

Turning Ordinary Love Into Extraordinary Outcomes at East Park

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Abstract

This article describes East Park School's journey in conceptualising *agape* and what it means to provide a care experience that demonstrates love in a meaningful way:

- Explaining why young people need to feel loved and not just cared for.
- Describing how we explored the difficulties of maintaining professional boundaries in practice, while managing risk in situations where we looked for more loving ways to intervene.
- Showing how we build on trust and existing relationships to create more opportunities for our young people to experience love.
- Defining what love means to young people with complex and multiple diagnoses and witnessing extraordinary outcomes.
- Explaining how we entrench the expectation of love into recruitment and induction conversations for new staff.

Keywords

Staff empowerment, culture change, learning from mistakes, safe spaces, ordinary love and extraordinary outcomes

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Why do our young people need to feel loved and not just cared for?

East Park is a registered charity based in the Maryhill area of Glasgow since 1874. It provides education and supported accommodation services to children and young people with additional support needs, including autism.

This article focusses on the journey of the Skye and Lewis intensive support units, which provide care and support to young people who require additional positive behavioural support intervention. Their complex and multiple diagnoses can present barriers to interpreting communication, imagination and social and emotional interaction. This requires us to be creative and innovative when developing and sustaining the experience of love in our residential environment.

On page one of 'The Promise', published by The Independent Care Review of Scotland's care system¹, the commitment to children and young people is expressed as the ambition that they can say, 'We grow up loved, safe, and respected so that we realise our full potential'.

Our staff at East Park are committed to this promise and hope that all the young people we care for and support not only believe that they are loved; but achieve better outcomes by taking that sentiment for granted.

When we first formally asked our staff teams in the Skye and Lewis intensive support units in February 2019 if our young people at East Park felt love from us as practitioners, they consensually affirmed that this was the case.

Our support workers agreed that they felt unconditional love for our young people and that their empathy, commitment and resilience when presented with multiple behaviours of concern on each shift were only possible as a direct result of that love. They saw this as an assumed part of their role, an ordinary expectation. Our organisational goal was to develop a reliable cultural approach

¹ See <https://www.carereview.scot>

that turned ordinary, everyday love into extraordinary outcomes for our young people.

The workers had a refreshingly free and open approach to discussions about conceptualising love in residential child care. They understood that love meant different things to different members of staff and that relationships were complex and amorphous.

I felt that we should engage all of our staff in different departments in a questionnaire about love, in order that we could assess our organisational understanding before workshops or training. I asked them five questions:

Do you believe our staff at East Park should show our young people love?

1. What should this look like?
2. How would they know they are loved?
3. Does their diagnosis have an impact on their perception of love?
4. How do we manage to preserve professional boundaries when showing love?
5. Are there situations that arise where showing or responding with love can increase risk?

A sample of their answers below give an indication about our wider organisational understanding of the requirement for love in residential child care:

Many of our pupils are highly affected by attachment issues and trauma related behaviours and by showing love we can rebuild strong and secure attachments. (Principal Teacher)

I believe it would be impossible and harmful working in a care environment without showing love to them. Children need love to help them grow and develop and to understand roles, boundaries and feelings in relationships, a child who knows or feels they are loved has the freedom to express themselves without fear and has the freedom to dream. (Care Services Manager)

Some of our young people come to us with a history of significant trauma. All come from previous placements which have broken down. Many are looked after away from home. All of this along with communication disorders including Autism can make forming trusting, safe relationships a real challenge for them. I think it's our responsibility to make them feel safe, important and loved. (Educational CALM Associate)

Expanding our preconceived ideas of what love is, and deciding what kind of love is appropriate to share with our young people, was a little more difficult.

How we explored the difficulties of maintaining professional boundaries

The ancient Greeks described *agape* as 'the highest form of love, charity' (Liddell & Scott, 2010, p. 4). It was important for the team to understand that when we speak about love, we were not focused on the kind of love that we might feel for a partner, our own children, friends, family or colleagues. We used *agape* as an explanation of how we can feel love that is selfless and without condition for people who require our support.

We arranged one to one conversations with staff to recognise and appreciate current practice and look at how we could improve the group culture to ensure that we had standardisation in our approach to love. Love as a concept proved challenging for our staff to define in relation to looked after young people, and there were natural reservations for people who qualified or trained at a time when the importance of professional boundaries between themselves and those they supported were emphasised by trainers and lecturers.

Of course we love our young people, we might not all say it when we speak to them but we show them every day that they are loved. It is more difficult if there are bank workers or agency workers who don't know them, that's why it is important that they have consistency with regular staff. (Support Worker)

I think it depends on your own experiences, some people might be more comfortable being tactile and others might have personal reasons for not wanting to cuddle or get close to someone. I would always respond if a young person reached out for a cuddle, but I wouldn't judge a colleague if they felt they couldn't. (Support Worker)

I'm not sure about the word 'love', I've seen some of the work key workers have done with pictures on the wall and questioned whether it was a word we should be using with young people. (Support Worker)

If it gets too much you can always remind the young person about personal space, but still show in other ways that you care for and love them. (Support Worker)

The word 'love' is mentioned 85 times in the seven reports of the Independent Care Review, however, a deputy team leader explains that:

Love is hard to define – it is much more than just a word that is said - in fact it can often be said without meaning, a throw away remark, regurgitated over and over, that if not meant, over time devalues and feels meaningless. It's something that is felt, a two-way connection between individuals - a bond of trust. There is no template for how to show love - it is an individual experience between two people formed on a mutual understanding of each other's needs, interests, and values and responding to these in way that feels unique to you both. It is much more important for a child to feel love.

As a team, we explored many literary interpretations and contemporary articles on love in order that we could discern an appropriate definition and shared expectation. Barth (1958, p. 745) described *agape* as being 'in utter independence of the question of . . . attractiveness' and with no expectation of reciprocity. This kind of charitable, selfless love was a definition our staff were

able to take pride in aspiring towards. Our next mission was to explore how to manage the inevitable risk that developing this ethos further would present.

Managing risk in situations where we looked for more loving ways to intervene

In our intensive support units, our young people are supported with primary, secondary and tertiary interventions to de-escalate when experiencing anxiety, distress or an escalation in behaviours which may harm themselves or others. As a last resort, when all therapeutic strategies have failed, physical intervention can be required to keep them safe. Physical restraint itself can be harmful and regardless of reassurance and loving care in the aftermath, our young people are left with lasting memories of being held against their will. As a team we recognise the importance of exploring ways to avoid physical restraint as a key priority in our development plan. To this end, we have built on our existing ethos of 'absolute last resort', to deliver training and implementation of a new style of positive behavioural support plan. These changes are intended to facilitate a more creative therapeutic approach to de-escalation using evidenced based strategies to inform practice.

We use the principle of least restrictive intervention first and identify in each plan what that means for the child. Our primary, secondary and tertiary interventions are person specific. If a young person has complex and multiple diagnoses of, for example, Autism Spectrum Diagnosis, ADHD, Acquired Brain Injury and Pathological Demand Avoidance, their plan will detail the appropriate intervention according to each environmental, emotional or physical trigger or response. We understand that the interplay of each diagnosis will be unique for this young person and that evidenced based autism strategies alone will not be sufficient. Staff must be proficient in evidenced based strategies for Acquired Brain Injury, Pathological Demand Avoidance and ADHD and know which approach to use at the right time. This can only be done through relationship building and understanding of each young person.

The successes and areas for improvement are continually reviewed and each accident or incident is viewed through the prism of how the young person felt

with a view to create more positive and loving relationships. We recognise that our young people experience significant trauma and anxiety, and physical interventions have a lasting effect.

I don't like it, when it [physical intervention] happens it makes me want to punch staff. (Young Person, reflecting on how it makes him even angrier and sustains his escalation.)

Emotion Works² is an educational programme designed by teacher, curriculum designer and educational consultant Claire Murray, that puts learning at the heart of emotional health and well-being. We initially used the programme to help young people understand and express their feelings, behaviours and responses, however we now include it as part of our debriefs for staff to put the young person at the centre of the incident and focus on their perception and how it was resolved for them.

The Emotion Works debrief makes you reflect on your feelings as a practitioner. It goes further than the incident report which just analyses behaviours, antecedents and areas of improvement. This debrief supports you to calm down, makes allowances for you so you feel ok about negative feelings and forces you to move forward positively in respect of your own feelings and the young person's. The focus is on everyone's feelings and it makes you a more empathetic practitioner, mentor and support worker. Young people feel the benefit of a staff team who look for a positive relationship-based outcome because we understand their emotions which builds trust and the experience is shaped by forgiveness and unconditional love (Support Worker).

We recognise that the importance of building up relationships is to do with trust and reciprocity. When we understand where a behaviour is coming from, when we know the young person, we

² <https://www.emotionworks.org.uk>

can assess and plan alternative interventions. When a child understands that our behaviour is based on love for them and not power, they can trust our motivation and in turn staff can take calculated risks to explore more creative interventions (CALM Instructor).

Building on trust and existing relationships to create more opportunities for our young people to experience love

In June 2019, I asked our staff at a team meeting if they believed that our journey so far had resulted in the young people of our Skye and Lewis units feeling more loved.

Of course they do, we show them love every day in our actions and words. We might not use the actual word 'love' but it should be obvious in every interaction. (Support Worker)

We wanted to ensure that our journey continued with a critical eye in order that we could further improve the quality of our commitment to providing a loving service. After exploring love as a practice expectation for five months in team meetings, staff surveys and projects we were beginning to more freely and critically assess our journey.

By July we were beginning to self-monitor and challenge each other to find more loving ways of communicating and reduce missed opportunities to engage positively with our young people, however avoiding complacency and self-congratulatory acceptance of the status quo would require further assessment and development.

On a Monday in September, during the young people's morning routine, I had observed:

- One young person diagnosed with Attention Deficit Disorder, an Autism Spectrum Diagnosis and an Acquired Brain Injury struggled to get the attention of a staff member who was finishing a handover conversation with a colleague. They repeated their allocated staff members name four times

at increasing volume before a response which indicated that the staff member would be 'with him in a minute.'

- One young person who elects not to verbally communicate reached out for a staff members hand twice as they were passing with laundry but was not seen.
- Two support workers were having a conversation about a young person's presentation and behaviours from the previous night in the vicinity of two other young people in the communal living room.

When the young people went to school we explored these notes and I asked how each person might have felt or interpreted those exchanges.

If they are ignored or don't feel listened to, they will feel unimportant and unloved. They might believe that the tasks we have to complete, or our conversations with each other take precedence over them and it could damage their self-esteem.
(Support Worker)

It is essential that for our young people to feel loved, that they first of all trust us. If they think that we talk about them publicly and share information about other young people when they are not there, that we will do the same for them. This can cause them to become guarded and put up emotional walls, or barriers to communication that make it impossible for us to build meaningful relationships which lead to the experience of love.
(Support Worker)

As a result of this discussion, I revisited the questionnaire I had sent out and followed up some answers with one-to-one discussions to identify how we could define love in a child centred way that was specific to each young person and the barriers they may face in communicating their needs.

Defining what love means to young people with complex and multiple diagnoses

Love is built into our understanding of what is necessary for young people to become well rounded, fully functioning adults. We learn about Maslow's hierarchy of need as part of our vocational training and how without the sense of love and belonging, our young people won't be able to reach their potential. Some of our young people don't verbally communicate and to this end, our actions, facial expressions, gestures and tone of voice are more important in helping our young people grow in confidence so that they can develop skills in a place that they feel like they belong in and experience love from us as their carers. (Bank Support Worker)

Love means different things to each young person. One of our young people affected by an autism spectrum diagnosis will feel loved if people are tactile with him on his terms, if they reassure him when he's anxious, if they make him feel safe when he is overwhelmed and spend time with him without overstimulating him or being invasive. For another young person trying to understand the world with global developmental delay, you have to be pro-active and use humour as an intervention or offer him a cuddle if he is upset so that he feels love, so staff have to have knowledge of what love means to that individual (Support Worker).

Our journey continued by working together to identify what love meant to our young people and how we could share this with new inductees, family members, visitors and stakeholders external to our organisation. We agreed that we would create a visible collage on our walls with photographs which captured loving moments between our young people and their families, friends and staff. Alongside this we captured in speech bubbles what love meant to each young person and by doing this hoped to create a visual and immediate conceptualisation of how to make sure our young people felt loved by all people who may potentially engage with them on entry to the service.

Witnessing Extra-Ordinary Outcomes

One of the most effective motivators for staff being asked to re-evaluate current practice, is witnessing the positive impact on the lives of the young people they care about. Two powerful examples of this were:

The young people were so familiar with Emotion Works and staff had been so deliberately relaxed in their use of love in conversation, that unprompted a young man finished a FaceTime conversation with his mother by responding with 'love you' at the end. This brought his mother to tears as she had never heard these words before. He felt love for her, but articulating it meant the world to her. She called and text staff repeatedly to thank them for their input as she didn't believe it would have been possible for him to say those words. His communication is complicated by ADHD and demand avoidant impulses so coaching him or requesting him to say it would have been impossible, but a natural introduction to his vocabulary and staff using it in a meaningful context supported him to say what he felt at the time.

A young girl who chooses to communicate primarily using Makaton and digital technology now prompts staff to tell her that they love her when their relationship has developed into a trusting one. She says the words in a complete sentence first, then says their name before pointing to her to indicate that she wishes staff to finish the sentence (staff member) . . . loves . . . (young person). When the staff member completes the sentence, she expresses joy and laughs heartily. This exchange would have been unthinkable at the beginning of our journey. The staff who have worked towards demonstrating love in everyday practice were rewarded in every interaction that resembled these two examples. We wanted to continue our momentum and ensure that we did not stagnate when new staff joined our team.

Entrenching the expectation of love into recruitment and induction conversations for new staff

In order to ensure that support staff who have recently joined our teams are able to buy into our ethos of demonstrating love in practice, our care services manager and I agreed that we should describe our values during the interview

process and ask our candidates how they could practice in a way that ensured our young people felt love, as part of their competency based interview. Surprisingly, some candidates were able to articulate how they could contribute to this by referencing not only how they believed they could make a difference, but by using frames of reference personal to them; they were able to describe what they would hope for their loved ones should they be recipients of care services.

My brother has been diagnosed with an autistic spectrum disorder and I love him, I wouldn't want anything less for him if he was being supported in a place like this. I know how to love and would care for the young people here with the same kindness and compassion I have for him and would expect for him from others. (Interviewee for support worker post)

Being loving comes naturally to me, I am family orientated, I believe that by building trust, being open and being genuine, that young people would feel loved. (Interviewee for support worker post)

These two candidates were successful, in part because of their ability to describe in practice, how they could ensure the young people they would be supporting would feel loved.

Our aim in including love themed questions is to develop the expectancy of love at the outset and then enhance insight, personalised care and the loving capabilities of staff as they develop in their role.

In addition to the integration of love as an expectation at the recruitment phase, we designed an additional introductory session as part of induction for new recruits. This involves our head of care, care services manager and service co-ordinator describing the organisation's values, objectives and four priorities, one of which is love.

East Park recognises the importance of loving, nurturing caregiving for young people living in residential care. We believe

that loving interactions and relationships between caregivers and young people, can minimize adverse outcomes, leading to happier and more resilient young people. Our aim is that young people receive care and support from warm, responsive professional staff who are able to play, converse, hug and respond with genuine affection and empathy when young people display behaviours of distress.

We want the children and young people who live at East Park to know that we are not just 'caring for' them, we really do 'care about' them. (Head Of Care)

As we look to spread our message beyond the organisation we are looking to inform, enable and spread our message to family members, donors, healthcare partners, regulatory bodies and members the wider community. We felt that we were able to engage with the readership our free magazine, *East Park Patter*.³ Our front page feature in the March 2020 issue outlined our ethos, commitment and aspiration of embracing love in our care environment.

We hope that by developing our teams systems we can maintain a golden thread of understanding in how to demonstrate love in practice by:

- Encouraging loving, trusting and meaningful relationships with our young people
- Identifying what love means to each young person we support
- Assessing, planning and practicing in a way that is cognisant of each young person's interpretation of love

³ http://eastpark.org.uk/wp-content/uploads/2020/01/epp_online_edition_19_2020-03.pdf

- Testing capacity of love in potential staff in our new approach to recruitment
- Embedding the principles of love through staff induction
- Assessing our successes and areas of improvement in love themed supervision,
- Critical peer assessment in daily observation and coaching improvement
- Including Love as an agenda item at every team meeting.

We are on a continuing journey in understanding ordinary love that will, hopefully organically, develop a cultural norm with the extra-ordinary end result that all children who leave East Park Services can reflect on their lived experience in the knowledge that they were loved by those who supported them.

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About the author

Liam Feeney has worked in social care for 20 years in Glasgow, Edinburgh and Aberdeen in a variety of roles with Children, Young People and Adults