of forums to discuss our aims and our practice in open, honest and searching ways. Robust individual and team supervision is absolutely necessary in promoting good unit culture.

Reflective Questions

- *How would you describe the culture of your unit?*
- *Would you say that the staff are emotionally available to the young people? Would you say you are?*
- *How would you describe the overall aim of the unit in terms of your work with young people? Would you say that how staff work with young people day to day supports this overall aim?*

Therapeutic Containment

The notion of containment offers a way of looking at our overall aim in working with young people that can be particularly helpful related to working with challenging behaviour (again see Chapter 3). Often the term is used in a literal way to describe a very basic level of physical care and limits on behaviour. It is even sometimes used in a negative way: for instance, a member of staff might exclaim, 'All we do around here is containment!' when frustrated over a young person's or unit's lack of progress. This type of comment may reflect a sort of *crude containment* where staff merely 'keep a lid on things' without actually helping the young person to grow or develop. As an ongoing approach to the work, crude containment tends to be dissatisfying for most staff; more importantly, it fails the young people we are meant to serve.

Importantly, containment also refers to a way of understanding how staff help young people, over time, to develop the capacity to manage previously unbearable or uncontainable feelings—feelings which they often act out in ways we find challenging. This can be thought of as *therapeutic containment*.

Therapeutic Containment

Therapeutic containment is rooted in the ongoing process of a parent or primary caregiver hearing, absorbing and responding to their infant's distressed cries by comforting it. The unbearable pain, discomfort, fear or confusion is 'taken away' and replaced with something manageable. This experience of containment is part of the process of attachment and bonding between the infant and caregiver. As children grow up, this process also takes on an element of adults helping them to make sense of and learn from painful experiences, again helping the related feelings to become manageable. Uncontainable feelings arise throughout all stages of life, and adults also seek containment, though often they are not aware of it. It is important to remember that the need for containment is normal (Kahn, 2005).

Many (if not all) of the young people in secure care have had poor experiences of containment; this may be the result of abuse, neglect or some other trauma, but it can also be related to parents' own containment needs being unmet and therefore they can be unable to meet the containment needs of their children. As a result, young people can have an underdeveloped ability to manage their feelings. When negative feelings do arise, they can often be more extreme due to the pain of 'un-soothed', unresolved feelings that also get triggered—similar to the pain of prodding an infected wound that has not healed properly. Keeping this in mind can help us to respond better to behaviour that may initially seem like an overreaction or simple immaturity. Consequently, these young people's need for therapeutic containment can be more intense, and providing it is often more complex and difficult than for young people who have had more consistent and healthy experiences of containment. This need is probably most stark in secure accommodation.

Containment is not a single event, but an ongoing process. Providing therapeutic containment requires creating an atmosphere where young people feel accepted, respected and understood. This happens in the context of the many relationships amongst and between staff and young people. When young people experience therapeutic containment, they begin to feel emotionally 'held' in key relationships where they can begin to work through and make sense of their feelings and experiences (Ward, 1995a). In these key relationships, staff will *absorb* the states of mind and feelings of the young person; some of these feelings are observable and consciously absorbed, and some are below the surface and both the young person and practitioner can often be unaware of them. Nonetheless, the young person can act in such a way, with enough frequency, severity or duration, that the member(s) of staff will experience the same unidentified feelings or state of mind that the young person is experiencing. It is then part of the work to help the young person begin to identify, make sense of and learn to manage these thoughts and feelings.

For therapeutic containment to be possible, young people need:

- A safe environment (both physically and emotionally);
- Staff who are empathetic and emotionally available;
- Key relationships with staff in which they can feel emotionally 'held';

- Clear and predictable boundaries, routines and structures that are applied in a child-centred and flexible way;
- Help to make sense of their experiences and feelings;
- Support to, over time, express their thoughts and feelings in a way that brings about a greater sense of personal responsibility;
- A degree of tolerance related to their expression of feelings, and responses to misbehaviour that are predictable, developmentally appropriate, manageable and not punitive;
- Staff who are supported by their organization and have their needs met that are related to their work of therapeutic containment (these are also containment needs);
- A shared understanding of and aim towards therapeutic containment that is practiced by the whole team.

On the one hand, therapeutic containment is not a free-for-all in which any behaviour is accepted because of the pain or issues that might lie beneath it. On the other hand, it is also not about creating a constricting environment in order to keep behaviour under control. In fact, due to the clear literal containment that secure accommodation provides, it is possible that a powerful level of therapeutic containment can be achieved within what, for some, is the safety of being 'held' in a locked environment.

It is a good possibility that there is some level of containment work going on in many units, but how clear and explicit this is as a focus will affect how effectively this work is getting done. At this point it might be useful to step back and consider whether you see your organisation's overall aim as a matter of literal containment where young people are kept secure and have their basic needs met in a physical sense, or whether you see it as striving towards providing therapeutic containment where young people can express, begin to make sense of and learn better to manage their feelings. Is there a general approach to things that aims to suppress and control behaviour, or is it more like one that seeks to work with and even poultice out the issues, thoughts and feelings that are beneath the behaviour?

Looking at our work with challenging behaviour within the context of therapeutic containment might also be useful for shedding light on how we define misbehaviour. It is too often that behaviour is seen as problematic simply because it is a problem for adults. This same behaviour might actually be developmentally appropriate or even reflect resilience on the part of the young person. We will also see it differently when we understand it is part of the process of the young person learning to contain confusion and painful emotions. Conversely, some behaviours that we may not see as problematic might be storing up problems that will affect the young person in the future. Which viewpoint we look at the behaviour from will affect whether and how we respond to it. For instance, a young person who consistently avoids conflict by going along with whatever if asked of him might be seen as doing well in a secure unit, but getting stuck in this way of managing his fear of conflict may cause him serious problems after discharge.

Our viewpoint also affects on how we respond to perceived misbehaviour and how that response is received by the young person. The decision not to allow a young person to join into a group activity, for example, can be delivered in very different ways. The essence of the communication in one instance might be, 'You've been bad and you've made me angry, so you don't get to join the activity'; in another instance it might be, 'I'm concerned about your ability to make good choices around the other kids at the moment, and I'm even more concerned about what's going on

with you. We're holding you back from the activity so we can sort out what happened.' The viewpoint behind the first is punitive and more about the adult's needs; the viewpoint behind the second is more child-centred and relational (both of which will be discussed further in this section). Whether these messages are explicitly stated or are just below the surface, the young person will pick them up just the same.

Physical Restraint

Physical restraint can be seen as the extreme end of providing containment. Sometimes a young person's behaviour can pose such an imminent danger to himself or others that, when all other means of diffusing the situation have failed or are not practicable given an immediate level of danger in the situation, we may have to hold him physically in order to regain an acceptable level of safety. Physically restraining a child or young person involves significant risks of injury, trauma and even death, and the decision to physically restrain should never be taken lightly. When and how physical restraints should be carried out, and more importantly, how they can be avoided, is the topic of many articles and books. A good starting place is the previously mentioned *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People* (Davidson et al., 2005).

Whether a restraint is part of an overall process of therapeutic containment, or is simply a crude (and possibly abusive) form of containment, depends on a number of factors: these include the honest and effective use of self amongst staff, the levels of therapeutic relationships between staff and young people, the degree of support available to young people to make sense of and learn to manage their feelings, and organisational support available to staff teams to do this very complex and demanding work. We do know that some young people have had extremely negative experiences of physical restraint, while others have felt safe and cared-for (Steckley & Kendrick, 2008).

The more effective we become in working with challenging behaviour, the more we can reduce and possibly eliminate physical restraints. Consistently meeting containment needs through boundaries and routines that are predictable and child-centred, through activities that promote development of coping skills, and through relationships that are warm, firm and fair can reduce the need for the extreme end of containment—physical restraint. On the other side of the coin, if containment is provided in an unbalanced way, either with an overriding focus on rules, punishment and control, or with an overly permissive and indulgent approach with no sense of boundaries or responsibility, there can be a greater need for physical restraint. Finally, notions of containment must also never be used to justify use of restraint when less restrictive means of defusing the situation and regaining safety can be practicably used.

Reflective Questions

- *Can your work be characterised as striving towards therapeutic containment (helping young people to make sense of and contain their own feelings over time), or should it be described as more preoccupied with a sort of crude containment (keeping a lid on things and suppressing misbehaviour)?*

- *How effective is the balance in your unit between the basic, physical components of therapeutic containment (basic needs being met, the quality of the physical environment, predictable structure and routines, satisfying activities) and the more complex aspects of therapeutic containment (absorbing and helping young people make sense of and manage their emotions)? How would you describe the overall aim of the unit in terms of your work with young people? Would you say that how staff work with young people day to day supports this overall aim?*

Other Themes

It is probably becoming clear that there will be no clear formula offered in this section for how to work with challenging behaviour. Each situation a practitioner faces is unique and has too many factors for it to be possible to offer such a concrete approach. There are, however, some themes related to good residential child care practice generally, and to working with challenging behaviour specifically, that most practitioners can start with when they seek to explore, challenge and develop practice. These themes can be considered as factors affecting a unit's culture: an explicit focus on related exploration, challenge and development will likely have a positive impact on the overall culture of the unit.

Child-centred Practice

One is about being *child-centred*. This means consistently putting the needs of the young people first, and always putting them before our own convenience. It involves recognizing the worth of each young person regardless of behaviour. To be child-centred, we must continually ask ourselves and each other whose needs are being met by a certain response or decision: is it the needs of the adult, the needs of the unit or the needs of the child? Being child-centred is about consistently acting out of the young person's best interest, and striving to see things from the young person's point of view. This can help us become good at breaking the kid-code and tune in to what a young person's behaviour tells us about their pain, needs and wants. Being child-centred is also about a commitment continually to progress our own knowledge and understanding of what young people need to develop and thrive. Chapter Three of this guidance is an excellent starting point.

Co-construction

Any situation of challenging behaviour is *co-constructed* by all of those involved in it; this is just a way of saying that everyone involved has some part in how that situation happened. This is not about blaming young people or staff, but about beginning to see one's own part in creating that situation. The kind of self awareness necessary for this requires a good deal of courage and honesty.

Much of the previous discussion above about self-awareness and use of self can help in beginning to see the subtle ways we may actually 'add fuel to the fire' rather than really helping to diffuse situations. This may be a result of our own counter-aggression, projection, counter-transference or other baggage, or it may simply a part of our learning curve. We will not get to the point where we respond perfectly to every instance of challenging behaviour every time. It is therefore important to create the kind of organisational cultures that understand and support staff in candidly and honestly exploring their part in co-constructing difficult situations, as it will be impossible for most in a climate of blame and defensiveness. While every individual has responsibility in promoting such a culture, it is up to those in leadership roles actively to pursue it.

An appreciation of how we co-construct situations can provide important role-modelling for young people. Many young people see themselves as powerless victims of circumstance and are too fragile and defensive to take responsibility for their attitudes, words and deeds. Yet we know until they are strong enough to do this, they will have great difficulty leading happy and productive lives. When we role-model a habit of always seeing our own part in everything, we can normalise and make safe this way of relating for young people.

Developing and Maintaining Therapeutic Relationships

Another theme has to do with relationship. Section 2.4 of this guidance talks about the central importance of relationships in our work with young people. Most frontline workers are aware *that* relationships are important, and this section offers insights about *why* they are so important and *how* therapeutic relationships can be developed. Understanding the *how* and *why* improves our effectiveness in building therapeutic relationships with young people, and section 2.4 offers some important things to consider in dealing with this very challenging aspect of our work.

Specific to behaviour management, it can be difficult to know how to work with challenging behaviour in the moment or hold a young person accountable for behaviour without damaging the relationship. We do know that punishment is not effective in bringing about positive behavioural change in the long term (Garfat, 2003; see also chapter 3 of this guidance). We also know that young people will not be safe or grow in an environment that has no limits or accountability.

Over time, young people are more likely to experience lasting change that positively affects their behaviour when they experience boundaries in the context of caring, warm relationships (Mann, 2003). Behavioural controls without warmth of relationship cause as many problems as an absence of boundaries. Getting the balance right between firm, fair and warm, all in the face of difficult behaviour, is difficult but absolutely necessary for working effectively with challenging behaviour.

Patience

Patience is also required. It has been said that the antidote to aggression is patience (Chodron, 2005). Patience does not mean sitting passively by, not addressing behaviour that should be addressed. It does mean realising that the behaviour, and all the issues beneath it, have probably been around for a long time and/or are the result of serious trauma. Having gentle humour and humility in recognizing that positive behavioural change takes time and is not a straight line of improvement, no matter how good our practice is, will help us to keep going with warmth and firmness.

Reflective Questions

- *How would you characterise the culture of your unit in relation to child-centredness and the quality of relationships between staff and young people? Can you think of a time when a child's needs did not come first? Are there times when this is the right thing?*

- *How often do you consider your part in the creation of any difficult or for that matter positive situation? How might it affect your practice to make a habit of thinking and speaking about this with fellow colleagues and young people?*

- *In your unit, is patience considered a weakness or a strength?*

Opportunity-led Work

So far this chapter has focused on knowledge, understanding and the way we think about working with challenging behaviour. The focus will now shift to a more concrete framework for good practice when working with challenging behaviour. This framework is called *Opportunity-led Work* and was developed by Adrian Ward (Ward, 1995b, 1996) to help workers respond more productively to unplanned events that occur throughout the day (many of which might be instances of challenging behaviour). Even when things happen very quickly, there is a process of four stages that should occur when working with challenging behaviour:

- Observation and Assessment
- Decision Making
- Action
- Closure and Evaluation.

Skilled workers might effectively fulfill what is required at each stage naturally and without conscious awareness. However, understanding this process can increase the likelihood of a greater consistency of helpfully responding to challenging behaviour, and can also help to make sense of when things go poorly.

Observation and Assessment

It is important to weigh up all of the possible factors that are affecting what is happening in a given situation. Questions you might ask yourself at this stage include:

- Who is involved? How are they affecting one another? Are there others involved who are not currently on the scene?
- Is this about the surface issue or about something unseen or unspoken? (For instance, a tantrum about something seemingly trivial might really be about brewing anger/fear/disappointment over something that happened earlier in the day.)
- Why is this happening now? Why not yesterday or tomorrow?
- What is going in the young person's world outside of the unit (e.g. family and community)?
- How is the group affecting the young person and how is the young person affecting the group? What is the current feel of the group/unit at the

moment? Are there any group issues going on that might be affecting this situation?
- What is my relationship like with the young person/group? How am I feeling at the moment? What might this be telling me about the situation? How will this affect my efforts?
- How will this situation likely develop if I do nothing?

We instinctively observe and assess. How thoroughly we weigh up all the relevant factors, and whether we pick up on or miss the subtle keys that might unlock our understanding of what is going on, comes down to practice and reflection.

Decision Making

Our observations and assessments also instinctively inform our course of action. A more informed assessment will more likely yield a more helpful decision. Two other key considerations in deciding what to do are your priorities and aims. In thinking about these, you should ask yourself:

- How urgent is the situation and what can I feasibly and ethically do to respond?
- What are my short-term aims (e.g. calming a young person down, keeping an activity going)? What are my long-term aims (e.g. connecting feelings to behaviour, learning an alternative way of responding to a situation)?
- How does my proposed course of action fit in with all the day-to-day and long term tasks of the unit?

Action

The range of possible actions is, of course, infinite. The following considerations also will inform how you choose to act:

- Whether the situation would be better handled one-to-one, or whether there would be more benefit to dealing with it within the group of young people.
- When to intervene, given the realities of the situation.
- Where to intervene, again given the realities of the situation.
- Who would be best to do the intervening.
- Policies or procedures that should be considered.
- Any agreed plans within the team for how to respond to certain behaviour or a certain young person.

Whenever possible, touching base with a colleague about your assessment of a situation and intended course of action is a good idea.

Closure and Evaluation

It is important that the situation be brought to an agreed and clear ending so that young people can move on with some sense of normalcy. This has a practical benefit, but can also be seen as part of therapeutic containment; for many young people, it is difficult to put an end to a difficult event and the subsequent anxiety, confusion, pain or anger that goes with it. By facilitating a sense of closure, the feelings related to the situation may become more manageable to the young person.

Whenever possible, seek mutually to agree upon when and how to put things to rest (even if temporarily) and ensure any decisions are clearly understood by all parties involved. This can often be achieved by sharing your interpretation of the young person's point of view, and asking the young person for her understanding of yours and of what has been decided. Sometimes you will have to agree to disagree, but it is helpful to have mutual clarity as to where exactly you disagree and where (if possible) you agree.

Once you have acted, it will also be important to consider any follow up that might be necessary. On a mundane but important level, this will involve written communication in the form of daily logs, staff communication logs or books, and possibly incident forms or behaviour management plans. It may also include communicating to colleagues in handover, or revisiting the issue with the young person to provide follow-up support. Many young people have coped with life's difficulties by putting each difficult event in a separate compartment in their minds. Part of our work is helping them to begin to make connections between these events, and simply following up a previous event in a gentle and supportive way can help with this process.

Finally, continually reflecting on your efforts at working with challenging behaviour (both individually and as a team) is an important part of the process. Without highlighting the successes and understanding why they were successful, as well as understanding where we missed important information or made an unhelpful decision, our progress will be slowed or stopped.

The key to understanding Opportunity-led Work is that it is aimed at opening up productive communication and utilising unplanned, day-to-day events to do good work with young people. To do this we must have well informed responses rather than poorly thought-out, knee-jerk reactions. The reading, reflecting and talking that you do individually and as a team will serve you to be able to do this in the heat of the moment when you have to make decisions very quickly. (For more about Opportunity-led Work, please see Recommended Further Reading at the end of this section.

Reflective Questions

- *Think back on a recent situation in which you worked with challenging behaviour. Can you identify what your observations and assessment were? How did they inform your decision? Did you forget any important considerations (listed above) in your action, and if so, how did that affect on the outcome? How did you end the situation and what follow up did you do or miss?*

- *In thinking about this situation, do you remember going through each stage (and question within each stage) linearly (one by one), or did it all sort of come together in a much faster, more synthesized way? In your unit, is patience considered a weakness or a strength?*

Dos and Don'ts

Finally, concrete 'dos' and 'don'ts' are offered here. Some are intended to consolidate some of the discussion above, and others are new to the discussion. Each will depend heavily on the particulars of each situation, but generally they can be seen as things that will help or hinder good practice in working with challenging behaviour.

Do

- Tune into your own thoughts and feelings about a young person's misbehaviour.
- Listen to what your feelings might be telling you about the young person and about yourself.
- Set aside your feelings when they get in the way of constructively responding, and make the young person's needs the highest priority.
- Always remove yourself from a situation if you feel you are losing control of yourself. Remove yourself, when possible, if you become unable to set aside your feelings and they are getting in the way of putting the young person first.
- Be aware of your tone of voice and body language and how they might be affecting the situation.
- Consistently reflect on situations after they happen. Talk with colleagues and in supervision about the thoughts and feelings evoked when dealing with misbehaviour, about the needs or wants the young person may have been communicating, whether your response was child-centred and needs-meeting, and how you would like to handle it differently if you could do it over again.
- Strive to be ever more honest—with yourself, your colleagues and with young people.
- Invite feedback and genuinely work with it. It is impossible to see our own blind spots, and we need people to act as mirrors for what we cannot see in ourselves. Do not believe and take to heart everything everyone feeds back to you, but do not immediately discount feedback that makes you uncomfortable. Sit with it, mull it over, and seek the views of others who are likely to be honest with you.
- Acknowledge when you have been reactive, explore why that might have happened, plan how you will attempt to repair the situation, and make a strategy for how you will do better next time. Doing so can have a powerful effect on the culture of the unit.
- Acknowledge and apologise to young people when you have been reactive and have not put their needs first. This models how to honestly take responsibility and will likely build trust and respect. Sometimes, saying sorry (and what you are sorry for) is one of the most powerful things you can do in a relationship with a young person.
- Listen. Feeling heard has a powerful effect. Listen before there is behaviour to be managed, listen harder when things get difficult, listen (and ask questions) after the situation is over.
- Strive to understand what the young person is communicating with her behaviour. Young people are more likely to accept our efforts to help them manage their own behaviour when they feel understood, even when that involves decisions they may not like.

- Convey firmness and genuine warmth or concern.
- Notice how the young person responds to how close you sit or stand, and use this to his benefit when he is struggling (for some closeness helps and for others a bit more distance helps).
- Notice how the young person responds to touch, and also use this to his benefit when he is struggling.
- Interrupt behaviour early, when possible, to avoid it building up to a more difficult level. This can involve a direct statement to stop a behaviour, or it might be a more subtle use of distraction (e.g. changing the subject or asking the young person to pass a message to a staff member in another part of the room).
- Consciously use a 'matter of fact' tone of voice and body posture. This will help you to stay calm and avoid unknowingly mirroring the young person's increasing hostility or aggression.
    - This 'matter of fact' posture should wordlessly convey an underlying message that you can deal with what comes and still help the young person.
- Explicitly identify and, when appropriate, validate feelings (e.g. 'I can see that you are really angry and I can understand why. Let's go talk about this').
- When possible, in the heat of the moment allow the young person to 'save face'. This sometimes means walking away, but be sure to revisit the issue later when things are more calm.
- Plan and structure the day for young people, keeping boredom and down time to a minimum for those young people who cannot manage it.
- Assess what various activities demand of young people's coping skills, and plan so that the demands of the day do not greatly exceed the young people's ability to cope; help them to stretch, not break.
- Help young people with transitions. This includes helping them know what to expect (and what is expected of them) when starting the next activity, sometimes helping them get started when they find it difficult, letting them know in advance of the activity coming to an end, and reminding them of what is next (this can apply to whatever they are doing, not just recreational activities).
- Know your young people. This includes finding out relevant information about their past and what is going on in their present so that you can better assess what their behaviour is communicating. It also involves building the relationship so that you come better to understand their world as they see and experience it.
- Intervene at a level that matches the behaviour. This means using a gentle prompt or humour, if warranted, rather than a more stern approach.
- Avoid shouting or using harsh responses; use these as a last resort and when safety is an issue.
- Create and continually update individualised plans that help the team be on top of what types of things help and what types of things make it worse when the young person is struggling to manage his behaviour.
- Involve the young person in creating and updating the plan.
- Be on the look out for progress, however small. A small step for someone else might be an immense step for the young person.
- Give praise for progress, and highlight when young people are doing well.
- Cultivate patience.

Don't

- Forget to be aware of yourself—your own feelings and behaviour and how these are impacting on the situation.
- Underestimate the powerful impact of your body language, tone of voice and facial expressions on the situation.
- Remain in a situation if you are losing control of yourself.
- Blame or condemn—yourself, your colleagues or the young person. Reducing our habit to blame makes room for taking responsibility, which is much more productive.
- Threaten or use undesirable consequences in the heat of the moment.
- Use humour in a cutting or hurtful way.
- Use patience as an excuse not to act.
- Ignore behaviour that is likely to become harmful or dangerous.
- Be afraid to convey a sense of control or authority in a firm and fair way (this should always have an underlying sense of genuine concern and respect for the young person).
- Say things you are not prepared to follow up on. For example, you tell a group of young people that the next time someone swears, the activity will be ended. When someone inevitably swears, if you keep the activity going anyway, you are communicating to the group that you do not always mean what you say.
- Assume your interpretation of a situation or event is the same or even similar to the young person's interpretation.
- Expect the young person suddenly to become more mature or cope better when deep in a power struggle or situation of very difficult behaviour. This rarely, if ever, happens in the heat of very difficult moments, but rather in the work that is done round about these difficult moments. In the heat of the moment, it is up to the adult to be adult, professional, and even 'lose face' if this situation calls for it.
- Rely too heavily on complex, talking communication when young people are experiencing extreme levels of emotion (fear, agitation, anger), as they will be much less able to process verbal language in this state. Keep verbal communication as short and simple as possible. Depending on the strength of the relationship and other factors, use eye contact, facial expression, tone of voice, body language, closeness and possibly touch to make a connection.

Conclusion

You might notice that most of this section is about how we think and the things we should do well before or after we are actually in the heat of the moment in managing challenging behaviour. As discussed previously, how we think affects how effectively we work with challenging behaviour; techniques will not help if our thinking does not serve the best interests of young people who struggle behaviourally. Hopefully this section has made clear that the way we think about ourselves, our own behaviour, the behaviour of young people and our primary task in working with young people actually has the stronger impact on our effectiveness than what we do in the heat of the moment; this is because our thinking strongly affects what we do in that moment and how well we do it. Continually becoming

more and more honest with ourselves and each other about our practice and our thoughts and feelings that are beneath that practice takes time and courage.

Working with challenging behaviour takes its toll over time, and it is important to take good care of ourselves and each other if we are going to do this work well. Equipping ourselves with necessary skills and knowledge helps, and cultivating a useful perspective about the work is invaluable in managing the stress that comes from it. It is also important for organisations to provide the necessary support, structures and processes to care for the staff who are caring for sometimes very challenging young people.

Recommended Further Reading

Reading reminds us and keeps fresh important things to remember about the work; it also provides new information and ideas to help us continually develop our practice. You may find the following helpful, and all are available either in the SIRCC Library or online.

Ward, W. (2007). *Working in group care: Social work and social care in residential and day care settings. 2nd ed.* Bristol: The Policy Press.

This book goes into further depth in explaining Opportunity-led Work, but also makes sense of many of the complexities of group care. It is important reading for anyone in this line of work.

Redl, F., & Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child*. New York: The Free Press.

While some of the language may seem strange or outdated, much of the guidance and ideas in this book has withstood the test of time.

Garfat, T. (2003). Four parts magic: The anatomy of a child and youth care intervention. *CYC Online* on URL: http://www.cyc-net.org/cyc-online/cycol-0303-thom.html

This article is available online and discusses the sometimes 'magical moments' in working with challenging young people. It also offers a framework for understanding good practice related to intervention.

Mann, V. (2003). Attachment and discipline. *Relational Child and Youth Care Practice, 16*(3), 10-14.

This article makes clear the importance of both attachment and discipline in working with children and young people and offers advice for balancing the two.

Long, N. J. (2004). Why adults strike back: Learned behavior or genetic code? *CYC Online* on URL: http://www.cyc-net.org/cyc-online/cycol-0104-long.html

This is a good resource for understanding counter-aggression, and is available online.

Ward, A. (1995a). The impact of parental suicide on children and staff in residential care: A case study in the function of containment. *Journal of Social Work Practice, 9*(1), 23-32.

While a bit dated, this is a good article to start reading further about the work of therapeutic containment. Because it is specific to residential child care and describes an actual situation, it is very accessible.

Kahn, W. A. (2005). *Holding fast: The struggle to create resilient caregiving organizations*. Hove, East Sussex: Brunner-Routledge.

This book provides a much more in depth discussion of containment as part of creating 'holding environments'.

Davidson, J., McCullough, D., Steckley, L., & Warren, T. (2005). *Holding safely: A guide for residential child care practitioners and managers about physically restraining children and young people*. Glasgow: Scottish Institute of Residential Child Care.

This document has helpful guidance not only related to physical restraint, but also to working to prevent it. It is available online at URL: http://www.sircc.org.uk/library/practicepapers/holding_safely_complete.html

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Department of Health. (1998). *Caring for children away from home: Messages from research*: John Wiley & Sons.

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Ward, W. (2007). *Working in group care: Social work and social care in residential and day care settings. 2nd ed.* Bristol: The Policy Press.

4.24 Learning disabilities

Irene Stevens

..it is society's attitude which disables the child, and not the impairment itself.

Introduction

This chapter provides an introduction to issues surrounding working with young people with learning disabilities in a secure setting. The key points include: establishing a value base, the prevalence of learning disabilities, challenging behaviour, a cognitive model and autistic spectrum disorders.

Establishing a value base: understanding and using the social model of disability

Work with children and young people with learning disabilities requires staff to operate from a perspective which allows them to challenge the discrimination that is so obvious in this group. It also requires workers to be self-aware and to have examined their own attitudes closely. Middleton (1996) discussed how children with learning disabilities are impaired by the way in which society views them.

Some children are born with a disability, or may develop one in the course of their younger life. This makes them different from other children. They are then subject to discrimination within society and are therefore doubly impaired because they are disabled by their condition and also by society's attitude toward them.

Middleton argues that disability is a social construct and that it is never value-free. The term often provokes negative reactions in people. As a society, we do not really want children with disabilities. Attitudes and structures in society tend to exclude children with learning disabilities and can deny their gender, sexuality, race and even their rights as human beings.

Within our society, we see the disability as the problem. It is individualised and viewed within the context of a 'medical model' which sees it in terms of therapy and treatment. This saves people within society from examining themselves and their attitudes closely. Children with learning disabilities are expected to ask for charity and pity, and to demonstrate their need for help, not to invoke their right to equality of opportunity. This unhelpful attitude extends to children and young people with learning disabilities in secure care by fostering a paternalistic approach, not one

which accepts that the young person may have the ability to learn and take responsibility. The myth of the Eternal Child can take over (see Sinason, 1993).

A social model of disability holds that it is society's attitude which disables the child, and not the impairment itself. Professionals often talk about a child with special needs. Middleton would argue that a child or young person with learning disabilities does not have special needs. They have the same needs as every other child, but their needs might have to be met in different ways. What is needed is a conceptual shift from seeing children with learning disabilities as problems for others, to a child-centred perspective.

Reflective Questions

- *Think about a situation when you have met or worked with a child or a young person with a learning disability. Reflect on your own feelings toward them. Also, think about other adults' attitudes toward them. Now think how you would feel if these same attitudes were applied to you. How might that make you feel?*

Prevalence

Children and young people with learning disabilities feature in all sectors of society. Hence it is likely that they will also feature in the secure care system. The Scottish Executive report *The Same as You* (2001b) indicated that 20 out of 1000 people have a mild or moderate learning disability. Using these figures, the report estimated that there were around 120,000 people in Scotland with a learning disability. However, only around 30,000 are in regular contact with local authorities, and these tend to be people with more severe and complex needs.

There are therefore, around 90,000 people who are not coming to the attention of local authorities and health services which are charged with their care. A closer examination of the research however, indicates that some of these young people may be coming to the attention of the authorities in different ways – as young offenders who have an undiagnosed or poorly understood learning disability (see paper 4.16). Research by McGrother & Thorp (1999) suggests that the incidence of people with learning disabilities will rise over the next ten years. Given that a proportion of this number is children and young people, it is reasonable to assume that some of them will find their way into secure care settings.

Myers (2004) carried out an extensive study for the Scottish Executive on people with learning disabilities and/or autistic spectrum disorders (ASD) in secure, forensic or other specialist settings. She found that although there was only a small number of children and adults with learning disabilities or ASD in secure care, it was the clear perception of prison staff that those identified represented only a proportion of a larger number of prisoners with learning disabilities or ASD who had not been identified, assessed or diagnosed. This is supported by the findings of Kewley (2002) in his discussion on attention deficit hyperactivity disorder (ADHD). He said that if ADHD is not diagnosed by the age of ten, a pattern follows of poor social skills, learning delay and challenging behaviour (see paper 4.11). This often leads, in adolescence, to school exclusion, lack of motivation and more complex learning

difficulties, all of which increase the risk of offending and a poor outcome for the young person by increasing the likelihood of placement in a secure setting, or a prison sentence.

In recent years, secure units have become better resourced and can now access psychological services, often on-site, for help in diagnosis and advice on intervention.

Reflective Questions

- *Think about the secure setting/s you have worked in.*
- *Have you ever suspected that a child or young person may have a learning difficulty?*
- *What resources are available in your organisation to support you in work with young people with learning disabilities*

Challenging behaviour and learning disabilities

One of the main areas of concern for staff when working with children and young people with learning disabilities is when they display challenging behaviour. This behaviour can range from self-harm to physical aggression. However, behaviour cannot be labelled independently of the values of the person making the judgement. The use of the word 'challenging' behaviour instead of words such as 'aggressive' behaviour or 'violent' behaviour is meant to reflect this. The behaviour is perhaps best understood as a challenge to the organisation or system within which the young person is living. For the child or young person who has a difficulty with communication, this may be their only means of getting their message across.

The language of challenging behaviour requires residential child care workers to be self-aware and to understand to what degree any particular behaviour is challenging, and why.

A useful way to look at this is to try to define challenging behaviour in a personal sense and in a professional sense, and to look at the similarities and differences between these definitions.

Leadbetter and Trewartha (1996) illustrated this in the following description:

I am	The Service User is
Angry	Behaviourally disturbed
Upset	Emotionally disturbed
Frightened	Paranoid
Sociable	Attention seeking
Assertive	Obstructive
Non-conformist	Disruptive
Unhappy	Depressed

The examples given above show how the ways in which you think of your own behaviour can be radically different from similar types of behaviour exhibited by the young people you work with. If a young person has difficulty in communicating for whatever reason, then you should work to try to increase their communicative repertoire (e.g. using art, signs or symbols, physical play/activity, etc.).

Reflective Questions

- *Think of a time when you dealt with challenging behaviour in a child or young person with learning disabilities which ended up in the child or young person being held safely. Having looked at the above, try to redefine the behaviour as a communicative act. How might you have dealt with it differently?*

A cognitive model of working with learning disabilities

Piaget was one of the most influential developmental theorists. As a child psychologist, he was mostly interested in cognitive development. He said that the child had to develop mental structures to be able to develop cognitively. There are two sets of mental structures which the child develops. One of these mental structures was called operations. He posited the existence of four distinct stages of cognitive development, based on the development of operations:

Sensorimotor: (birth to two years)

At this stage the baby is unable to separate itself from its main carer. It is characterised by egocentrism. Gradually, the baby adopts a picture of itself as a separate being and this is one of the main tasks of this stage.

Preoperational: (two to six years)

At this stage the toddler is beginning to explore their world in a more independent way but is still quite egocentric in their thinking. Their thoughts are characterised by animism and magical thinking. They have not yet developed the mental structures to allow them to indulge in what we would think of as reasoned thought.

Concrete operational: (six to twelve years)

At this stage, the child is developing the basis for logical thinking. They understand rule-bound games and can apply rules to relationships. They understand the world insofar as they can link what is happening to concrete reality.

Formal operational: (twelve to nineteen years)

At this stage, the child is moving into adolescence and is starting to develop the ability to think abstractly and to consider actions and consequences. They are now developing the ability to consider “the bigger picture” and move into holding reasoned ideas and beliefs.

Schemas are frameworks within which the child comes to understand his world. Piaget said that the child needs the correct type of stimulation to allow the schemas to reach their potential. If a child does not have the correct type of experiences, then their development will be hampered.

His model emphasises the importance of early experience. It is also quite appealing from the point of view that it clearly points out adolescence as an important stage in development. Piaget said that in adolescence, the developing person acquires the ability to think systematically about all logical relations within a problem. Adolescents display keen interest in abstract ideas and begin to question long-held assumptions.

If however, the young person has not had access to the right kind of experiences, then they may be operating at a level of thought which is much younger than their years. The same applies to the young person with a learning disability. For example, although they may be 14 years old, they may still be operating at the concrete level, or even at the pre-operational level. They may, quite literally, not understand what is being asked of them. This has implications for workers in secure accommodation in their dealings with young people where there has possibly been a disruption of attachment and a poverty of early learning experiences. This does not mean treating them like a young child, but places a responsibility on you to adjust your communication to take account of their level of understanding.

Reflective Questions

- *Think of a way in which you might communicate to a young person in a concrete way, that they cause disruption to their classroom by being late. Then look at the results of the following piece of research by Duan and O'Brien.*

The need for rehearsal in skills and the role of motivation was identified. Duan and O'Brien (1998) looked at peer-mediated social skills training in a group home for people with learning disabilities. They found that although skills were learned, these were not generalised until the first participant was trained as a peer-tutor for other participants. This increased motivation and provided opportunities for skill rehearsal. This study also noted the importance of pre-training assessment to target appropriate behaviours.

A Rights-based approach to working with learning disability

The Children (Scotland) Act 1995 lays a responsibility on all Councils that the voices of children and young people should be heard and this is also stated in the United Nations Convention on the Rights of the Child under Article 23, which states:

> 1. *States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.*

2. *States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.*

Other pieces of legislation such as the Disability Discrimination Act and the Human Rights Act which place a responsibility on everyone to ensure that people are not discriminated against unfairly. Young people in your care may be subject to secure accommodation orders or may have committed serious crimes; however, they may also be young people with disabilities.

For a fuller discussion of Children's Rights see paper 4.20.

Reflective Question

- *Think about the young people you work with. Do you think your service helps to uphold the rights of children and young people with learning disabilities?*

Autistic spectrum disorders

Recently, professionals in fields that work with autism have tended to speak not of autism as such but of "autistic spectrum disorder." The notion of a continuum of autistic characteristics has been discussed by Wing (1988). Indeed, the work of Wing and her associates has been very influential in recent times within the professional field. This led to the development of a diagnostic aid in autism called the "Triad of Impairments." Wing indicated that a diagnosis of autism could be made if the person met three criteria:

- Impairment in communication;
- Impairment in social relationships;
- Impairment in imagination.

Young people with ASD find it difficult to either understand or to make themselves understood in terms of communication. They find it difficult to make friends. They are inflexible in their thinking and behaviour and react badly to change, which creates huge anxiety for them. The world is a very frightening place for the young person with ASD. However, given Myers's report (2004) it appears that there may be a number of young people in secure accommodation who have undiagnosed ASD. As staff, it is your responsibility to find out as much as you can about ASD, as you may be the first person to notice that the young person meets the criteria for these conditions.

Reflective Question

- Look at the "Triad of Impairments" above. Now think if you can identify any child or young person within your experience who may have met these three criteria. If you suspected that a child or young person had ASD, what would you do?

Conclusion

Working with children and young people with learning disabilities presents real challenges to secure care staff. However, by treating these young people as human beings with potential, by affording them the same rights, and by expecting them to be able to understand and accept responsibility, you will be carrying out tasks which will be of lasting benefit for them.

Training links

SVQ: Unit

C17 Promote the care and education of children with special needs
(optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 316 *Support the needs of children and young people with additional requirements* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

Further reading

It is helpful for staff working in this area to be acquainted with the arguments around the social and medical models of disability. With reference to this area Middleton`s book (1996) *Making a Difference* is very readable and engaging. In terms of the Scottish context, the Scottish executive reports *The Same as You?* (2001b) and *On the Borderline* (Myers, 2004) are particularly helpful, as these review the evidence in the area and set out principles and approaches.

Middleton, L. (1996). *Making a Difference.* Birmingham: Venture Press.

Myers, F. (2004). *On the Borderline? People with learning difficulties and/or autistic spectrum disorders in secure, forensic and other specialist settings.* Edinburgh: Scottish Executive Social Research.

Jackson, R. (2004). Residential special schooling: the inclusive option. *Scottish Journal of Residential Child Care,* 3(2), 17-33. Provides an interesting perspective on concepts of inclusion, normalisation and argumants for special residential schooling.

Scottish Executive. (2001b). *The same as you? A review of services for people with learning disabilities.* Edinburgh: Scottish Executive.

4.25 Secure accommodation in the continuum of care

Graham Bell & Mark Smith

The Scottish research confirms other findings that the demand for security reflects the requirements of inadequate, open institutions and community services rather than the needs of difficult children.

(Kendrick & Fraser, 1992, p. 105)

Introduction

One of the biggest challenges facing staff in secure accommodation is to remember that there is life beyond its four walls – not just for them, but for the young people they work with. This paper considers the place of secure accommodation in the wider continuum of services. It addresses the need to work across boundaries and some of the difficulties in this. It identifies a core and cluster model for the delivery of secure accommodation within the newly developing secure estate.

Background

Research on secure accommodation (Petrie, 1980; Harris & Timms, 1993; Bullock, Little & Millham, 1998) all points to the fact that secure accommodation can be understood only in terms of its relationship with the wider child care system. Deficiencies in preventative services or in other care settings generate demand for secure accommodation. Children's homes that are badly run, badly resourced or badly supported are likely to fuel demand to lock up young people. Recent research on the fast-track hearings pilot (Scottish Executive, 2003a) indicates that many of those labelled 'persistent young offenders' achieve that status while in care. At the other end of the spectrum, failure to put adequate supports in place for young people leaving secure accommodation can undo any progress they might make there.

Reflective Questions

- *Chart previous social work interventions and care placements of a young person in your unit.*
- *Are there any points at which more appropriate interventions might have averted placement in secure accommodation?*

The care plan

Paper 4.04 identifies secure accommodation as a specific component in the wider care plan for young people. The Looked After Child care planning process should provide the bridge between previous placements and interventions and admission to secure accommodation. The placement plan should identify appropriate links and resources that can be utilised in the course of a placement. The care plan should also incorporate the throughcare and aftercare arrangements necessary to move a young person on. Appropriate care planning should locate secure accommodation within the wider continuum of care.

The needs of young people

> *When I looked into the backgrounds of young offenders, I could hardly believe the facts about their lives. Eighty per cent were below the educational standard expected on entry to secondary school; 80 per cent had been unemployed; nine out of 10 were misusing substances; three out of 10 were already parents; and 34 percent were living rough or alone at the time of their arrest, often having been evicted from the home before they were 15.*
>
> *The social neglect and gratuitous violence they experienced at home was breathtaking. Feeling disconnected from society, their attitude towards the general public was: 'You don't take any interest in me, so why should I take any interest in you?' Any civilised country would surely challenge this situation?*
>
> (Sir David Ramsbottom, HM Chief Inspector Of Prisons, 1995-2001)

Inevitably in a secure unit great attention needs to be given to the 'here and now' – looking after young people, ensuring a good education and maintaining a high level of security. But it is not enough that these are done to a high standard. The above quotation highlights the extent of the difficulties faced by the kind of young person we work with. Research in this field has consistently shown that the majority of young people in both residential and secure care have long-established, multiple and complex problems and have 'dropped through' a wide range of other services. Most will have first been referred for specialist help between the ages of 5-7 and will have lived in numerous settings. Most will have disrupted backgrounds. Their placement in a secure setting usually means all alternative placements have been exhausted. If these young people are to be successfully reintegrated into mainstream society many bridges need built or rebuilt. Individual staff in secure accommodation cannot hope to address all of these. The challenge is to establish and maintain good links with family and other social networks and with other services.

Reflective Questions

- *Think about a young person in your unit.*
- *What are their range of difficulties and what types of support may be required to address these?*

Traditionally one of the biggest criticisms of secure settings is the lack of preparation for, and contact with, these other services. This paper focuses on what services can be linked to the secure centre and how these can be 'joined-up' to ensure an integrated service to young people and the wider community.

As well as considering some of the services that child and youth care workers can access to support their clients this paper will constantly emphasise the crucial role of the keyworker. The secure centre may have links to a wide range of other services but if the worker is not accessing these then they are useless. And remember, a young person is even more dependent on the worker for information, support and practical assistance than they would be if placed in an open setting.

Some terms and ideas

Holistic is a phrase in common use. Here is the definition:

> *Looking at the whole system rather than just concentrating on individual components. The overall sum can be greater than a simple totalling of the individual parts, because the "system" adds something in addition. Another term is "systems thinking".*

Another important concept to consider is the idea of 'joined-up work'. Although this is a common phrase it is worth remembering why it was developed.

'Joined-Up Working' is the term used to describe collaborative working across organisational boundaries to tackle shared issues. Workers need to establish links both within and between organisations. In public sector, 'joined-up working' is becoming increasingly common where:

> organisations need to work closely together and exchange information in order to address problems which cannot be resolved by any single organisation;
>
> organisations need to join together in order to deliver services to the public which are customer-focused and organised for the convenience of the consumer, not the provider.

Increasingly young people in secure accommodation are involved with a variety of agencies. They may be involved with specialist medical or counseling services; an increasing range of projects work with young people who offend; those leaving care should have support from through and aftercare workers. This is over and above the ongoing role of social workers and the need to work with families (see paper 4.21).

Difficulties of 'joined up' working

While most people subscribe to the principle of 'joined up' working it is not always easy. There may be:

Practical difficulties - geographical difficulties may be particularly apparent when working across local authorities. Shift requirements and patterns can also get in the way.

Cultural differences - there can be a mutual suspicion between staff in secure units and those in other residential settings or in other agencies. These may come down to divergent views on how best to work with young people or with particular areas of behaviour.

Labelling - often the reputation of young people in secure accommodation precedes them and that stigma can make placement in another setting difficult to negotiate. In such circumstances staff need to take on an advocacy role.

Reflective Questions

- *Identify resources in a young person's home community that might be used to support their return there.*
- *How might you work with another care setting to support the transition of a young person to there from secure accommodation?*

Supporting 'joined up working' – the keyworker role

'Joined up working' makes particular demands of keyworkers. It is all about coordination, collaboration and communication. No room here for empire building, isolation or 'professional' feuding.

What is clear from the definitions above is that working beyond the 'boundaries' of the secure centre will not just happen – the keyworker will need carefully to plan and deliver an ongoing series of actions linking to other agencies and individuals. A North American phrase is 'intentionality' – *a way of acting and behaving in a deliberate, purposeful, planned, intended, premeditated and calculated manner.*

One of the key advocates of this way of working is William Purkey who has developed 'Invitational theory'. Purkey emphasises the importance of consciously making our people, programmes, places, policies and processes 'inviting'.

Invitational theory also emphasises the importance of consciously choosing *to do* certain things – crucial for the keyworker negotiating external links for young people in their care. Purkey describes this 'intentionality' as one of the four pillars of successful work. The three other pillars are closely linked – they are optimism, respect and trust. So the successful secure centre worker will embed these

features into their work as they begin to negotiate links with external individuals and agencies on behalf of the young people they are working with.

There cannot be a 'one size fits all' approach – a spread of easily accessed services will be essential. A criticism of secure units has been the 'mix' of young people they have to work with – those with mental health problems, serious offenders, those involved in prostitution, and so on. The new secure services coming on stream in the coming years will allow a greater degree of specialisation and differentiation. Everyone working in secure services knows that often these labels are arbitrary – young people usually have a complex mix of serious problems requiring a variety of specialist support. The competent keyworker will have knowledge of these various services *and* know how to access them.

A core and cluster model

Core and cluster models involve groups of linked services with a common purpose. Each individual element can draw on a range of central services. Thus, a residential school or secure unit might have a range of residential units, possibly with differentiated roles. There will also be a common education service and possibly programme teams, psychological support and health professionals.

The current round of secure developments being supported by the Scottish Executive aims to ensure that 'throughcare' work is paramount. The new secure units are located within larger residential schools, thus facilitating the crossover of young people and of services between open and secure settings in core and cluster type arrangements.

'On campus' services are able to respond rapidly and effectively when a young person is leaving the secure unit. This statement makes a few important assumptions however. Firstly, it assumes planning for a young person leaving secure care needs to take place not just early on in a placement but indeed before the young person is even placed in the facility. An exit plan must be in place. Secondly it assumes that the non-secure services are fully geared up to accepting young people from the secure service. And thirdly, it assumes staff across the entire organisation are consistently looking for the least restrictive and most effective placement for the young people in their care.

So what are the possibilities offered by a 'core and cluster' approach work with young people in secure care? In May 2004 staff from a number of secure settings in Scotland and Ireland met to consider this. Some of the key findings are listed below.

Advantages of a core and cluster approach

- Works because it is built on stability, consistency, continuity and a common culture
- Systems theory helps us understand why it works
- Is dependent on accurate assessment
- Can be 'preventative' by stopping further disruption/displacement

- Allows and enables the flow and exchange of skills, experience and practice
- Challenges outmoded ideas of isolated institutions and the negative features of institutionalization
- Its focus is the individual, not the organization
- Enables a 'menu' of services to be developed and improves the decision making
- Makes planning for alternatives to secure placements easier
- Encourages the development of social networks and resilience
- Some success in thinking outside traditional boxes of social work and education, for example, health and leisure and recreation
- Works best when there are many more open than secure places.

Developing the model

Here are some features of a core and cluster approach that are already available in some units or could usefully be developed:

- Parental/family support
- Wraparound home-based support
- Emergency admissions
- Specialised fostering
- Intensive Support and Supervision – residential and non-residential
- Improved research and evaluation
- Post-custody supervision
- Mental health services
- Diversionary services
- Wider educational services
- Youth training and employment
- Comprehensive aftercare
- Specialist day services
- Respite services
- Young parent services
- Improved wider community access
- Outreach
- Closer working with local authorities
- Outdoor pursuits
- Increased use of specialists
- Specialist residential services.

Reflective Questions

- *What range of services are available on your campus?*
- *What others can you access?*
- *How well does the exchange of services and/or expertise happen in your workplace? What can get in the way of this?*

Staff as transition workers

As secure accommodation ought to be an interlude in a young person's life, it is important that staff are skilled in supporting young people in their transitions between different settings and services. Essentially they might be thought of as 'transition' or 'boundary' workers. This calls for skills in building relationships between different contexts in a young person's life.

Reflective Questions

- *How do you support young people in maintaining important relationships and connections when they move into or on from secure accommodation?*

Conclusion

Working in secure accommodation requires that staff understand its place in the wider child care system and can work effectively across boundaries to support the range of young people's needs and to help them move.

Training links

SVQ:

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 382 *Support individuals to prepare for, adapt to and manage change* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

Further reading

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A succinct account of Purkey's ideas on invitational theory.

4.26 Exits and mobility

Chris Johnson

The programme formulated should be designed for the gradual reintegration of the child into the community, and should include the range of experiences normally available in an open setting…

(Code of practice, 4.10)

Introduction

This chapter outlines rationales behind exits and mobility and factors that need to be considered when operating such programmes. The key points include: legislative framework, referral behaviour, supervision, and police liaison.

The purpose of exits and mobility

The aim of exits and mobility from secure care should be to reintegrate the young person into society, ensuring that the young person eventually uses appropriate internal controls, rather than controls having to be externally applied by those who are in the supervisory position. Mobility programmes should be rooted within a young person's care plan and decisions about mobility should include all relevant authorities (see paper 4.04).

I have been in here too long. I have not been in the world enough. I don't know what it will be like. I need to be in the world more.

(male 16, Goldson, 2002, p. 124)

Mobility is important in order to maintain appropriate family and community links; to access appropriate constructive leisure and recreational pursuits; to attend relevant medical and legal services e.g. court appearances, and to access specific community resources which will assist the young person's reintegration into the community. In addition, the supervision of mobility will identify the degree to which the young person is able to cope with open settings.

Risk assessment

Although risk assessment is dealt with separately (see paper 4.18) it should be noted that any decision to start a programme of exits and mobility should only commence after a risk assessment has been completed. Some units may undertake risk assessments before access to education or particular areas of the building.

Referral behaviour considerations

Some of the factors that will affect the mobility programme and which must be taken into consideration will be identified from the young person's referral behaviour. The young person may have special needs or a learning disability, may be a danger to themselves or to others, may be at risk from others in the community, or there may be mental health issues (see paper 4.11). When the young person has committed a serious offence the issue of public opinion may have to be taken into account. This is not an exhaustive list and other factors may be identified in individual cases.

Reflective Questions

- *Can you think of other examples of factors that could be added to this list?*

Legislative framework

The young person will be placed in secure accommodation via the courts or the Children's Hearing system. There are different constraints placed on the mobility of the young person depending on the legislation used to place the young person. A young person remanded by the court under Part V section 51 (1) (a) (i) of the Criminal Procedure (Scotland) Act 1995 cannot start on a mobility programme. Mobility may only occur for emergency medical or dental treatment, appearances at a court or Panel, or, if agreed by the court, compassionate leave may be granted, for instance to attend a parent's funeral.

Where the young person has been sentenced under Part XI sections 205 or 208 of the Criminal Procedures (Scotland) Act 1995 the young person may only commence a mobility programme when agreed by the Parole Division of the Scottish Executive. Emergency medical treatment can be attended outwith security, but the Parole Division must be notified immediately.

Young people placed by the Hearing system and those sentenced by the Court under Part V section 44 of the Criminal Procedures (Scotland) Act 1995 can be dealt with differently.

The decision to start a mobility programme lies with the secure establishment and the local authority, having regard for all the circumstances. Should the young person be placed on a Warrant under Part II section 66 of the Children (Scotland) Act 1995 then the young person may not commence a mobility programme that

allows them to be unaccompanied at any time. This therefore precludes the secure establishment and the local authority from granting periods of leave or unescorted home visits. Guidelines from the Scottish Executive also preclude young people from travelling abroad whilst subject to any of the above orders.

Reflective Questions

- *Can you identify which young people in your unit cannot leave the unit, which young people can only do so with the agreement of the parole division, and which young people can leave with the agreement of the head of establishment in accordance with the care plan?*

Supervision

Careful thought should be given to the arrangement of any mobility programme. Again risk assessment is important. Factors that need to be taken into consideration include destination and purpose of the trip, the form of transport to be used, the number of staff required and their 'suitability', for example, in terms of gender, experience or seniority.

It is not just unit staff who are involved in mobility programmes. Young people may also leave the unit with parents and other relatives, previous carers, social workers or workers from other agencies. Those who do not have experience of working in a secure setting may have less appreciation of the need to maintain an awareness of issues of proximity and supervision levels. Similar considerations to those above should also be taken into account in these circumstances.

Any mobility programme should have a sequential build up which leads to the fulfilment of the programme's aims. Programmes should usually start with a well supervised walk around the grounds to allow the young person to orient himself having usually spent some time with restricted liberty. The young person should not necessarily immediately visit the parent or carer's home. Any early recreational trips should avoid the environs of the young person's home in order to lessen the temptation for the young person to abscond. The mobility programme should go hand in hand with any other programmes of intervention and should work toward equipping the young person with sufficient internal controls to cope without supervision.

Mobility should build from being escorted by two or sometimes three people through to one person and then eventually to escorting the young person to the community and leaving them alone to be picked up at a pre-arranged time. This can then be built upon further so that the young person makes their own way and workers collect them to bring them back relieving the young person of the need to make the decision to return. When successfully established in this pattern, the young person may be able to travel to their destination and back independently.

Reflective Questions

- *Draw up a plan of mobility for a young person in your unit and detail the time scale that it covers.*

Rehabilitation vs education

There is a need to balance any mobility programme with the educational needs of the young person. This can lead to some conflicts for workers whose aim is to rehabilitate the young person yet recognise that the young person may have missed much schooling and needs the tuition provided by their education centre. Thought should be given as to how the mobility programme can be educationally orientated. Her Majesty's Inspectors of Schools will expect young people of school age to spend some 27 or so hours a week in formal education. However, Care Commission Inspectors may see different priorities for young people whose liberty has been restricted.

Parent/carer issues

Parents and Carers must be involved with any programme of mobility. There will be times when rejection has taken place and it is important to recognise that a young person in this position will be disadvantaged compared with those that have progressed to having time at home. Thought should be given as to how this imbalance can be addressed. Parents and carers should be involved in all decisions made at reviews regarding mobility, and regular contact with them should be maintained in order to get feedback at the stage where the young person is spending time in the community alone.

Police liaison

The importance of good links between any establishment providing secure care and the local police authority cannot be overemphasised. Thought should be given to having periodic meetings at a local level to ensure that any procedures for dealing with absconding or dangerous situations are agreed and reviewed.

Missing person notifications

Establishments providing secure care have procedures for notifying the police about young people who have absconded or failed to return from leave. These procedures should afford maximum protection to the young person and to the general populace. The procedures should enable you to pass on 'soft information' to the Police who are responsible for finding missing young people.

The procedures should also include how the escape of a serious offender who may be a danger should be dealt with. There should also be agreed procedures for dealing with a mass escape from the unit.

Reflective Questions

- *What are your unit's procedures for reporting missing persons?*

Conclusion

Whilst this paper has offered a fairly brief summary of issues that need to be addressed when pursuing exit and mobility programmes, it is evident that a well planned and executed programme is essential to the successful reintegration of a young person into the community.

Reflective Questions

- *What are your unit's procedures for reporting missing persons?*

Training links

SVQ:

Unit SC8 *Contribute to the development, provision and review of care programmes* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).
Unit HSC 36 Contribute to the assessment of children and young people`s needs and the development of care plans (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

Further reading

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities.* Edinburgh: Stationery Office.

4.27 Throughcare and aftercare

Alison Caulfield-Dow

Planning ahead is vital to support successful transitions from secure care.

Introduction

Preparation for the time when a young person will no longer be looked after in secure accommodation is a significant responsibility for service providers. This takes time and involves a range of areas that need to be considered and addressed with the young person before they move on. Key points considered in this paper include legislation and policy, research findings, assessment and planning, and support for moving on.

Legislation and policy context

The Children (Scotland) Act 1995 outlines the duties and powers to provide throughcare and aftercare support for young people who are looked after by local authorities. Legal duties as the name suggests place an obligation on authorities to undertake particular actions, powers give them discretion to do so. Section 17 of the Act states that a local authority must ensure that any child or young person is adequately prepared for the time when they will no longer be looked after. Section 29 of the Act sets out the duty for providing on-going aftercare, until at least a young person's 19th birthday, and the power to continue to provide support until 21 if their welfare requires it. Section 30 also states that assistance may also be given to support a young person in education and training until such a course is completed.

In April 2004, new Regulations and Guidance were published by the Scottish Executive to extend responsibilities for supporting young people leaving care. This included a new duty to assess a young person's aftercare needs and to establish clear plans for aftercare support. Certain 16 and 17-years-olds will also receive financial assistance from the local authority instead of claiming benefits.

The youth justice national standards (see chapter 1) introduce specific requirements for throughcare and aftercare in respect of young people in secure accommodation. Standard 5 states that;

- *Every young person will have an aftercare plan covering a period of at least 3 months following the day of departure from secure accommodation.*
- *The young person's caseworker must discuss the aftercare plan with the young person at least 21 days before their planned*

departure and agree this with the young person at least 5 days before their date of departure.

- *The young person's caseworker will meet the young person within 1 working day of their release from secure and meet at least weekly following this.*
- *The aftercare plan will be reviewed by the young persons caseworker and the young person after 3 months and regularly after that whilst the young person is under a supervision requirement.*
- *The young person's aftercare plan should include reintroduction into education or training, as appropriate.*

Given the level of throughcare and aftercare policy and practice developments, it is vital that workers have knowledge of what support a young person is likely to be entitled to as they are leaving secure care.

Reflective Questions

- *Do you know which young people are eligible for support under sections 17, 29 and 30 of the Children (Scotland) Act 1995?*
- *Are you aware of all the responsibilities under the Regulations and Guidance for supporting young people leaving care in Scotland?*
- *Do you know where to find more information on this?*

What does research tell us?

Until recently, most of the research on the outcomes for young people leaving care was published in England. In 2002, the University of York and the Scottish Executive published the findings of the first piece of major research on throughcare and aftercare services in Scotland (Dixon & Stein, 2002a).

Some of the key findings from this research included:

- Most authorities (77%) offered a planned throughcare programme but less than half (39%) of young people in the survey had received one. Also, 40% had not had a formal leaving care review;
- The survey provided evidence of significant variation in throughcare and aftercare arrangements across Scotland. Many authorities were carrying out developments to extend and improve services;
- The need to develop stronger links with corporate and external agencies was evident;
- Almost two thirds of young people in the survey had no standard grade qualifications and most had experiences of truancy (83%) and exclusion (71%);

- Almost three quarters of young people left care at 15 (21%) or 16 (51.9%) years of age.
- A third of young people who had been looked after away from home had experienced four or more placement moves during their last care episode. Only 7% had remained in the same placement;
- Reliable support, whether formal or informal, was paramount to positive outcomes in most life areas and the ability to access and return to services when in need was crucial for young people finding their way through the challenges of post-care living.

Reflective Questions

- *How does your knowledge of the situation for young people leaving secure accommodation compare with some of the above research findings?*
- *Can you give any examples of other leaving care studies that help to illustrate what young people leaving care can face?*

If I hadn't come in here I could be dead now. I have future ahead of me now. I had no future when I got in here. I have to think ahead now but before I just worked from day-to-day. That's the big difference – I've got a future now.

(girl 15, Goldson, 2002, p. 123)

Throughcare preparation and life skills development

Throughcare preparation is a shared responsibility, which works best when key people involved in a young person's life can work together to support a young person, well in advance of any subsequent move from care.

What does it mean in practice?

Ideally, throughcare preparation should cover a range of areas including: life skills development, planning for the future, seeking suitable information on resources, and establishing young people's and carers' views in order to plan for and support the young person's move from secure care.

Throughcare preparation can be challenging when a young person is in secure accommodation as workers may not be able to facilitate the range of opportunities that are available to young people living in other forms of residential or foster care. Imagination and ideas may therefore be needed in order to create an environment which promotes the development of skills and maturity that is required for more independent, adult living. Even when certain young people may actually be moving on to penal institutions, it is still vitally important for them to develop adult living skills.

If a young person is in secure accommodation, then it may be necessary to ensure that key information is brought into the secure unit and discussions and focussed work can still take place.

Reflective Questions

- *When should throughcare preparation begin? Who should be involved and how?*
- *Can you identify the wide range of areas that young people need to develop or know about as they approach more independent, adult living?*
- *Do you know any practical resources that promote the development of life skills, particularly using interactive and young-person friendly approaches?*

Planning and supporting the transition

Young people can face many transitions and changes as they approach adulthood, such as leaving school, starting work, leaving home. For young people leaving care, we know that the transitions that they face are often accelerated and compressed in comparison to their peers who are not in care. Most young people in secure accommodation have probably faced more moves and instability in a relatively short time as compared to many other young people in care.

Planning ahead is vital to support successful transitions from secure accommodation. Providing 'stepping stones' to more independent living can also mean that young people gain suitable support and develop skills at a pace that they can manage. Unfortunately, not all young people have access to a range of options as it can depend on where they are moving to, funding being made available or suitable referrals being made.

Emotional support for young people in advance of and during the period of transition is as important as focussing on practical issues and accessing suitable resources. If a planned move is taking place, young people may regress to immature behaviour or refuse to co-operate. This may be due to fears of the unknown and having to live independently after long periods of group care. Throughout the throughcare process it is important actively to seek young people's views in order to gauge where they see themselves.

Reflective Questions

- *Think about some of the young people you have worked with in secure accommodation. Consider how many moves in and out of care they have experienced. How do you think this has affected the young person?*
- *What do you think the impact will be when they move from secure care?*
- *What has been your experience of ensuring that the local authority fulfils its duties and provides resources to support a young person's move from secure accommodation?*
- *How does this vary between different parts of Scotland?*

Assessment and planning: working in partnership

Local authorities have a duty to assess a young person's aftercare needs, ensure throughcare preparation and planning takes place, and regularly review the plans and the outcomes of a young person's aftercare support. When this is done effectively in practice, it requires a significant degree of partnership working as young people may be accessing support from a range of people.

A Scottish framework for throughcare and aftercare assessment and planning was produced in 2004. This approach is called 'Pathways' and local authorities are developing practice to ensure that they fulfil their assessment and planning duties. Increasingly, local authorities are working in partnership with other agencies in order to carry out a full assessment of a young person's throughcare and aftercare needs, which includes seeking the views of the young person and possibly any relevant carers.

Providers of secure accommodation may therefore be asked to participate in this process, as the staff working with the young person may be better placed to help paint a clearer picture of the young person's needs.

Reflective Questions

- *What kind of assessment and planning processes do you currently participate in?*
- *Are young people willing to share their views and thoughts? How can you help to ensure that they are part of planning for their future?*

Leaving secure care: steps to more independent, adult living

Under the Regulations and Guidance for young people leaving care, local authorities have a duty to ensure that a young person is provided with or supported in suitable accommodation. The Guidance states that local authorities will want to make sure that the levels of support they provide meet the needs of each individual.

Some young people will need more support than others and authorities should have a range of services which address these differences.

Again the availability of suitable accommodation can vary greatly between areas. Some examples of steps that can promote more of a gradual move to more independent living can include:

- The young person moves initially from secure accommodation to an open unit or residential school setting;
- A specialist foster care service or supported lodgings may be appropriate to re-introduce a young person to a closely supported family environment;
- Semi-independent group living may then also result in accessing a 'scatter flat' where significant outreach support is received, before a young person moves to their own tenancy.

Reflective Questions

- *Think about some of the different kinds of accommodation that young people have moved on to. Which types of accommodation seem to work best for young people?*
- *Which areas or organisations have developed a range of resources for young people?*

Aftercare: on-going support for young people

For most secure care providers, the provision of aftercare support usually means linking in with the relevant local authority team or workers. Increasingly, secure care providers are also developing and providing their own outreach or aftercare workers for young people who have been in their care. Experience has shown that many young people prefer to maintain supportive relationships with the people who supported them whilst in care. The first three to six months after a young person's move from care can often be the most vulnerable period, where intensive aftercare support is often required. When on-going aftercare support is provided at a suitable level, young people can often experience more stable outcomes in the future.

Reflective Questions

- *Have you had any experience of providing support to young people after they have left care? What challenges did this present?*
- *How long do you think aftercare support should continue for? What kind of aftercare support do young people say they would like?*

Reviewing progress and keeping in touch

An important element in providing on-going aftercare is keeping in touch with the young person and knowing how they are doing. The Pathways framework includes a requirement to review a young person's progress after they have left care. This should be done in a positive way and should recognise a young person's achievements, however big or small.

Increasingly, local authorities have to record details of the outcomes for young people when they are leaving their care. This includes details of where a young person moves on to, if they have been homeless, and if they are in education, training or employment.

Some young people may prefer to maintain contact with individuals or organisations outwith the local authority. Often young people keep informal contact with their previous carers, which can be supportive or help to encourage a young person to access support when needed.

Reflective Questions

- *Is it possible or suitable to welcome young people back to where they have previously stayed? Do young people keep in touch with any staff in your place of work?*
- *How could keeping in touch be facilitated appropriately? How could this be helpful for the young person and the care provider?*

Conclusion

It is clear from this paper and the research that a key element in the success of a young person's transition from secure care is a well planned and executed transition programme.

Suggested reading

The summary of the University of York's Scottish research (Research Findings No.3, 2002) highlights key areas that should be addressed by service providers. It also indicates the importance of placement stability, throughcare preparation, informal support networks and access to education, training & employment opportunities for young people leaving care

It is clear from this paper and the research described in it that a key element in the success of a young person's transition from secure care is a well planned and executed programme.

The Pathways Handbook (see below) explains the various steps to the assessment and planning process for young people leaving care. It illustrates how the Pathways materials can be used and also highlights key areas and step-by-step questions to consider.

Training links

SVQ:

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 382 *Support individuals to prepare for, adapt to and manage change* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

Further reading

Dixon, J. & Stein, M. (2002a). *Still a bairn? Throughcare and aftercare services in Scotland: final report to the Scottish Executive.* York: University of York Social Work research and development unit.

Dixon, J & Stein, M. (2002b). *A study of throughcare and aftercare services in Scotland*. Edinburgh: Scottish Executive.

Scottish Executive. (2004a). *Supporting young people leaving care in Scotland: regulations and guidance on services for young people ceasing to be looked after by local authorities: regulations and guidance.* Edinburgh: Scottish Executive.

Pathways Materials and Handbook: A framework for throughcare & aftercare assessment and planning. [Scottish Executive. (2004b). *Pathways handbook*. Edinburgh: Scottish Executive.]

Umbrella programme. (2000). *Looking to the future with skills for life: a throughcare preparation pack.* Umbrella programme.

www.scottishthroughcare.org.uk
Scottish Throughcare & Aftercare Forum:
A wide range of relevant throughcare & aftercare information, including policy and practice developments, training opportunities and interactive web-based features and discussion.

www.nwacf.com
North West After Care Forum:
Information on leaving care services, publications and developments in England.

Glossary

Approved school The term used following the 1937 Children and Young Person's Act, which brought together reform and industrial schools.

Child and Adolescent Mental Health Services (CAMHS) Service providing a specialist and multi-disciplinary diagnostic assessment, treatment, advisory and consultant service for children and adolescents suffering psychiatric disorders, or where behaviour, emotional state or development is causing serious concern to themselves or those caring from them. (www.careline.org.uk)

Children's Hearing A lay tribunal of three members, with both male and female representation, drawn from the local children's panel. Hearings consider the full circumstances of a case and make decisions based on the needs of the child or young person referred to them.

Children's Hearing System Scotland's system of juvenile justice, established in 1971 following passage of Social Work Scotland Act (1968), to address the needs and behaviour of children and young people who offend and/or are considered to be in need of care and protection.

Children's Panel A group of trained lay volunteers from which children's hearings are convened.

Children's Reporter, The The administrative officer who decides on the basis of reports whether a child may be in need of compulsory measures of care. If so they call a children's hearing. The Reporter also ensures that the hearings system operates within its legal remit.

Children's Safeguards Review (Kent 1997) Report pertaining to residential child care which made a number of recommendations for improvements to children's safety, and for staff recruitment and training, and carried out a major literature review.

Clyde Committee, the (1946) A government report into children's services which recommended a move towards smaller units based around the model of the family.

Code of Practice on Secure Accommodation (1984) Guidance on the use of secure accommodation, drawn up by a group including heads of establishment and Scottish Office civil servants following the introduction of the HASSASSAA legislation 1983, which introduced legal criteria to the use of secure accommodation.

Department of Health (DOH) Government department responsible for health and social care policy in England.

Director of Social Work Local authority official in charge of social work services. Has statutory responsibility in relation to secure accommodation to agree with head of establishment that legal criteria are met. Since reorganisation of local government in 1996, local authorities have not been required by law to have a director of social work, but must have a nominated chief social work officer, who has the same statutory duty in relation to secure accommodation.

European Convention on Human Rights (1950) An assertion of a range of civil and political rights based on the United Nations Universal Declaration of Human Rights (1948).

For Scotland's Children (2001) A policy initiative, which sets an agenda for education and social work services to work more closely together to meet children's needs.

Head of Establishment The head of a secure unit. Has statutory responsibility, along with the chief social work officer, to agree that legal criteria for placement in secure accommodation are met.

Her Majesty's Inspectors of Education (HMIE) Branch of the civil service with responsibility for inspecting a range of education provision. HMIE work with the Care Commission jointly to inspect secure accommodation.

Joint Future A policy initiative, bringing together health and social services.

Kilbrandon Report (1964) Royal commission into youth justice in Scotland. Proposed a welfare approach with emphasis on needs rather than deeds. Many of Kilbrandon's recommendations were incorporated in the Social Work (Scotland) Act 1968.

List D Schools The name given to approved schools following the passage of the Social Work (Scotland) Act, for no other reason that that they were listed D in the Scottish Office's range of special education provision.

Office of National Statistics UK department dealing, as the name suggests, with a whole range of statistical information, some of which is of relevance to residential child care. The Scottish Executive also compiles statistics of more specific relevance to secure accommodation.

Regulations and Guidance When an act of parliament is passed it is accompanied by legal regulations. These are further developed in volume(s) of guidance. Guidance pertaining to the Children (Scotland) Act, for example, is important in guiding practice.

Residential Care Health Project A project which has been encouraging and developing a multi-agency approach to improving the situation for one group of children and young people. The RCHP works collaboratively with social work, health and other support agencies

to address these issues as they affect local authority residential units for young people in Edinburgh, East Lothian and Midlothian.

Scottish Cabinet Group of Scottish Parliament ministers with particular policy responsibilities.

Scottish Children's Reporters Administration (SCRA) The national body responsible for the administration of the Children's Hearing System.

Scottish Commission for the Regulation of Care (the Care Commission) Body responsible for registering and inspecting all residential child care units against sets of national standards. Remit covers local authorities or other agencies.

Scottish Executive's Intensive Support and Management Service (ISMS) Scottish Executive initiative to provide intensive interventions to young people who offend. Funds particular residential and community projects, including electronic monitoring (tagging).

Scottish Institute for Residential Child Care (SIRCC) A partnership of educational institutions, a young people's advocacy organisation and an international children's rights organisation. Primarily funded by the Scottish Executive, it offers specialised, professional development training, certificate and degree courses, consultancy services and undertakes a wide range of research projects.

Scottish Office Administrative branch of government in Scotland, prior to Devolution in 1999.

Scottish Social Services Council (SSSC) Body responsible for the registration of individual child care workers and the development of professional codes of practice.

Secure Remedy, A A review of the role, availability and quality of secure Accommodation for children in Scotland conducted by the Chief Social Work Inspector in 1996.

Secure Unit A form of residential accommodation for young people who are a danger to themselves or others in buildings they cannot freely leave.

Skinner Report, The (Another Kind of Home) (1992) A wide ranging review of residential child care discussing the purpose and role of residential child care in Scotland. Proposed eight fundamental principles to provide a framework within which relevant standards for evaluating the quality of care could be developed.

Social Work Services Group (SWSG) Government department under the Scottish Office with responsibility for inspecting and registering secure accommodation. Became Social Work Services Inspectorate (SWSI) in 2005.

Social Work Services Inspectorate (SWSI) Scottish Executive department whose main task is to evaluate the quality of social work services in Scotland.

United Nations Convention on the Rights of the Child An international treaty ratified by 192 countries, including the UK. Reflects a global consensus and has become the most widely accepted human rights treaty. Broad ranging statement of rights including social, cultural and economic as well as political and civil.

Youth Justice Strategy Groups A policy initiative, set up in every local Authority, bringing together social work, housing, the police and the Reporter to the Children's Panel amongst others to address issues of youth crime and disorder.

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Resources on secure accommodation

The following is a list of relevant books, training packs and other materials on secure accommodation which are available from SIRCC Library and Information Service, 76 Southbrae Drive, Glasgow.

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