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Editorial

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Editor-in-chief

Introduction to the spring 2026 issue of the *Scottish Journal of Residential Child Care*

Welcome to the spring 2026 issue of the *Scottish Journal of Residential Child Care*, another very full issue.

As I write this editorial, there is a fragile ceasefire in the war in the Middle East. International aid agencies have reported that hundreds of children have been killed, thousands injured and more than a million displaced by the ongoing conflict (Christou, Tondo & Holmes, 2026). The BBC's special correspondent Fergal Keane has written extensively about the effects of war on children. In the context of the war in Iran, he writes, 'The children's world has shrunk,' and even when fighting stops, 'the damage inflicted on young minds and bodies by the violence of bombing, the militarisation of childhood, and the loss of safety will endure long into the future' (Keane, 2026).

And this is just one of many crises with devastating impacts on the lives of children and their families. The International Committee of the Red Cross reported that there were 130 armed conflicts in 2025.[1] The UN children's agency UNICEF estimates that more than 200 million children, in 133 countries and territories, will require humanitarian assistance of some kind in 2026. Children affected by armed conflict are more likely to be separated from their families and consequently at high risk of experiencing trauma, poverty and abuse. This risk underlines the

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[1] https://www.icrc.org/en/article/humanitarian-outlook-2026

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importance of having effective arrangements for providing support and alternative care for children affected by conflict. The Alliance for Child Protection in Humanitarian Action (2025) published results of a survey of needs, based on the responses of 154 participants in 15 countries, representing crises in Africa, the Middle East and Latin America. The detailed findings highlighted greater needs at a time when the resources of international relief agencies are being squeezed. Among the implications for provision identified were the importance of tailoring provision to local circumstances and to the needs of children with disabilities.

Journalists and researchers provide a valuable service in highlighting the particular effects of conflict and natural disasters on children, but it can be hard to get accurate data about children displaced from their homes and families, and consequently from their childhood friendships and schooling, as a result of conflict and violence. For that reason, I want to point our readers to a new website provided by the International Data Alliance for Children on the Move which aims to 'improve data and statistics and support evidence-based policymaking for migrant and misplaced children'. The website has informative resources, information about events, and you can sign up to IDAC[2] to receive regular updates.

This journal exists to educate readers on the circumstances and needs of children in alternative care, and we would like to be able to publish articles from authors working with children affected by conflict or those with direct experience of care in conflict zones. If you are working with children, engaged in supporting others in this work, or care experienced, please consider writing about your experience. We would love to hear from you.

Meanwhile, in Scotland, the needs of children are at the heart of two new pieces of legislation recently passed by the Scottish Parliament. The Children (Care, Care Experience, and Services Planning) (Scotland) Bill is intended to strengthen the entitlements to support up to the 26th birthday of young people leaving care services. The Restraint and Seclusion in Schools (Scotland) Bill when in force will regulate the physical restraint and isolation of children in education settings, including residential schools. The atmosphere in which this legislation is being introduced is the general acceptance that the use of restraint and seclusion should be

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[2] https://www.dataforchildrenonthemove.org

avoided, their use certainly minimised, and alternative approaches used to keep children safe. The legislation also gives a duty to government ministers to provide guidance on the use of restraint and seclusion, as well as the authority to develop standards for use and training. Education providers will have duties to record and report use of restraint and seclusion and to inform parents.

These new Acts, and the introduction of a new Care Leaver Payment of £2,000, go some way in statutory responses to The Promise of Scotland's Independent Care Review to improve the life circumstances of care experienced young people and adults in Scotland. Readers can follow progress at The Promise Scotland website.[3]

While new law to protect and support children and their families is generally framed as improvement, responding to widely acknowledged weaknesses or gaps in the frameworks for this the legislation developed over time brings problems of coherence and potential confusion. The Scottish Government has therefore introduced a review of Scottish legislation, to run for a year from February 2026, and led by Professor Kenneth Norrie, an acknowledged expert on Scottish child and family law, and Professor Emeritus at the University of Strathclyde, in partnership with CELCIS. Professor Norrie gave the Kilbrandon Lecture in 2025 and contributed an article, 'Who then, in law, is my parent?', to Volume 24(1) of the SJRCC (Norrie, 2025). More information about the review and opportunities to participate, can be found on the CELCIS website.

The spring 2026 issue

Many of the articles in this issue have been contributed by authors based in Scotland, working within Scotland's policy landscape, even if the practice issues they raise have global significance. The SJRCC, while published in Scotland, also aims to have an international outlook, and we begin the spring 2026 issue with an original research paper contributed by researchers based at McGill University in Canada.

Amanda Keller, Yunung Lee, Nikki Tummon and Michael Mackenzie conducted a scoping review of 29 research papers reporting on physical health and mental health outcomes of care leavers in several countries. Their findings indicate that adults who spent any time in out of home care

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[3] https://thepromise.scot

as children experience greater physical and mental health difficulties than the general population, and research in Europe also suggests higher rates of premature death. Among the limitations in the data is the lack of evidence about adults over the age of 30, indicating the need for longer follow-up studies. There are two really important implications of this work. First, as Keller et al. point out: ‘understanding the differences between placement experiences, individual and community-based resilience factors, and their associations on long-term outcomes is critical to improving upon our child welfare practice’. Second, better understanding of the risks of certain physical and mental health difficulties in the life course for care experienced people could lead to more effective targeting of services.

Sydney Guinchard of the Why Not Trust for Care Experienced Young People and Danny Henderson of Care Visions present findings from a forum conducted with 20 residential care workers from one care provider in Scotland aimed at understanding better how workers cope with violence in the workplace. The paper is structured around themes emerging from the forum, including difficulties in defining violence, the importance of having opportunities to process violent experiences and the impact of personal and professional identities. The authors argue that by avoiding ‘calling violent and aggressive behaviour “violence” and renaming all instances of emotional or physical harm to another person as “distress” invalidates the very real experiences of violence that RCC workers have told us they face on a regular basis’. They also highlight the importance of ‘intentionally creating psychologically safe spaces away from the day-to-day operations, where practitioners can reflect on their experiences, resolve tensions between their personal selves and professional roles, and surface practice wisdom that can benefit the sector as a whole’.

Charlotte Wilson, a doctoral candidate at the University of Strathclyde, has examined the impact of secure care on autistic young people in Scotland. Based on the experiences of 19 young people, using diary and interview methods, Charlotte identified four themes emerging from her research which she presents as paradoxical (opposite poles): care vs restriction; structure vs flexibility; nurtured vs scared; belonging vs loss. Considering her findings, Charlotte makes recommendations for secure care providers in relation to three areas of young people’s lives: relationships; residence; and rules. In respect of the latter, she recommends that, 'Autistic young people should be given additional support in making sense of ambiguity'.

Kerr Lumsden, a doctoral candidate at the Moray House School of Education and Sport at the University of Edinburgh, has analysed education outcome statistics available from annual official statistics reports and received directly from local authorities in response to a Freedom of Information request. Five of Scotland's 32 local authorities did not respond despite a legal obligation to do so, and seven of the responding authorities said they did not know how many care experienced young people aged under 26 lived in their area. This is concerning in the context of The Promise in Scotland to improve the lives of this important group of citizens. Kerr identifies weaknesses in the data collection approaches used nationally and locally which, despite recent improvements, he finds are insufficiently finessed for effective policy making. He is also critical of the methodological assumptions in the approach to data collection whereby, 'existing descriptive statistics do not take into account wider inequalities, which may be exacerbating the negative educational experiences of care experienced young people'.

We are also publishing four short articles in this issue. The short article concept (normally up to 3,000 words) is designed to allow space for anyone with an interest in care experience, including people with lived experience of care, to share their perspective, report novel approaches to practice, critique policy, philosophise, and so on.

Marx Petrus Gertenbach, a residential child care worker and doctoral candidate at Queen's University Belfast, Northern Ireland, considers how 'diagnostic and care status labels function within residential child care as interactive markers that participate in the formation of identity, agency and everyday practice'. Marx explores how labels 'invite anticipation', with both residential child care staff and young people having prior expectations of behaviour and responses. Marx argues that such 'co-anticipation can narrow curiosity on both sides'.

Ross Buchanan, a service manager with Care Visions in Scotland, reports on his conversion from initial reluctance to having a young person's family pet live with her in a residential care setting, to becoming an enthusiastic advocate for what pets can do to support 'transformative changes in the young person’s wellbeing, relationships, engagement with education, and ability to regulate’.

Andrea McKeown, Laura Docherty, Claire McMorland and Jane Gibson, public health clinicians with NHS (National Health Service) Ayrshire and Arran in Scotland, report on their experience of using the Health Safety Check screening instrument for supporting children’s health which the authors argue is a valuable aid to upholding care experienced children’s right to good health.

Philip Coady, a residential child and youth care worker with Care Visions in Scotland, completes our short article section with a reflective piece on an unusual approach to ‘the beautiful game’, football (soccer) and the benefits it offers to a group of regular participants. The way this group perceives it: ‘It is a game with many winners and no losers. It’s football, but not as we know it’.

The editorial team has been delighted with the response to our call for reviews of classic books, an idea proposed by editorial board member, Professor James Anglin. In this issue we publish four such reviews. Ian Macfadyen, a retired social worker, reviews James Patrick’s ‘A Glasgow Gang Observed’, reflecting both on his own early work experience and the ethical issues raised by the book’s source research and writing. I have contributed a joint review of my late friend Bob Holman’s accounts of helping children and families by living in their community and developing close relationships, as reported in ‘Kids at the Door’ and ‘Kids at the Door Revisited. Emma Astra, a lived experience expert, independent writer and researcher, and former social worker, reviews ‘Stuart: A Life Backwards’ by Alexander Masters who tells a story of his friend Stuart’s life from adulthood back into childhood, arguing that the storytelling shows ‘that lived experience can educate as powerfully as theory’. Leanne McIver, research associate at CELCIS and editorial board member of this journal, reviews ‘Someone Else’s Kids’ by Torey Hayden, an account from the 1970s of a teacher’s efforts to encourage children through love and understanding which colleagues construed as being soft. Leanne says: ‘Many of these challenges and tensions will resonate with readers almost half a century later’.

We are also publishing three reviews of recent books. Euan Currie, a protecting children consultant at CELCIS, reviews ‘Messy Social Work’ by

Richard Devine. Andrew Burns, who holds research and teaching posts at the Universities of Glasgow and Edinburgh, has reviewed 'An Essential Guide to Surviving and Thriving in Residential Child Care: Lessons from the Frontline on how you'll laugh, love and cry…all before lunchtime' by Jane Dalgleish. And I have contributed a review of an award-winning debut novel, 'Glasgow Boys' by Margaret McDonald.

We also commend to readers a paper on the theme of 'contextual safeguarding' by Professor Carlene Firmin of the University of Durham, based on her Kilbrandon Lecture, given at the University of Strathclyde in November 2025. The lecture itself can be viewed on the Kilbrandon Lectures Archive, where readers will find all previous lectures and biographies of the lecturers.

We end this bumper spring issue of the SJRCC with a reflective piece by John Ryan, director of services at St Mary's Kenmure residential school in Bishopbriggs, near Glasgow. John's theme is 'Relational Practice, Professional Identity and a Lifelong Commitment to Care', and it is a very personal account of growing into the leadership role while keeping sight of the values that matter in residential child care. John's article was submitted in response to our call for articles on the theme of 'Identity and Belonging for Caregivers'. The call is open during 2026, and we encourage readers to consider writing on this topic for submission to our autumn issue too (deadline early September). More information can be found on our web pages here.

The journal will be back in the autumn. We are grateful to our loyal readers. Please recommend the SJRCC to your friends and colleagues. If you are attending an event, we will be happy to supply flyers in hard copy or electronically. Perhaps your reading has inspired you to send us your research paper, short article or book review. We will be delighted to hear from you at sjrcc@strath.ac.uk .

Happy reading!

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Original Research Article

Life course health and mental health of care-experienced adults after age 30: A scoping review

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Abstract:

Foster care outcome research provides critical insights into the impacts and efficacy of child welfare interventions as well as the developmental needs of those who experience placement. As the outcome literature to date has predominantly focused on children and transition-age youth, the later life course of care leavers has not been thoroughly explored. Using Arksey and O'Malley's (2005) scoping review framework, we examined 29 articles addressing health and mental health outcomes among care leavers. Across the life course, individuals with care experience exhibit a higher prevalence of both mental (28/29 articles) and physical (12/29 articles) health issues. However, most of the studies conflate care-experienced adults with care leavers, limiting our understanding of those who age out of the system. This review identifies key gaps - particularly in physical health research and how we conceptualise wellness. It subsequently offers directions for future exploration.

Introduction

Researchers have documented clear challenges facing transition-age foster youth. The challenges highlighted in previous studies cut across domains of development, including difficulty achieving basic academic qualifications (Refaeli et al., 2013; Reilly, 2003; Rosenberg & Kim, 2018; Schelbe et al., 2022), high rates of unemployment and lower quality employment (Cameron et al., 2018; Ibrahim & Howe, 2011; Lee & Yoon, 2009; Zeira et al., 2014), reduced financial stability (Courtney et al., 2007; Rosenberg & Kim, 2018; Zeira et al., 2023), and limited social integration (Curry & Abrams, 2015; Jones, 2014).

These psychosocial and economic challenges facing transition-age foster youth have been examined and documented in several previous systematic and scoping reviews (Gypen et al., 2017; Häggman-Laitila et al., 2018, 2019; Phillips et al., 2023). Notable among these is one systematic review focused on documenting the needs of youths aging out of the system with mental health disorders (Kang-Yi & Adams, 2017) and one which focused on youth's mental health post-care (Phillips et al., 2023). While several review studies have examined the health of children in care (Lee & Yoon, 2009; Leloux-Opmeer et al., 2016; Vasconcelos et al., 2021), only one examined the physical health of care leavers (Power & Hardy, 2024). Finally, and alarmingly, one systematic review found alumni of care have elevated rates of early mortality, a trend that held true globally (Batty et al., 2022). Across these studies, they highlight complex psychosocial and health-related adversities.

Despite the valuable insights provided by previous systematic and scoping review articles to inform policy to better support care leavers across the transition to adulthood, research has predominantly concentrated on the experiences and outcomes of transition-age youth and young adults under the age of 30. Our scoping review seeks to build on these important contributions and to map outcomes in middle and later adulthood.

In this article, care leaver, care-experienced person, foster care alumni, and aging-out of care are related but distinct terms. Care leavers and foster care alumni are used interchangeably and generally refer to someone who exited the care system around the upper age limit of state support. A care-experienced person is someone with care experience at any point in their childhood or adolescence, for any amount of time. Aging out of care refers to the administrative transition in which a young person leaves the child welfare system because they have reached the maximum age of eligibility for child welfare services, often without having achieved family reunification or adoption.

Method

Search strategy

The search strategy primarily focused on understanding the mid- and late-adulthood outcomes of those who have aged out of foster care. A secondary objective involved exploring variations in research approaches that contribute to our knowledge of outcomes. An initial article sort indicated three broad domains; health and mental health, life course relationship trajectories; and mid- and later-life economic and educational outcomes. This initial review focuses on health and mental health.

To find relevant studies, the following bibliographic databases were searched: PsycINFO (Ovid, 1806 – present), Social Services Abstracts (ProQuest), and Scopus. All three database searches were limited to publications from 2000 to June 2023 and to peer-reviewed publications. PsycINFO was limited to journal articles, peer-reviewed journal articles, and journal articles where the peer-reviewed status was unknown; ProQuest Social Services Abstracts was limited to peer-reviewed publications; Scopus was limited to document type articles or reviews. The database searches were all run on June 12, 2023. The final search results were exported into Rayyan, a free web-based tool commonly used to deduplicate, screen, and select articles for scoping reviews.

We performed two searches, and in the first we used six Boolean search terms: (1) "foster care" OR (2) "care leavers" OR (3) "foster care alumni" AND (4) "outcome*" OR (5) "longitudinal" OR (6) "long-term prospective." The second search employed seven Boolean search terms: (1) "foster care" OR (2) "care leavers" OR (3) "foster care alumni" AND (5) "qualitative" OR (6) "narrative" OR (7) "ethnography".

Inclusion and exclusion criteria

Inclusion criteria

Studies were included if they fulfilled seven requirements: (1) The study sample interviewed adults aged 30 or older, who had been placed in out-of-home care (foster care, group home care, or kinship care) during their childhood; (2) The sample substantially represented participants aged 30 and above at the time of data collection, with a minimum of five participants in qualitative studies or at least 10% of the sample size in quantitative studies; (3) The studies were published in English between 2000 and 2023; (4) The research addressed aspects of life after the age of 30 for care leavers; (5) The researchers used qualitative, quantitative, or mixed-methods approaches; (6) The studies incorporated data directly obtained from alumni for at least 30% of their outcomes, minimising reliance on staff or foster parent perspectives; and (7) The research reported on outcomes relating to health or mental health.

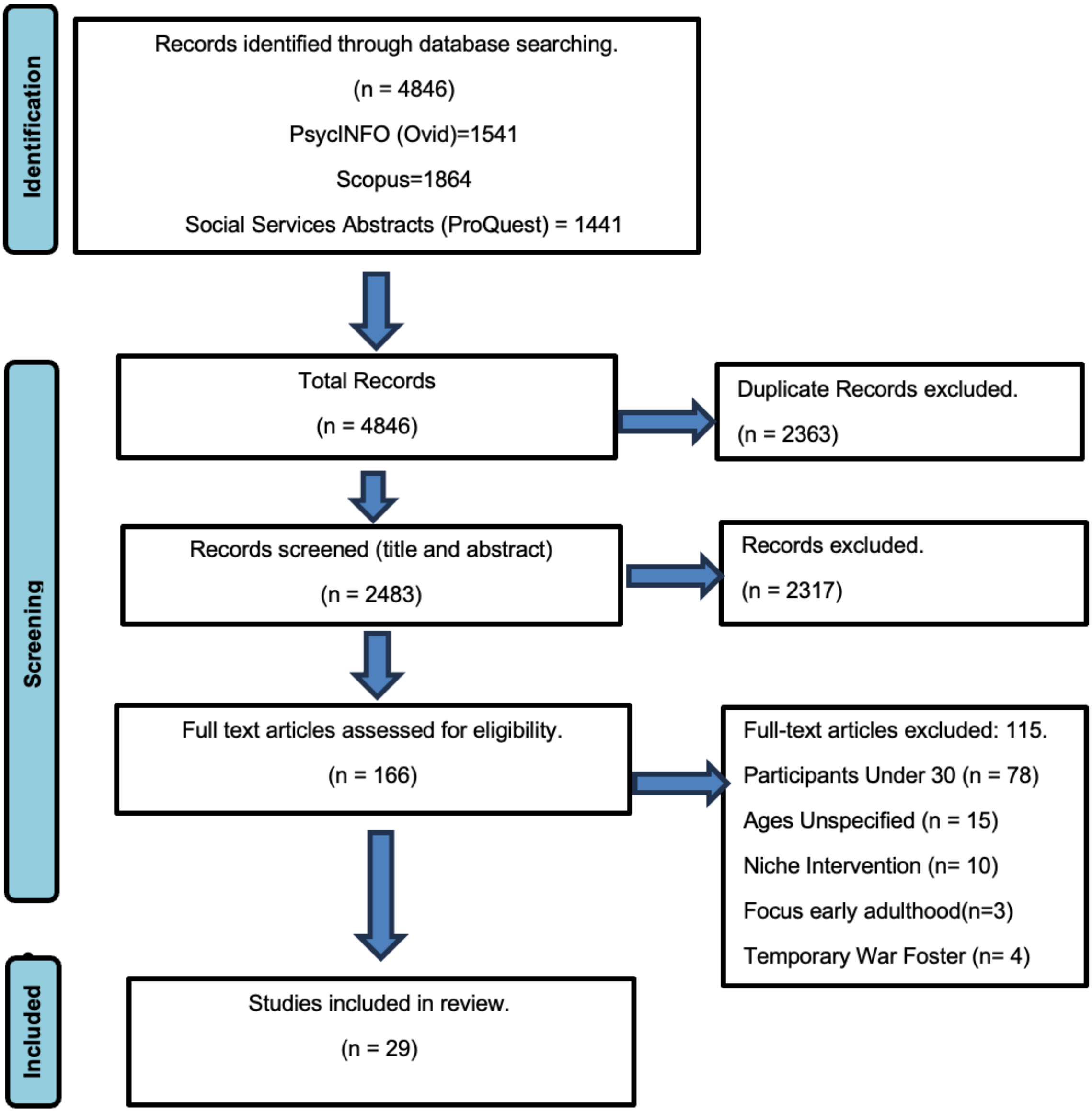
Exclusion criteria

Studies were excluded if the research exhibited any of the following nine characteristics: (1) The research exclusively focused on outcomes of minor children in foster care; (2) The studies concentrated on adults under age 30; (3) The findings lacked clarity regarding the age of the interview or data collection participants; (4) The studies primarily examined the outcomes or opinions of foster parents or other caregivers; (5) The researchers primarily investigated foster youth who were adopted while in care; (6) The researchers interviewed individuals over 30 but primarily focused on gathering insights into their childhoods or early adulthood; (7) The studies were not published in English, or between January 2000 and June 2023; (8) The research focused exclusively on niche populations such as undocumented migrant children or those placed out-of-home short-term due to war; and (9) The studies focused on relationships, income, or education.

Data extraction

The following data were extracted from the studies: (1) cohort name or administrative data, (2) study design, (3) country, (4) sample size and characteristics (e.g., placement history type), (5) health and mental health outcome measures, and (6) age of participants.

Figure 1: Prisma Flow Diagram



Results

Twenty-nine articles were included in this scoping review. The largest number of peer-reviewed articles came out of the USA, which included 14 studies, while Sweden produced five articles. There was also representation from the UK (4), Australia (1), Belgium [Flanders] (1), Canada (1), and Israel (2). One article performed a cross-country comparison of England, Germany, and Finland. These 29 studies were predominantly quantitative, with one study being qualitative, and one mixed method (Fernandez et al., 2017).

We were interested in examining which studies accounted for placement type and whether these controlled for those who aged out of the system or were placed at any time in their childhoods. The study categorises placement history types as either family-based foster care or congregate care, which broadly encompasses group homes, residential care, child welfare-based residential schools, mother and baby centers, and orphanages. Studies with unclear or unreported placement history data were labelled unknown. Within these papers, three included studies focused solely on congregate care alumni, seven were focused specifically on those placed in foster families, and 12 studies did not specify which types of placement histories were included. Finally, only two studies included and reported on child welfare placement histories, while controlling for differences in long-term outcomes between distinct placement history types (Dregan & Gulliford, 2012; Okpych & Courtney, 2021).

Within these articles most summarise the outcomes of adults who spent any time in care before the age of 18, with only two studies explicitly stating they focused on adults who aged out of the system (Achdut et al., 2022; Okpych & Courtney, 2021). A handful of other studies reported on what percentage aged out, or state that most did so (Fernandez et al., 2017; McKenzie, 2003). Most of the studies do not include, mention, or control for aging-out in their analysis. Therefore, care leavers in this literature review mostly references people who spent any amount of time in out-of-home care as children. In terms of study design, quantitative analysis (27) is the most frequently utilised, with one study being qualitative (Nuytiens et al., 2018) and one employing mixed methods (Fernandez et al., 2017).

This narrative review summarises the known outcomes under two subsections: the first on physical health, and the second on mental wellbeing. Each subsection first provides a broad overview of the topic and then summarises specific or niche findings that may have public health research implications. The results section concludes with a brief analysis of disproportionality for each subsection, followed by a discussion and conclusion.

Health

Overall health findings

Studies over the past two decades have consistently reported worse health outcomes for people placed in out-of-home care than for those in the community or matched samples (Cameron et al., 2018; Schneider et al., 2009). Twelve studies included in this scoping review dealt with physical health or wellbeing (Anctil et al., 2007a, 2007b; Cameron et al., 2018; Fernandez et al., 2017; Jackson Foster et al., 2015; Parsons & Schoon, 2022; Schneider et al., 2009; Villegas et al., 2011; Zlotnick et al., 2012), but only three delved into specific physical health diagnoses (Cooley et al., 2018; Schneider et al., 2009; Zlotnick et al., 2012), with a further three reporting on early mortality rates (Bullock & Gaehl, 2012; Cameron et al., 2018; Vinnerljung & Hjern, 2014).

In a longitudinal panel study of women's health in California, women who experienced out-of-home placement self-rated their health as fair or poor at a rate two times higher than those who were never placed (Schneider et al., 2009). In the UK, Parsons and Schoon (2022) similarly found higher rates of poor general health in the out-of-home care group than in the sample never placed, while Cameron et al. (2018) generally found lower rates of subjective wellness across the UK, Finland, and Germany. Bullock and Gaehl (2012) reported that those with a history of child welfare placement had lower overall physical health before the pandemic than their same-age peers. The only study that conversely reported better health outcomes for those in out-of-home care had one critical limitation, in that the control group was not matched and was, unfortunately, significantly older than the subgroup that experienced foster care (Cooley et al., 2018). While the mean age of participants is missing, the age gap is at least a decade, making it difficult to draw accurate conclusions about the differences between low-income foster care alumni and the low-income general population.

Specific diagnostic and symptom-related health findings

In the one study that addressed specific medical diagnoses, Zlotnick and colleagues reported that midlife rates of diabetes, hypertension, asthma, or epilepsy were higher for alumni of care (Zlotnick et al., 2012), suggesting that these self-evaluations of poorer health likely have diagnostic validity and should be explored in additional research.

The literature also confirms higher premature death rates for out-of-home care populations in several European countries. Two longitudinal studies reported a higher mortality rate for care leavers than for their matched controls. Bullock and Gaehl's (2012) UK sample compared care leavers to their non-placed biological siblings, finding a 50% higher death rate in the former group. A tri-country comparison yielded similar findings in

England, Germany, and Finland (Cameron et al., 2018). Of these three European studies, Bullock and Gaehl (2012) have the strongest matched control, while the tri-country cross-comparison study helps to confirm their findings throughout developed European countries.

Etiology

An Australian sample reported qualitative findings that many adults were struggling with health conditions related to their childhood physical trauma, including sequelae related to physical abuse such as unset fractures (Fernandez et al., 2017). These unique insights add nuance to the complex literature on post-foster care health.

Disproportionality and other analytic control factors

In terms of health-related disproportionality, the US-based Casey family cohort found that differences between white alumni were not statistically significant in comparison to racialised alumni. However, while race was not a statistically significant factor, both women and older alumni of care on average reported worse health outcomes than male and younger alumni (Villegas et al., 2011).

Mental health

Overall mental health findings

Previous studies have reported high rates of mental health challenges for youth transitioning from care (Phillips et al., 2023). Their findings are confirmed by 28 of the 29 studies included in this review (Anctil, et al., 2007a). However, there is variability in how studies measure and report on mental health outcomes. Some relied on measures of broad constructs such as happiness (McKenzie, 2003), life satisfaction (Achdut et al., 2022; Dregan & Gulliford, 2012), quality of life (Anctil et al., 2007b), psychological distress (Fernandez et al., 2017; Sulimani-Aidan et al., 2022), self-esteem (Anctil, et al., 2007b), perspectives on resilience (Nuytien et al., 2018), and optimism (Sulimani-Aidan et al., 2022). Other studies reported on factors such as psychiatric medication (Brännström et al., 2020; Cameron et al., 2018; Vinnerljung & Hjern, 2014), or psychiatric hospitalisation (Brännström et al., 2017; Vinnerljung & Hjern, 2014), or conducted interviews that identified rates of recent mental illness (Anctil et al., 2007b; Cameron et al., 2018; Cooley et al., 2018; Fechter-Leggett & O’Brien, 2010; Jackson Foster et al., 2015; Roberts, 2017; Villegas & Pecora, 2012). Collectively, these studies all seem to point toward long-term challenges facing alumni of care across the life course.

Studies examining mental health more broadly report that those with care experience have worse mental health. In an Australian sample, researchers found chronic mental health issues to be much higher than in the general population (Fernandez et al., 2017). A study using the

California women’s health survey data found that 22.8% of their female sample of care leavers experienced frequent mental distress, compared to 14.6% of the general population (Schneider et al., 2009). Likewise, researchers examining the British cohort study found that any experience with out-of-home care in childhood was associated with poorer mental health in adulthood when compared to same-age peers (Parsons & Schoon, 2022).

The Casey family cohort study, due to its routine screening for mental health diagnoses, is over-represented in the mental health literature included in this review. A broad Casey family cohort study found that 46% of children placed in Casey foster homes as adults met the criteria for mental health diagnoses in later life, with PTSD, panic disorders, and depression being the most common (Fechter-Leggett & O’Brien, 2010). Another Casey family study reported that 20% had experienced symptoms of a diagnosable condition in the last 12 months, and that 10% had received three or more mental health diagnoses in the last 12 months (Jackson Foster et al., 2015). These findings suggest that foster care experiences are associated with important mental health vulnerabilities across the life course. A handful of studies examined specific diagnostic outcomes. Here we will report on depression, suicidal ideation and completion, anxiety, and substance abuse.

Specific diagnostic findings

Depression

All studies that specifically examined depression symptoms reported higher rates among care leavers. This finding was shown to be true in low-income medical clinics in the United States, where adults with childhood foster care experience reported higher rates of depression than their non-placed peers (Cooley et al., 2018). In Canada, Métis foster care alumni experienced depression symptoms at a rate nearly 50% higher than that found among Métis adults without a history of childhood placement (Kaspar, 2014). The Casey family cohort has also consistently reported on mental health conditions, with depression being the second most prevalent following PTSD.

Suicidal behaviour

Sadly, suicidal ideation and suicide completion are higher in the foster care alumni group, as evidenced by a handful of studies. Brännström et al. (2020) found that suicidal behaviour was more common later in life amongst those placed out-of-home when comparing care leavers to their biological siblings who remained at home. There were four times the number of deaths by suicide in foster care alumni when compared to their non-placed siblings. Hospitalisation rates were also elevated for these siblings, but one in six women who were placed in care as children were hospitalised due to a suicide attempt versus one in 15 of their siblings. Increased rates of suicidal ideation were corroborated by a Canadian sample that indicated twice the rate in Métis care leavers than in a matched non-fostered Métis comparison sample (Kaspar, 2014).

Anxiety

Anxiety-related disorders are infrequently reported in the literature. PTSD was consistently the most common diagnosis noted in the Casey family cohort (Jackson Foster et al., 2015; Schneider et al., 2009). Schneider et al. (2009) found that 18.3% of the out-of-home placement group versus 6.3% of the care leaver comparison group had symptoms of active PTSD diagnosis, while in an additional subset Casey family cohort, 21.6% of alumni had symptoms of PTSD (Jackson Foster et al., 2015). In terms of anxiety-related diagnoses within the Casey family dataset, social phobia, panic disorder, and generalised anxiety were all common, with nine to 12% of alumni experiencing these symptoms into their 40s (Anctil et al., 2007a; Fechter-Leggett & O'Brien, 2010; Jackson Foster et al., 2015; Schneider et al., 2009).

Substance use

Six of the studies included herein report on some aspect of substance use in care leavers over the age of 30. A Swedish study found a seven-fold increase in substance abuse problems among care-experienced individuals aged 17 to 35 when compared to peers in the same age range among the general population (von Borczyskowski et al., 2013). This sample compared adults with child welfare placement experience to adoptees, both of whom saw some elevated risks, but which were higher for foster children. The authors posited that the elevated substance use for children placed in out-of-home care is an important intergenerational challenge. They confirmed that 37% of Swedish care alumni have two parents with a history of substance use disorder (von Borczyskowski, 2013). Examining kinship care's impact on substance use disorder, Fechter-Leggett and O'Brien (2010) found that kinship care placement as opposed to regular foster care placement appears to be associated with higher adult rates of substance use disorders. Three studies reported that those who had experienced foster care were more likely to be smokers (Dregan & Gulliford, 2012; Schneider et al., 2009; Zlotnick et al., 2012). This finding of elevated substance uses in care leavers contrasts with the Cooley et al. (2018) study, which did not find statistically significant differences in alcohol use disorder between foster care alumni and their comparison group of slightly older low-income adults. Finally, and curiously, Okpych and Courtney (2021) found double the rate of substance use disorders after foster care alumni leave college. Collectively, these papers establish substance use as an important public health concern for care leavers, warranting exploration in future research.

A handful of studies examined post-care justice system involvement. We include this outcome while acknowledging that involvement with the criminal justice system is not a mental health disorder but rather interrelated with economic, housing, and behavioural health factors. Several studies report that alumni of care are at increased risk of adult justice system involvement (Bullock & Gaehl, 2012; DeGue & Widom, 2009; Lindquist & Santavirta, 2014). However, these increased rates primarily impacted youth from congregate care (Dregan & Gulliford, 2012), boys placed later in childhood (Dregan & Gulliford, 2012; Lindquist & Santavirta, 2014), and boys with more placement instability (DeGue & Widom, 2009). These studies highlight a critical criminal justice disparity for young men who are transitioning from the system and for children who age-out of congregate care.

Mental health risk factors

A host of factors were broadly associated with poorer mental health functioning in foster care alumni. Several placement-related factors were correlated with long-term mental functioning, including placement type, age at first placement, number of moves, and history of abuse. For instance, higher rates of childhood placement disruptions and moves were associated with lower levels of reported wellbeing in adulthood (Anctil et al., 2007a; Garcia et al., 2015). Those placed after age 12 (Dregan & Gulliford, 2012), as well as those placed in group care (Dregan & Gulliford, 2012), also fared worse in terms of mental health outcomes. Experiencing more chronic abuse before placement (Garcia et al., 2015) and having a history of childhood sexual abuse was also associated with worse mental health functioning in later adulthood (Anctil et al., 2007a).

Disproportionality and other analytic control factors

Several identity characteristics were associated with increased vulnerabilities later in life, including gender, disability, socioeconomic background, and immigration status. Two studies reported that female care leavers are more likely than their male counterparts to have mental ill health (Jackson Foster et al., 2015; Sulimani-Aidan et al., 2022), while another study associated childhood mental or physical disability with poorer mental health in adulthood (Garcia et al., 2015). Reporting on economic-related variables, Kaspar’s (2014) findings linked community-level adversity in childhood with poorer functioning later in life, while an Israeli study correlated transition-age material deprivation (e.g., inability to afford food or other essential items) with increased psychological distress over time (Sulimani-Aidan et al., 2022). The Israeli group further reported greater psychological distress in children born outside of Israel, those born to immigrant families, and those whose parents had also experienced child welfare placement (Sulimani-Aidan et al., 2022). The US-based Casey family cohort study was the only one to examine ethnicity in relation to wellbeing, yielding no significant evidence linking ethnic identity to mid-life mental health functioning (Harris et al., 2010; Villegas & Pecora, 2012; Villegas et al., 2011).

In an Israeli sample, psychological distress was higher among alumni who were in the care of welfare services at age 18 than among those who had returned home at the age of majority (Sulimani-Aidan et al., 2022). This is one of the few studies that controlled for differences between those who age out of the system and those who spent time in placement during childhood. Indeed, the researchers found that those who aged out of the system fared worse on mental health outcomes than those who left care before the age of majority. Most of these studies were unable to distinguish participants who aged out of the system from those who returned to their families of origin, or those who were adopted.

Positive mental health outcome and protective factors

Across the 29 studies, several factors were associated with improved mental wellbeing in mid-to late-adulthood, such as receiving mental health support in placement and believing that foster parents were helpful (Anctil et al., 2007a; Jackson Foster et al., 2015). Improved long-term mental health outcomes were also more likely in those who reported feeling loved by their foster families (Jackson Foster et al., 2015). In other studies, earlier admission to care was associated with improved mental health outcomes (Dregan & Gulliford, 2012; Vinnerljung & Hjern, 2014). The sole study that contradicted findings of reduced wellbeing was McKenzie (2003), where relatively higher rates of happiness were found for care alumni, highlighting that some cohorts or placements may attain improved outcomes.

Discussion

The current scoping review provides a comprehensive examination of the literature on health and mental health outcomes for adults in middle- and later-adulthood who have experienced out-of-home placement as children. The current literature is limited in both breadth and depth for care leavers over the age of 30. The most critical limitation is the lack of child welfare follow-up studies tracking adults from diverse placement settings, and control for factors such as preplacement exposures and the length, type, quality, and match of placement. Furthermore, few studies were able to report what percentage of adults had aged out of the system. Without these critical details, we are limited in our ability to extrapolate how to improve the child welfare system or even how to use such information to supply adequate community-based services.

Yet, despite these limitations, these findings indicate that individuals who spent any time in foster care as children experienced greater health and mental health disparities than the general population, and that these vulnerabilities subsist across the later life course. The care leaver literature has focused predominantly on emerging adulthood. However, this emphasis on a highly stressful transition period may obscure longer-term challenges that are difficult to detect amid the immediate economic and housing instabilities many care leavers experience in early adulthood. Furthermore, certain challenges or therapeutic gains might emerge longitudinally at later key developmental transitions, from entry into long-term relationships to parenting, etc. Our current approaches to intervention and outcome measurement are often too shortsighted.

European foster care alumni experience higher rates of premature death than the general population (Boddy et al., 2020; Bullock & Gaehl, 2012; Cameron et al., 2018), but the researchers curiously fail to report on the causes of premature death, perhaps due to limitations within current data sets. Premature death rates are wholly absent from the included outcome studies conducted on other continents, making it difficult to compare death rates between countries. Thus, these findings raise the question of what percentage of care leavers die early around the world and how many of these premature deaths may be preventable.

Additionally, in the California panel study on women's health it was found that women with any care experience have higher rates of health conditions such as obesity, asthma, and heart disease (Zlotnick et al., 2012). Understanding the etiology of illness would thus aid in the design of effective public health responses. For example, one study found that care leavers experience higher rates of asthma than the general population (Zlotnick et al., 2012), a curious but important finding. It is unclear if these asthma rates are due to premature birth, unsanitary pre-placement housing, second-hand smoke exposure, or even participants' own later smoking habits, or alternatively current stress or lower air quality. If we collected more holistic longitudinal data from across service sectors, we could be better positioned to elucidate these complex developmental processes.

An Australian mixed-methods study shared qualitative findings showing that many adults were struggling with health conditions related to their childhood trauma, including sequelae related to physical abuse such as unset fractures (Fernandez et al., 2017). These findings suggest that health issues impacting care leavers are not simply a question of emotional stress reactions. Instead, this data suggests a more complex etiology, including an array of physical injuries, stress, and trauma leading to increased rates of illness being evidenced in the current health literature. Yet no other studies included herein examined if or how childhood physical abuse could be affecting participants' long-term health. However, this finding may be specific to Australia or to certain cohorts of care leavers. It should be examined in future research.

At present, the mental health literature is far better developed than the long-term health outcome literature. It is clear from all but one study that individuals who spent any time in care have increased risk of mental and physical illness as well as criminal justice involvement. Certain childhood experiences were associated with worsened mental health outcomes later in life, such as being moved frequently (Anctil et al., 2007a; Garcia et al., 2015) and aging out of the system (Sulimani-Aidan et al., 2022). Furthermore, criminality was more common for those placed in group care and those placed after age 12 (Dregan & Gulliford, 2012). These factors are critically important to understand, as perhaps as a society we are failing these children. If we recognise that group care creates a path towards criminal justice involvement, judges could be trained in trauma-informed judicial practice, and therapeutic responses to criminal actions could be offered to adults failed as children. Similar programming could be developed for physicians, psychologists, and social workers who support adults who have aged out the system.

Additionally worth consideration, one study suggested that the increased prevalence of mental illness could be fully explained in its statistical models not by placement experiences but by preplacement and ongoing socioeconomic factors (Parsons & Schoon, 2022). The critical influence of poverty on post-care functioning is supported by an Israeli study that found worse mental health outcomes for alumni who experience material deprivation during their transition period (Sulimani-Aidan et al., 2022). The idea that poverty exposure both preplacement and following care influences longer-term health vulnerabilities suggests that financial support for care leavers and family-based child tax credits could be prioritised in public expenditure.

Current data sets and data collection efforts have many limitations. Most studies are secondary analyses of panel studies reporting on the outcomes of adults who spent any time in out-of-home care as children. A handful of studies report on the outcomes of adults who spent at least one year in placement (Brännström et al., 2017, 2020; Kaspar, 2014; Lindquist & Santavirta, 2014; Nuytiens et al., 2018; von Borczyskowski et al., 2013; Zlotnick et al., 2012). Fernandez et al. (2017) reported that roughly half of their participants had aged out of the system, a factor they did not control for in their analysis. Within these articles only Sulimani-Aidan et al. (2022) were able to do this analysis, reporting that those who aged out of the system fared worse on average than youth who left residential care services earlier. Consequently, we cannot effectively examine the later-life health outcomes of care leavers who age out of the system, but we can state that adults who spent any time in care as children have increased hardships when compared to their same-age peers. Furthermore, while we are unable to determine causality with respect to increased life course vulnerabilities it is nonetheless important to note that these exist. However, it must be restated that the causality of these hardships is likely influenced by preplacement exposures, family separation, difficult placement experiences, and/or abrupt and often inadequately resourced transitions to adulthood. Despite these clear limitations, this data draws attention to the need for improved and expanded longitudinal designs and increased access to services.

Despite the disproportionate negative health outcomes associated with out-of-home placement histories, it is well known that not everyone is negatively affected by child welfare placement, and understanding the differences between placement experiences, individual and community-based resilience factors, and their associations with long-term outcomes is critical to improving our child welfare practices. The McKenzie (2003) study found higher rates of happiness in care alumni, but this study of mid-western US farm-based orphanage alumni isn't indicative of group care realities as a whole. His sample experienced on average eight years in the same placement, and 90% of alumni reported that they were placed with siblings. They also learned increasingly complex tasks over time as the children worked on farms. These practices are no longer common in group care in the developed world, but perhaps if we sampled care leavers globally about resilience factors, we could learn critical policy and practice lessons from healthier care leaver samples and cohorts.

Limitations

This scoping review offers valuable insights into the later life course of care leavers. However, there are several limitations worth articulating as these could inform future study designs. These samples are heterogeneous and comprise diverse samples, from various countries, decades, and cultural backgrounds, making it hard to generalise these findings to all care leavers within the current child welfare policy and practice context. Moreover, since many of these studies included those who had spent any time in care, and not specifically youth who age out of the system, it is unknown how much wellbeing differs between youth who age out the system and those who spent short periods in placement. The same could be said in understanding health disparities between group care leavers and those from foster homes. We don't know how institutionalised children are faring compared to those who were housed with families, when considering these studies.

The included studies were furthermore limited in their abilities to establish causal inference or even track outcomes over time. While most studies do not have designs that allow for firm conclusions of what proportion of poor health outcomes could be accounted for by their experience in out-of-home care as opposed to the conditions that led them to care in the first place, in terms of highlighting the needs of this population resolving that question fully is not necessary. It is enough to know that this is a population of young adults who struggle at high levels in their transitions into and through middle and later adulthood, to know that increased access to public services is required.

There was an overrepresentation of US and European data within these samples, and it would be prudent to track health and mental health outcomes from countries spanning the income gradient. Many studies were reliant on broader panel studies that were not designed to measure the needs or life course of care leavers. There is relatedly a lack of standardisation across studies, concerns, and measures. This lack of standardisation complicates data synthesis and interpretation. Despite these limitations, this scoping review serves as a resource for understanding what is documented about the later life course wellbeing of care leavers, underscoring the need for future health equity research on this population.

Future research directions

These findings skim the surface of the developmental impact of childhood stress, trauma, and instability on the later health functioning of adults who experienced childhood placement. It remains important to look at physical health more holistically and to keep in mind the potential stress-based physiological reactions, as there was a notable lack of health studies in this literature examining the stress axis and stress hormone functioning, sleep quality, chronic pain, or cellular aging. There are only two studies that reported on specific disease risks and only three reporting on early mortality rates. None of the included studies reported on dental health or needs. In addition, there were limited studies that controlled for variables such as poverty exposure. There were also no physical health-related studies that covered the type, length, or quality of placement and its relationship to current wellbeing. Fernandez’s (2017) qualitative finding that care leavers are continuing to struggle later in life with physical injuries from child abuse and childhood injuries should be examined in future research as well.

Research could delve deeper into how protective and intervention-based factors impact long-term outcomes. Examples of such factors that could benefit from more in-depth consideration include both childhood- and adult-based mental health intervention, the quality of foster care experiences, and the timing of placement or therapies, as well as whether certain interventions impact long-term physical and mental wellbeing. Disproportionality could be more thoroughly examined by not only considering ethnicity or cultural identity but via intersectional examinations of disability, aging-out status, and immigration status, as well as the influence of gender, ethnicity, placement type, and socioeconomic factors on these outcomes. Therefore, longitudinal future wellbeing research could be expanded to better understand the health-related implications and trajectories for care leavers. Additionally, community-based interventions to address ongoing care leaver needs could be further explored through community-university partnerships.

Conclusion

This scoping review broadly finds that any experience of child welfare placement exerts a profound and enduring impact on various aspects of an individual's health- and mental health-related outcomes for a significant number of foster care alumni well after their thirties. Currently, there are clear limitations to study designs that survey care leavers after age 30. Mostly researchers are working with secondary analyses of population-based longitudinal studies that are unable to control for critical factors such as time spent in care, identifying who aged out of care, or identifying why someone was placed. Or they are working with niche cohorts that examine one type of care leaver in one country, such as the Casey foster family cohort study, which only studies those from Casey's private and family-based service, or the Israeli residential school studies. Both samples add much insight to this literature, but have significant limitations with respect to meaning-making in other countries. These limitations represent barriers to using this data to inform practice and policy and to create meaningful programmatic responses. In documenting these health and mental health outcomes and assessing the impacts and efficacy of government interventions on individuals' lives, we pave the way for a more comprehensive understanding of improved child welfare interventions and transition-age support, providing key evidence to support the development of equitable, restorative justice measures.

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Original Research Article

Violence in residential child care: A review of a symposium on practitioner experiences

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Abstract:

Throughout the history of residential child care (RCC), concerns about violence perpetrated against children who are looked after away from home have been persistent. These include the misuse of restraint, as punishment or to force compliance. Currently, proposed solutions to restraint reduction encompass increased regulation, training, and monitoring of workers in RCC. However, this neglects the reality that children sometimes exhibit violent and aggressive behaviour that necessitates restraint. We argue that advising against restraint is not sufficient, and that the environment needs to be conducive to this, including the physical and psychological safety of workers. In the current discourse on RCC, workers' experiences of being subject to violence in their roles are seldom mentioned. To better understand how RCC workers manage and cope with violence, we held a 'symposium on violence' with 20 RCC workers from one organisation in Scotland. In this paper, we present the main themes identified through reflective meaning-making discussions of participant accounts. These issues are discussed alongside relevant research and theories, with the aim of developing an understanding of violent behaviour as a complex phenomenon and, in doing so, offering initial learning from the symposium. The discussion concludes by outlining the need for safe spaces where practitioners can reflect on their experiences of violent behaviour to recover, learn, and maintain a healthy caring culture.

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Introduction

Throughout the history of residential child care (RCC), concerns have persisted about violence perpetrated against children looked after away from home (Radford et al., 2023). This violence has included physical abuse by individuals with malevolent motivations (Black & Williams, 2002; Marshall et al., 1999), systemic neglect, and maltreatment involving cruel and emotionally abusive practices (Shaw, 2007). Such behaviours were often used as a means of punishment or discipline (Kendrick, 2023). Violence towards children can also involve programmed or sanctioned abuse enabled by policies (Stein, 2006), including the misuse of physical restraint. A striking example of this is the Kerelaw Residential School and Secure Unit, where restraint was found to be regularly deployed as punishment and to enforce compliance of young people where there was no risk of harm (Frizzell, 2009).

Due to occurrences of restraint misuse or overuse with children in RCC, the issue of restraining children is central to current discourse around change directives for the care system. Most notably, the Independent Care Review (Scottish Government, 2017), which was commissioned to carry out a 'root and branch' review of the care system, resulted in *The Promise*, an ambitious and transformative change agenda for the entire care system (Independent Care Review, 2020). Regarding RCC, *The Promise* is primarily concerned with prioritising relational practice, reducing stigmatisation, and addressing adversities and poor outcomes among care-experienced individuals (*The Promise*, 2020). Significantly, *The Promise* asserts that Scotland 'must strive to become a nation that does not restrain its children' (Scottish Government, 2024). Understandably, the inquiries and reviews mentioned thus far were primarily concerned with protecting children from future abuse and adversity through the introduction of safeguards.

The phenomenon of violence in RCC

Within current practice guidance, standards, and regulations, protecting children from experiencing violence and physically restrictive practices is, appropriately, at the forefront (CYCJ, 2024; SSSC, 2024; *The Promise*, 2020). However, a key missing aspect is the experiences of RCC workers. For instance, take the following regulation from the Scottish Government

(2011), which guides the Care Inspectorate's current position on restraint:

> A provider must ensure that no user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of *that or any other service user*. (4[1] [c]).

The above solely mentions the safety of those cared for. Regarding staff, the only guidance is that they must receive appropriate training and qualifications to fulfil their caring and safeguarding roles. However, those who work in RCC know that experiencing violent behaviour is likely, if not inevitable. RCC workers are subject to many forms of violent and aggressive behaviour from children in their care, including but not limited to biting, punching, kicking, pushing, and hitting (Smith et al., 2017), not to mention, more frequently, verbal aggression. Regardless of the causes of the behaviour exhibited by the child, this can be experienced as workplace violence. Workplace violence can be defined as 'any action, incident, or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, or injured in the course of, or as a direct result of his or her work' (Chappell & Di Martino, 2006, p.30). Workplace violence has a host of negative impacts on workers, including a reduced sense of physical and psychological safety, anxiety, low mood, sleep disturbances, interpersonal problems, fatigue, and irritability (Munobwa et al., 2023a; Peddie et al., 2025; Smith et al., 2017), all of which contribute to low morale and high staff turnover. While we may assume that the consequences of workplace violence are minor for most RCC workers, based on anecdotal evidence we know that for some the impact and injuries can be life changing, sometimes leading to extended absences or leaving the sector altogether.

Considering this, an approach that only considers the rights of children to feel safe and secure in RCC, framing the issue as 'vulnerable service users versus abusive staff,' overlooks a significant aspect of the environment that may contribute to unethical practices, including overuse of restraint (Paterson et al., 2025). Further, solutions thus focus on how practitioners are monitored, managed, and regulated (Johnson & Steckley, 2023), often scrutinising split-second decisions made in high-pressure situations to protect both children and workers. This is not enough to ensure that Scotland becomes a country that does not restrain its children. Rather, we should work to address the root causes of violent and aggressive behaviour enacted by children, understand how workers cope in the face of violence, and why certain decisions are made, including those that end in restraint. Only then, we argue, can practice be done differently to better support children in RCC.

A note on terminology

In RCC, it is less commonplace than in other service contexts to refer to aggressive behaviour (verbal or physical) from young people as 'violence,' with such acts more often referred to as dysregulation or distress. While violent and aggressive behaviour from children towards staff is almost always underpinned by some form of distress, it is simultaneously true that the actions of children in RCC are, at times, violent, and this can be experienced by workers as workplace violence. It is also worth noting that most professions outside of RCC have a 'zero-tolerance' policy for violence against staff, but for those working in RCC, violence is understood to be simply 'part of the job' (Smith, 2020). Neither of these positions is satisfactory, or conducive to developing our understanding of the causes of violence, or the impact of violent behaviour on those involved.

Violent behaviour tends to be conceptualised as a byproduct of other disadvantages or inequalities, such as poverty, child maltreatment, and mental illness. While this offers an explanation, it does not absolve acts of violence from having an impact on those who are subject to it, children and workers alike. As Hearn et al. (2022) posit, violence is an *inequality in and of itself* that persists across social structures and does not need to be explained by something else to legitimise its existence Many children in RCC have been disadvantaged by violence, either as victims, as witnesses, or by institutions. As a result, they may behave violently towards others, including authority figures such as RCC workers. From this perspective, we can understand violence as an inequality that both children and staff in RCC must reconcile. Therefore, we can recognise the nuance of the potential for both children and staff to be disadvantaged by violence at any one time.

The symposium on violence

In March 2025 we held an in-person symposium on violence over three days with 20 staff members from a single RCC organisation in Scotland, with a range of related experiences and an interest in the issues being explored. While initially approached by their managers, participants attended voluntarily. The symposium was arranged, in part, with deference to the aspiration set out in *The Promise* towards restraint reduction. It was also intended that learning from the symposium could help improve the capacity of the participating organisation to care for children who may present a risk of harm. It was considered important by the organiser and lead facilitator of the symposium, a senior manager with practice development responsibilities, that the aims of the symposium were pursued through an understanding of violent behaviour and how this manifests in RCC. The aims were:

I. To explore the phenomenon of violence broadly and within RCC from the perspective of staff with lived experience of violent behaviour,

II. To consider how the personal and professional experiences of RCC practitioners inform their responses to violent and aggressive behaviour that can cause harm,

III. To identify themes, insights, and learning related to the understanding, prevention, and management of violence in RCC that can inform organisational culture, care, and leadership,

IV. To form a preliminary understanding of how the care sector in Scotland as a whole may more effectively work towards violence reduction while prioritising the safety and wellbeing of children *and* the workforce.

The symposium was facilitated by the secondary author, a senior manager within the organisation, another member of the RCC organisation, and the head of the Scottish Violence Reduction Unit. Participants were first introduced to the aims and programme of the symposium. They were then led through in-depth discussions and critical reflection with each other and the facilitators, which were prompted by presentation material meant to provoke questions about the nature of and discourse around violence. This included a definition of violence (World Health Organization, 2002), statements on the nature of violence (Scottish Government, 2022), competing perspectives on the causes and how it can be prevented (Frameworks Institute, 2014;), and discussion of the media coverage of children who had perpetrated serious violence against other children. Small group discussions were primed by questions – including what participants considered to be violence, how they respond to violence, and any experiences enacting or being subject to violence – and feedback was intermittently shared with the wider group. During the final session, participants co-created potential solutions to violence in RCC, including how to minimise use of physical restraint.

Limitations

The original intention of the symposium was to generate a broader understanding of the relevant issues to inform organisational development, rather than to formally gather data as evidence for research. This, and that the content was devised by the lead facilitator, and the symposium was facilitated by senior managers, may have influenced the responses and inputs from participants. As such, the data gathered has limitations. However, the primary author – who is not a member of the host organisation – was present at the symposium, with the role of listening to the group's discussions, keeping detailed notes, and identifying initial themes as they emerged. Following the symposium, participants were asked if they would like to provide feedback to contribute to our understanding and demonstration of the impact that the symposium had on them and their practice, some of which is presented in this article. The authors, alongside the second facilitator from the involved organisation, met following the symposium and throughout the writing of this article to refine themes and identify areas to be further explored through consultation with the literature.

Themes identified from the symposium

Difficulty defining violence

There was agreement among participants that how we define and talk about violence will mediate how it is addressed. The first theme identified through discussions was the difficulty defining violence and its causes. Initially, there was hesitancy among participants to categorise certain behaviours that young people exhibit as violence. Participants spoke about *The Promise* and other changes to the culture around residential care, and how this discouraged professionals from framing behaviour as violent, instead encouraging the term ‘distress’, without acknowledgement that both attributions can be accurate. Several participants spoke about instances where children were verbally or physically aggressive towards them or their colleagues and this was later recorded as the child being in a state of distress or dysregulation. While staff recognised that emotional distress was frequently a catalyst for violent and aggressive behaviour by children, they also affirmed that behaviours such as children shouting, pushing, hitting, or breaking property could be experienced by workers as violent interactions. This led to the group positioning violence as a subjective experience, encompassing a wide range of behaviours that result in alarm, degradation of dignity, and/or physical or moral injury of the person targeted. It was also suggested that caution be exercised when defining violence in such broad terms, as the meaning we attribute to an event ultimately influences how we respond to it (Lazarus & Folkman, 1984).

Some discussion was directed to how violence persists through various levels of culture and society, through governments, legislation, procedures, localised communities, and individual interactions. This aligns with the concept of a *violence regime* as coined by Hearn et al. (2022), which serves to integrate conceptualisations of violence from across disciplines. A violence regime, they suggest, allows for recognition that violence can be found in every corner of society, including oppression of groups through systemic inequalities, violent policies carried out by institutions, and global economic inequalities. This attests to the difficulty of differentiating what is and is not violence, especially if we acknowledge that violence contains more than the infliction of immediate physical injury alone. During the symposium, participants grappled with how violence was perceived to be disproportionately present in their own lives and the lives of the children they work with. In reflecting on their own experiences of violence, they could simultaneously recognise the impact of those inequalities that are linked with violence among the children they support, including socio-cultural context, sectarianism, justice system contact, and experiences of care.

Defining causes of violence

As the symposium participants expressed, violence is extremely complex and cannot be reduced to being solely a symptom of distress. Violence may be defined simply as a phenomenon in which a person attempts to harm another person to fulfil a need. This can manifest interpersonally (e.g. injuring a member of a rival gang to gain status in one's own) or on a larger scale (a political leader starting a war in another country to secure a resource). While this need might be emotional regulation, it can also relate to control, significance, belonging, or to right a perceived wrong. One longstanding conceptualisation of violence is the 'frustration-aggression' hypothesis, originally proposed in 1939 by Dollard and colleagues, which proposed that frustration *always* leads to aggression. This hypothesis has been criticised since, aptly being seen as an oversimplification of the drivers of violence. Kruglanski et al. (2023) reworked this hypothesis and thus introduced the concept of a *significance quest* as moderating the relationship between frustration and aggression. Their argument is that frustration only leads to aggression if one's significance, or need to matter and gain/retain social status, has been threatened. Aggression then becomes a way for a person to reestablish their significance, especially if they lack an alternative. A person is more likely to use aggression to regain significance – as opposed to more socially productive strategies such as doing good deeds – if they have limited cognitive resources, reduced capacity to emotionally regulate, or have learned from past experience that aggression is the appropriate way to respond to a frustration. Aggression does not necessarily need to be *reactive* and driven by anger or hurt, but may be *proactive*, in which case aggression is seen as a means for someone to meet their goal of possessing heightened significance (Kruglanski et al., 2023).

Shame and the 'shame/violence cycle' was also named by participants as a motivator of violence by children. Workers further expressed that shame can be attached when they need to act in a way that can be experienced as violent by children, such as restraining a child. Shame in its psychological context is defined as ‘a highly unpleasant self-conscious emotion arising from the sense of there being something dishonourable, immodest, or indecorous in one’s own conduct or circumstances’ (APA, 2018). Shame, then, can feel to an individual like a loss of significance or of social inclusion. As in Kruglanksi et al.’s theorisation, this may lead to violence when the person feeling shame is unable to manage the emotion differently. The shame/violence cycle takes this process one step further, noting that shame is also felt by the *victim* of violence, thereby causing the cycle to repeat (Gerodimos, 2022). Children in RCC may hold shame for several reasons – shame around being in care, their family history, harm inflicted upon them, and their ways of coping. Negative early childhood experiences, especially those that involve neglect or abuse, can create a felt sense in a child of being ‘unlovable and bad,’ leading to shame (Gerodimos, 2022).

In the context of RCC, some participants alluded to felt shame and the subsequent need for significance as a driver of violent behaviour or communication from both children and staff. When rules, regulations, and safeguarding procedures need to be balanced with a child’s need for autonomy, this can create a situation in which both the child and staff are trying to maintain their significance and have their needs met. For the child this might be autonomy and respect, and for the worker this might be following rules and appearing competent in their role. Workers emphasised that if mutual understanding is not present, the outcome can be the child enacting verbal or physical violence, and, in some cases, the worker using a form of violent communication or restraining the child. This is likely to reinforce the shame felt by the child while also shaming the worker for responding in that manner under immense pressure. Thus, the shame/violence cycle continues.

Processing of violence experiences

By the end of the symposium, participants shared how useful it was to have a space where they could openly reflect on their experiences of violence, and the extent to which they have, or have not, been able to process these. Some even noted that it allowed them to unearth violent experiences in their personal past and consider how these may have shaped the ways in which they appraise and respond to violence in their professional role. The importance of providing workers spaces to reflect on and process difficult experiences – including of workplace violence, vicarious trauma, and burnout - has been demonstrated with other client-facing roles such as nursing (Cannizzaro et al., 2026; McDermott et al., 2018). However, this has not been explicitly stated as a need for RCC workers, despite such professionals experiencing very similar stressors in their roles. Workplace violence can have a significant psychological impact on those who are subject to it, and lack of dedicated time to process violent experiences can worsen its psychological toll.

Munobwa et al. (2023a) studied Swedish social workers’ cognitive appraisals of encounters with violent clients, finding that the major sources of stress resulting from workers’ experiences of client violence were: (1) threats to professional identity, (2) threats to private life, and (3) threats due to uncertainty about the duration of client violence. They determined that repetitive or prolonged violence from *the same client* was particularly harmful, even when workers downplayed its severity. The ongoing threat of violence, as one would experience in an RCC setting where they are spending extended time with children who may subject them to violence, leads to a greater psychological burden than one-off experiences of workplace violence. Thus, it is of particular importance to validate RCC workers’ experiences of violence and to ensure support after incidents occur, as being repeatedly subject to violence from the same child(ren) over a prolonged period, sometimes several years, can have a compounding detrimental effect on workers’ psychological safety if left unaddressed.

Some have referenced the stressor-stress-strain model in conceptualising how workplace stress, including physical violence, have personal and professional consequences for staff, noting that social support, personal history of trauma, and training on managing violence all influence whether workplace violence has a negative impact (Dufour et al., 2021). A similar conceptualisation is offered in Lazarus and Folkman’s model of stress and coping, which suggests that one’s experiences, goals, and beliefs impact how stressful encounters are cognitively appraised, in turn influencing the extent to which the event creates distress, and the resultant responses (Lazarus & Folkman, 1984; Munobwa et al., 2023b).

This literature suggests that multiple levels of personal and workplace factors may mediate the relationship between workplace violence, psychological harm, and professional practice. The exact relationships and ways to target these to improve the experiences of professionals and children and young people in care remain underexplored. Based on participants' accounts of the impacts of the violence symposium, protected spaces that allow for the processing of violent workplace encounters, focusing on the impact to staff rather than solely on the child's perspective, may be a good place to start.

Integrating personal and professional identities

Worker to child relationship

Participants in the symposium discussed the difficulty of managing an RCC role that has strict professional and safeguarding expectations while also requiring workers to fulfil a familial-type (Kendrick, 2013) role for the children they care for. While there are relatively few studies on the impact of violence on RCC workers, and its management, McLean (2013) investigated the 'unique tensions' that come with managing children's behaviour in RCC. A key theme from this research reflected what was shared in the symposium. Workers in the McLean study had expressed difficulty trying to balance their role as a professional and as a caring, warm, pseudo-parent to children. Staff in the study reflected on feeling naturally closer to some children than others, embodying more of a parental role towards them, but needing to maintain a level of distance and equity in how they treated all children. Maintaining a clear professional role presented further difficulty when workers experienced inconsistency in their relationships with children, not being able to predict behaviour or maintain a positive dynamic with all of them. Finally, as has been reflected often when talking about restraint in RCC, there was particular difficulty balancing control and connection (McLean, 2013). Needing to control behaviour that could be dangerous to staff or to the child themselves could damage the positive connection that staff have with that child. Some workers expressed discomfort with restraint, feeling they were put into the role of an 'abusive parent,' while others, interestingly, saw restraint as an opportunity to strengthen their connection with a child, as it could demonstrate a desire to protect and care for them. All these tensions were similarly raised by workers in the violence symposium, as they reflected on the range of relationships they've had with children throughout their careers.

On this note, Steckley (2018) looked at physical restraint in RCC through the lens of containment and catharsis. The author completed interviews in 20 different residential centres in Scotland and found that both staff and young people frequently stated that young people's acts of verbal abuse, property destruction, or physical violence were a result of 'under distancing,' or feeling overly vulnerable to emotions, which created an intense emotional response that often had a somatic (or bodily) component that was overwhelming. Children and practitioners both identified that some children, some of the time, appeared to be looking to release or discharge a build-up of emotions or somatic sensation through the process of physical restraint.

It is significant that some children, albeit a minority, did reflect that what they experienced was potentially a form of catharsis in some incidents that involved being physically restrained. Four young people interviewed even said that they would sometimes deliberately act 'at risk' so that they would be restrained, simply because they wanted the release and physical comfort of being held. This speaks to the dilemma that residential workers experience when needing to provide warmth, empathy, and parent-like comfort to young people in their care, while also being expected to maintain a level of professionalism and distance in a work context. It further reflects the dissonance that can affect the worker-child relationship when restraint *is* employed out of care and to contain a child's distress, but it cannot always be predicted whether the child will experience this as violence or not, and if it will undermine the carer's relationship with them. Then, of course, there is the dissonance between restraining a child to protect them and emerging policy indicating that restraint should never happen.

Worker to organisation relationship

Another significant theme that participants raised was a hesitancy to talk about experiences of workplace violence with those they work with. Staff reflected that often, when children behave violently within RCC, the focus of colleagues and managers can quickly narrow in on the worker, with subsequent inquiry into how they handled the situation overshadowing any impact the incident may have had on them. Research shows that peer support, supervisory support, and feeling valued are enablers of psychological safety at work (Peddie et al., 2025). On the contrary, normalisation of workplace violence and an unsupportive team and management are key barriers. Working in an environment with high emotional demands, exposure to trauma, and management of children with complex needs already has a profound impact on the health and wellbeing of workers, which can be compounded when their experiences of violence are not recognised and empathised with.

Participants sometimes feared negative consequences resulting from judgements about how they managed a high-pressure situation in which a child acted violently. They highlighted that in these situations, workers need to act quickly and decisively, often without time to consult a supervisor and plan the best course of action. Thus, what a worker needs to do to keep themselves and the child safe may not be explicitly stated in guidelines. This can make workers anxious about being seen by managers and colleagues as ‘doing the wrong thing’. Workplace cultures in social care can create an expectation that workers remain unaffected by violence and are always able to manage it when it occurs (Munobwa et al., 2023a). This also potentially contributes to a culture of silence around workplace violence. If workers are made to believe that they either need to be immune to violence or be able to prevent it completely, this can lead to them holding shame around being subject to violence and feeling difficult emotions as a result. Ultimately, this negatively impacts practice as RCC workers may not feel safe to talk about such experiences at all, removing the opportunity to further develop as a professional and learn better strategies for managing violence.

Role of personal history

> If there was a lightbulb moment, it was realising how much of my own background influences how I see and respond to violence. That hit me a bit, but in a useful way. It’s something I’ve been thinking about since, and it’s helped

> me look at certain situations with a slightly different lens. (Symposium participant)

One of the overarching takeaways for participants in the violence symposium was the impact of having time to think about their own past experiences of and attitudes towards violence. Many participants were able to make connections between their personal history – even situations that occurred long before they became RCC workers – and the ways they instinctively respond to violence in their roles. Psychodynamic approaches can provide a lens through which to consider this. While there is a lack of literature explicitly stating how our responses to violence may be influenced by past experience, psychodynamic theory suggests that when implicit feelings arise in any social or relational situation, it is likely because we have been in a similar situation before. From the psychodynamic perspective, if we are unaware of these automatic processes we are unable to change them, so bringing these into the conscious mind is a valuable way in which to alter our learned responses. While the validity of psychodynamic theory generally is widely debated, there is evidence from other domains to affirm that bringing the influence of past experiences into our consciousness enables behaviour change. For instance, evidence from studies of mindfulness interventions shows that becoming aware of one’s emotions and their associated automatic responses decreases impulsivity and improves self-regulation (Liang et al., 2024; Mas-Cuesta et al., 2024; Papies et al., 2011).

The psychoanalytic-informed theory of Transactional Analysis, put forth by Eric Berne (1957), proposed that we have ‘ego states’ that we shift, or ‘transact,’ between during interactions. These are: the child ego state, in which we respond to a situation as we would have as children; the parent ego state, in which we respond to a situation as our parent(s) would have, copying their behaviour; and the adult ego state, in which responses are based in the here and now. The adult state tends to require conscious effort to be in, while the child and parent states are more automatic and unconsciously driven. Further, transaction into child and parent ego states is more likely when there is some form of interpersonal conflict.

We may hypothesise, then, that when an RCC worker experiences violence from a child, they can transact into any of these three ego states, with the most automatic (and therefore likely) being the child or parent state that is based on early life experiences. According to this theory, only in the ideal adult ego state will the worker be able to respond directly to the given situation within their professional identity, being aware of any automatic processes that could pull them into a child or parent ego state. Based on the Karpman drama triangle (Karpman, 1968), a framework based on transactional analysis, depending on what state a worker enters, they may become a persecutor, rescuer, or victim during conflictual situations. The persecutor may blame or punish the child for the behaviour, the rescuer will go above and beyond to soothe the dysregulated child, and the victim will feel targeted and helpless.

These roles relate to different types of ‘helper roles’ that have been identified through research with social workers (unfortunately, such research has not been done with RCC workers). Munobwa et al. (2023b) conducted qualitative research with social workers in Sweden who experienced client violence. They found that social workers responded to client violence either by embracing the client, disapproving of the client, or being indifferent towards the client. Relating to the transactional analysis roles, a rescuer would embrace the client, viewing violence as a ‘cry for help’, a persecutor would disapprove of the client, viewing violence as poor behaviour, and the victim may withdraw, becoming indifferent to the client.

If we think about these helper roles alongside the relevant ego states, we can imagine how the ego state entered when faced with the largely unpredictable and emotionally charged interaction that is violence from a child will dictate what type of helper role a worker embodies. While all of the above helper roles have value and function appropriately in certain scenarios, it is valuable for workers to become consciously aware of what roles they fall into automatically when faced with violence in a high-pressure environment, so that they are then able to intentionally occupy a role that is most appropriate for whichever situation they and the child are in.

Throughout the symposium, participants shared their past experiences of violence and how these impact on them in their roles. Some workers further noted that this was the first time they were able to engage in such discussions and that they found it extremely beneficial and eye-opening. Participants also shared information about their personal attitudes towards violence, originating from their upbringing, culture, belief system, and sense of morality. Workers agreed that becoming more aware of the experiences, thoughts, and feelings that underly their responses to violence would allow them to more purposefully manage violence in RCC.

> I found myself thinking a lot about my own practice, but also about my home life and the experiences that have shaped how I understand violence. I feel like I have a clearer idea of what I'm actually seeing when certain behaviours come up, and I'm a bit more tuned-in to what might be sitting underneath them. It's made me pause and think more, rather than just react on autopilot.
> (Symposium participant)

Discussion

By the end of the three-day symposium on violence in RCC, there was consensus among participants that violence is a complex issue that requires a complex solution. Regarding restraint specifically, there emerged an awareness that its use is extremely nuanced and context dependent. This suggests efforts to reduce or eliminate restraint should work to change the conditions in which it occurs, rather than framing restraint as a discrete concern.

If there is one key message to take away from the symposium, it is that being subjected to violence is an extremely personal experience, and therefore understanding how workers process, make meaning of, and cope with such experiences could make a significant contribution to reducing violence in RCC. If RCC staff are given the opportunity to reflect on how their automatic responses to violence are influenced by various personal, social, and contextual factors, they may be better positioned to try practicing in different ways. If we want to ensure that children in RCC are responded to in the most ethical and compassionate ways when they are experiencing distress and exhibiting violent or aggressive behaviour, we should start by creating an environment in which workers have the capacity to do so.

Throughout the symposium, participants negotiated definitions of violence and the reality that children in RCC sometimes act with violence towards others, including staff. There is no doubt that children in RCC should not be broadly or individually labelled as 'violent,' as this reinforces stigmatisation and risks defining an entire group by behaviour that is exhibited by some children, some of the time. With that said, the aversion to calling violent and aggressive behaviour 'violence' and renaming all instances of emotional or physical harm to another person as 'distress' invalidates the very real experiences of violence that RCC workers have told us they face on a regular basis. Participants acknowledged that violent behaviour is very often a byproduct of emotional distress in children, but that some acts nonetheless are felt as violence by the workers who are targeted, which in turn has a profound influence on how incidents affect workers psychologically. Holding these two truths simultaneously may be one way to create a care sector that protects children while upholding their workers' right to safety. Over-regulation of workers rather than working to a nuanced understanding of how violence impacts the wellbeing of both children and workers can unintentionally lead to the harm that policies aim to prevent (Smith, 2020). As Smith (2020) aptly puts it, children cannot be safe if their caregivers are not.

Conclusion

The symposium discussed here was an opportunity for participants to voice their perspectives, process their experiences of violence in and beyond the workplace, and reconcile with the complexity of violence, without fear of judgement from the group. This was markedly different from their in-work experiences, such as incident debriefs in which professional accountability is the primary focus. The symposium created a holding space for participants where they were enabled to acknowledge the emotional, moral, and psychological impact of their experiences. This included the fear of being blamed for incidents involving violent behaviour or judged for how they responded. These conditions not only supported participants to process their experiences of violence, but also to consider the influence on their practice. Participants benefitted from a safe environment to develop a deeper understanding of violence as a complex phenomenon, influenced by subjective perspectives, context, and circumstance.

As the symposium progressed, participants appeared to move through varying degrees of discomfort and confusion towards curiosity and personal discovery as to what influences their own attitudes about violence, and in turn, how they behave when confronted by the threat of violence. This took on the character of a conciliatory journey through the self to the professional realm. This process involved supporting one another to grapple with the messiness and complexity of the inherent issues, resolving dissonance through respectful listening and supportive challenge. There were other tangible outputs from the symposium that will inform how the participating organisation can improve how violence is understood, prevented, and managed safely when it occurs. However, from the authors' perspective, the most significant aspect of this was the quality of dialogue, the care that participants exhibited towards each other, and the profound insights they shared. This demonstrates the value of intentionally creating psychologically safe spaces away from day-to-day operations, where practitioners can reflect on their experiences, resolve tensions between their personal selves and professional roles, and surface practice wisdom that can benefit the entire sector. While worthy of pursuit for its own sake, the humanising effect on participants of this symposium likely also served to enhance the caring capacity of the wider community of practice.

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Danny Henderson has worked in residential care for more than 30 years, in various roles. His work is concerned with how the transformative potential of relationships can be realised in residential child care. His perspective has been influenced by an interest in social pedagogy. Through the work represented here and in other projects, Danny has become increasingly curious about the synergy between the welfare and development of practitioners and how this can enhance their capacity to meet the needs of the children and young people they support. In recognition of the extent to which the personal self is the medium through which authentically caring relationships form, in care practice and leadership. He is keen to develop approaches to personal learning and development that promote the safe and effective use of self, whilst maintaining fidelity to the ethics and purpose of professional practice.

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Original Research Article

Adjusting the volume: The paradoxical experience of secure care for autistic young people

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Abstract:

This paper explores the impact of secure care on the identity narratives of autistic young people. The research made use of a flexible diary method and semi-structured interviews, analysed using interpretative phenomenological analysis (IPA). It sought reflections on the experiences of autistic young people who were living, or had recently lived, in Scotland's secure accommodation services. By listening directly to young people, this research offers a unique contribution to knowledge about life for a group often described as 'hard to reach'. It considers the intersection of autism and secure care through the lenses of relationships, residence, and rules. Due to the ambivalence, incongruence, and dissonance experienced by young people, it proposes that there is the potential for secure care to create barriers or supports, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). In considering what is already known about autism in restricted settings, a number of recommendations are made for future practice, including in relation to congruent communication, ambivalent experiences, belonging, hyper-empathy, symbolism, masking, environmental adaptations, sensory connectivity, dichotomous thinking, information sharing, the autistic experience, and individuality of risk management.

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Introduction

This paper offers a summary of doctoral research which explored an experiential perspective of the impact of secure care for autistic young people, framed through the lens of their identity. Children who are 'looked after' in residential care, including secure care, have been seen as lacking value and importance (Colton, 2002). They have been left feeling 'othered' (Independent Care Review, 2020), with associated labels generating negativity (Urquhart-Stewart & Wylie, 2021) as young people try to make sense of constructions of themself as either a child in danger or a dangerous child (Enell & Wilińska, 2020). Additionally, autism is often a lens through which others narrate people's lives, resulting in individuals being removed as the authors of their own stories (Yergeau, 2017).

There is anecdotal evidence that increasing numbers of autistic young people are being placed in secure care or 'juvenile correctional facilities' (Thompson, 2018; Jolivette & Swoszowski, 2020), however there is little research or data to support this (Allely, 2018; Myers, 2004). Due to the developing human rights agenda (Children and Young People's Commissioner Scotland, 2019; Children's Commissioner for England, 2019; Scottish Government, 2019), autism, youth, and placement in secure care are of current political importance. Several studies and initiatives have been undertaken to examine each of these areas individually (Wilson, 2022). However, there is limited research and policy which has taken account of the intersection of the three, and that became the purpose of this study.

Autistic young people's voices and lived experiences are notably absent in the literature, and a recognition of how their experiences may in turn influence the development of identity has lacked consideration. So, I aimed to adjust the volume of current dominant discourses in order that autistic young people's voices be heard, by exploring the impact of secure care experiences on the identity narratives of autistic young people. My research addressed the above-mentioned gap by examining secure care as a containing environment which is made up not only of the physical environment (the residence), but also the relationships, and the expectations, rhythms, routines, and responses (the rules) (Emond et al., 2016).

Methodology

The research made use of a flexible diary method and semi-structured interviews to explore the impact of relationships, residence, and rules in the context of secure care, on the identity narratives of autistic young people (Wilson, 2024). This was analysed using interpretative phenomenological analysis (IPA). It sought reflections on the experiences of autistic young people who were living, or had recently lived, in Scotland's secure care accommodation services. It engaged with 19 young people through a staged approach between August 2022 and May 2024. My thanks go to all the young people who engaged with this research project, and to Andi, Bobby D., Bobbie M., Charley, Lindsay, Sammy and Ziggy (pseudonyms have been used) whose data is presented here.

Findings

The findings showed four key themes which were all paradoxical. The use of 'versus' in the titles of the themes is illustrative of the elements that sat in tension.

Due to Grandin's (2009) autistic cognitive types (visual, verbal, and pattern thinkers), there was a focus on visual methods in the research, and as a result use has been made of a rich picture to support understanding and accessibility of findings (see Figure 1). This was developed iteratively with a freelance illustrator (Shorrock, 2025) and is designed to demonstrate the key themes, alongside young people's articulated experiences.

Theme 1: Care vs restriction – care

Whilst several young people commented on the quality of staff, they did so in the context of previous residential placements. For Bobby D., their experience of staff seemed to contradict the fear and uncertainty they felt about being secured. They noted that 'the staff were nicer than where I lived before'. This challenges the dichotomous or 'black and white' thinking commonly associated with autistic people (Suzuki & Hirai, 2023) as they were able to think about their experience as both bad and good at the same time. Lindsay, however, seemed unable to identify particular people of importance and found reflection on relationships difficult. They advised that people made them feel 'good' and that they could talk to staff, however expressed that they did not feel well understood by staff and had felt better understood in their previous placement.

Ziggy's ambivalence was particularly visible as they provided conflicting responses about who they spent time with, what had impacted them, and what they would miss most, suggesting that they felt uncomfortable disclosing how important staff really were to them. Ziggy noted that they spent time with staff, that the staff were better than where they had lived before, and that they were 'mair motivated […] don't just care about the money […] They're more understanding'. However, at other times Ziggy indicated a dislike of staff: 'some staff just shouldn't be allowed to work in this place.' In contradiction to this, despite reflecting positively on some individual members of staff, Sammy refers to relationships being 'forced', and to staff as 'these people get paid to care for me', as though indicating that in some way dilutes the authenticity of relationship.

Nurturing relationships of being known, and feeling seen and connected, may have helped young people to discover parts of themselves. After all, for many of us, feeling understood is what makes us feel cared for and makes life meaningful (Donati, 2011). Being known appeared to help young people to know themselves, meaning they may well have left with a more authentic identity. For this to occur there needs to be a genuineness to the relationship, which can be difficult to achieve when staff enact emotion management, and a 'guarded side' (Ellis & Curtis, 2020) of themselves. Despite this, Ellis and Curtis (2020) reported staff becoming emotionally invested in young people, showing there was an authenticity to the relationship. This is an example of the tension that exists in managing 'appropriate boundaries' in residential child care, simultaneously being close enough, but not too close (Steckley, 2020).

Despite numerous positive reflections on their experience of secure care, Bobbie M. exhibited a level of ambivalence, advising 'the good things, sort of overrule the bad things'. This is echoed through Sammy's use of 'yeah, some positives', and Andi's 'I feel like yes and no'. This may be reflective of the wider societal ambivalence around residential child care, as seen through the attitudes of policy makers and the public. These young people's experiences are symptomatic of the intersection of care and control (Hankivsky, 2014), which is in itself paradoxical. Tensions such as this, and those between risk and justice, or protection of individuals and others, have been present throughout the history of secure care (Gough &

Lightowler, 2018). Care itself is constructed on a basis of risk (American Psychological Association, 1993), including people who are both at risk from others and who pose a risk to themselves or others (Enell & Wilińska, 2020). Additional tension arises when disability intersects with care and control (Gormley, 2021), and risk and vulnerability (Myers, 2004).

Theme 1: Care vs restriction – restriction

Some young people made use of symbolism to support their sense-making with respect to deprivation of liberty. For example, Lindsay referred on repeated occasions to 'the big, locked doors' as a symbolic physical representation of their loss of liberty. Ziggy offered further examples of symbolism:

> […] TVs are in boxes. So they're trying to make it look safer, but it's not […] Naw it's more like they're trying to cover up - making it look safe, but it's not […] Aye, the TV boxes are breakable […] I just dinnae like that they have stuff up that makes it look safer, but it's not.

This may be related to Ziggy's construction of truth as an autistic person. Due to the differences in theory of mind from the allistic population (Baron-Cohen, 1989), the inconsistency of the setting may feel dishonest, with the 'TVs in boxes' (typical practice in a secure care environment) offering a symbolic concrete example of this.

Semiotics describes the communication of meaning and sense-making of the world around us, through signs and symbols (Trifonas, 2015). Symbolic interactionism (Blumer, 1969) refers to the impact on identity formation of the way in which we are understood by others, combined with how we see ourselves, and our use of symbolic gestures to communicate with others. The physicality of the secure environment is a concrete reflection of the level of perceived risk (Lovell & Skellern, 2020) and offers a physical symbol of the stigma experienced. The impact of this symbolism may be more profound for autistic young people, who are more likely to process information visually than the allistic population (Grandin, 1995; Kana et al., 2006). It is interesting to consider the ways in which the symbolism found in secure care impacts on young people's perceptions of self, and their interpretation of others' perceptions of their self (Huang et al., 2017). Theories of material symbolism recognise that physical objects can influence a person’s life and therefore their sense of self (Layne, 2000), and that this is best understood within the sphere of children and young people (Yin & Schiphorst, 2009). Barone (2016) illustrates this with examples of communities of young people connecting symbolically through alternative clothing or music.

Emond (2016) writes of the symbolic and metaphorical forms of communication in residential child care practice, as both objects and food take on meaning and express something beyond their material being. It is widely understood that young people communicate in a variety of ways (Garfat, 2004), and that this is particularly true for autistic young people (Ortega, 2009) and those experiencing secure care (Bryan et al., 2015). Therefore, concrete symbols of the environment (such as ‘big, locked doors’, or ‘TVs in boxes’) may be better understood by autistic young people experiencing secure care than abstract ones. Symbols are often used as an augmentative or alternative form of communication (AAC) (Bondy & Frost, 1994; Tobii Dynavox, 2020) for autistic people, as a method of concretising abstract concepts. Symbolic interpretation of the environment may support autistic people’s understanding of abstract concepts such as loss of liberty, and safety, in a similar way, as ‘symbols can be thought of as physical or material representations of something that can often be considered invisible’ (Emond, 2016, p.38).

Theme 2: Structure vs flexibility – structure

A significant proportion of young people’s stories related to structure. This applied both in relation to macrostructures such as power and agency, and microstructures such as routines and a lack of flexibility. Sammy described finding it difficult to accept autism as a part of their identity, which is suggestive of a rejection of labelling and deficit constructions of autism (Bagatell, 2007; Goodley, 2013). Sammy advised:

> I just say that I dinnae have it all of the time, even though I know I probably do […] When they say ‘that's because of your autism’, I say 'shut up, I don’t even have that!' even though I know I probably do.

Day (2022) describes young people in English youth justice systems being labelled due to neurodivergent behaviours, which forces them into a disabling cycle as they go on to behave in a way that fits that label. Bobby D. described being physically labelled, as the result of wearing a sunflower badge (designed to show they were autistic): 'I don't like when, sometimes like when people find out about my autism they don't talk to me they talk to the person I'm with.' This shows Bobby D's lived experience of stigma as a result of societal constructs, both through the lens of autism and through an allistic lens.

Alongside the stigma of being autistic, young people described the additional stigma of experiencing secure care. For example, Andi's ambivalence as to how they felt about secure care was seen through their use of both 'I felt like I belonged' and 'I didn't deserve to be there'. It could be Andi had heard from others that they 'didn't deserve to be there' as a form of stigma which had become internalised. McMurray et al.'s (2011) research found that looked after children may reject elements of their identity that could be deemed stigmatising or put them on hold due to uncertainties about their future.

Lindsay also showed a conflict between the construction of their loss of liberty and their view of their self, finding it difficult to make sense of this loss of liberty. This difficulty may have been exacerbated in the context of their expressed views of themself as a good person who does well. This view of a 'good self' is incompatible with the societal construction of children who are deprived of their liberty, likely creating a sense of incongruence for Lindsay. If secure care is seen as a place for 'bad kids' then it may create an illusion for young people living there that they are, therefore, bad. For those who felt a sense of belonging there, that sense of being bad may have been even stronger.

There are parallels here with Ellis' (2018) research in an English secure children's home, which found that young people perceived they were viewed by others as 'naughty' or 'bad', regardless of the reason for their placement. Similarly, Enell and Wilińska (2020) found that young people in Swedish secure care tried to rationalise their sense of self as either a child in danger or a dangerous child. The intersecting stigmas of being secured and autistic shape young people's identities as their combined influence generates negativity (Urquhart-Stewart & Wylie, 2021) and creates interdependent systems of disadvantage (Crenshaw, 1989).

The conflicting sense of being both bad and good appeared to me to influence young people's developing identities, creating an ambivalent self, as evidenced in young people's difficulty with articulating their own identities. Thiel’s (2012) intersectional model explores the historical difficulty with accepting that children have the potential for both innocence and deviancy and is reflective of the tension that still impacts on policy today, where children who do not comply with societal norms are perceived as a threat (Davis, 2013). Whilst it is recognised that secure care will be a difficult experience for many young people to process due to the nature of being away from their family and deprived of their liberty, for autistic young people there are particular challenges in making sense of ambivalent experiences due to a reduced capacity for cognitive dissonance (Suzuki & Hirai, 2023).

Theme 2: Structure vs flexibility – flexibility

When the rules in secure care varied to take account of individual young people’s needs, this felt inconsistent to young people participating in my research, which they then deemed to be unfair. Whilst young people express a desire for consistency, they simultaneously have a desire to be treated as individuals and have their needs responded to in a tailored way. Congruence (Anglin, 2002) offers a way of managing this tension. The concept of fairness is often an important one to children (Shaw et al., 2014), however some young people were developmentally better placed to make sense of this than others. For example, thinking about whether the variation in rules was fair, Bobbie M. was able to rationalise this. They gave examples in relation to items allowed in the bedroom, education classes, or recognising that sanctions could vary for different young people:

> […] it's different young people for example things you can have in your room. Um what you do at school, what courses you do depending on your education and what level you're working at. Um how long you can be, whether you can have recreation or not, whether you have - what time you go to bed for example if you don't go to school […]

Andi also recognised the individuality of environmental restrictions and that these were dependent on young people’s ability to demonstrate their level of regulation. Andi acknowledged the complexity of having different rules for different young people:

> Sometimes I was like 'oh they're unfair' when I didn't understand them at first, like I would ask for like things in

> my room that 'no, you're not allowed that' and I'd be like 'pfft' like raging at them. But then like, then they would explain why and I was like 'oh well that kinda makes sense' but I was like 'but that's some people, not me' […]

In contradiction to the benefits of standardisation of practice is the flip side - of policies and rules being applied indiscriminately - known as blanket rules or restrictions. It could be argued that these offer consistency of practice, however they fail to take account of individual risks, and often restrict a person's rights including their liberty (Department of Health, 2015). The launch of the Restraint Reduction Network's 'blanket restrictions toolkit' in 2022 was co-authored by Alexis Quinn, an autistic individual who has experienced restrictive secure environments. The toolkit advises using the 4Rs (rules, reasons, rights, and review) to understand blanket restrictions. Lindsay gave three clear examples of blanket rules in relation to, kitchen access: 'Like you should be allowed unsupervised in the kitchen and that. That could be changed'; internet access: 'Erm YouTube and that. Yeah internet access. Yeah. You're allowed it in 'resi's', but you cannae in secure'; and the use of earphones:

> Strict […] Silly like you're only allowed to have one earphone on. That's quite silly […] Because you should be allowed to listen with two […] Because in case staff shout on you but you can still hear them with two.

Ziggy also expressed a view of unfairness at overly strict rules: 'Annoyed. They were […] too strict man.' This was reiterated by Sammy who voiced a sense of injustice in having the same rules for everyone: 'Some just don't make any sense and makes this place feel more like a prison and less like a home […] Some of them I think are just total and utter stupid, and some of them are alright I guess.' Their sense of injustice may be related to their status as people society views as different. There may be learning, for example, in Sammy's perception of disproportionality in the unit's responses to harm to self, which led them to feel overly restricted:

> …like for example if someone was to take one thing off me because I had misused it that's fine, but then they would just take literally everything, everything off me, ban me

> from every single room in the place, yeah it just doesn't really make any sense, I just think it's a bit stupid.

Theme 3: Nurtured vs scared – nurtured

Another way in which young people constructed how it felt to be 'locked up' was through sensory impact. This may be specific to autistic young people due to their differing sensory needs from the allistic population (Adamson et al., 2006; Barkham et al., 2013; National Autistic Society, 2024; Schaaf & Lane, 2015). Andi recalled the noises from their day of admission being significant, and in particular that 'there was a lot of banging and noises, doors shutting behind you', which was perhaps a symbolic representation of feeling 'locked up' and the fear they felt that may have been exacerbated by sound sensitivity. Ziggy recalled the very specific 'sounds of the garage door'. Common practice has been for young people to enter secure care via a secure garage (Gough, 2017), such that the sound of this closing would likely have evoked similar feelings to Andi's. Alongside this, Ziggy recalled from the day of their admission 'a strong smell of bleach/disinfectant'. Smell is a particularly powerful sensory experience due to its 'direct route' to the hippocampus and amygdala in the limbic system, where emotions and memories are based (Walsh, 2020).

The sensory experiences from the day of admission will have informed young people's sense-making: 'To make meaning out of the world and successfully engage with the environment requires the ability to perceive sensory information from the world and integrate that information in meaningful ways into states of consciousness' (Mueller & Tronick, 2020, p.255). In their exploration of an enactive approach to cognition, Ezequiel et al. (2018) touch upon the concept of participatory sense-making; how we make sense of the world through our bodies' experiences. Similarly, Nicolaou et al. (2022) argue that physicality be recognised as the embodiment of emotion.

There has been increasing interest in recent years in creating neurodiverse (HOK, 2019) and autistic spaces (Matusiak, 2024; National Autistic Taskforce, 2024). This has included the use of checklists for autism friendly environments (Simpson, 2016) and the autism ASPECTSS design index (Mostafa, 2020). Andow et al. (2023) describe the balance between safety and homeliness as important to achieve in a secure children's home setting, with the space normalised. As well as creating a child-friendly environment, they recommend the use of soft close doors, careful use of alarms, and innovative lighting. Thompson (2018) echoes this, outlining the need for sensory sensitive and trauma-informed environments when supporting autistic children and those who have experienced trauma.

When reflecting on others' autism awareness, Bobby D. described how their own sensory needs varied daily depending on arousal levels, which made it harder for others to understand: 'It changes quite a lot so sometimes I can be okay with people touching me and sometimes I might not. It changes all the time and on different days I can handle different amounts of sensory stuff.' In contrast to this, Bobby D. also reported a positive sensory experience from their day of admission: 'I remember having a shower and it was a very, very nice shower coz I hadn't showered in like four days and I was very dirty and covered in blood so it was a very nice shower.' The experience of showering in a 'very, very nice shower' and simultaneously becoming clean by washing away the blood and dirt could be viewed as symbolic of being cared for. It also offers a potential therapeutic 'blue space' experience (Turner & Moran, 2019). In exploring the careful control of water in prison settings and the therapeutic benefits of 'blue space', Turner and Moran (2019, p.211) describe how even being able to access the cell shower or view water through a window had the potential to offer prisoners benefits such as 'an embodied interaction with the world 'outside' of prison' (p.211).

Theme 3: Nurtured vs scared – scared

For some young people, the level of stress created by admission to secure care appears to have made it difficult for them to process or retain information, with both Sammy and Charley advising that they didn't remember their first day. Sammy advised: 'Mmm, I don't really remember much about my first day here, it was ages ago,' whilst Charley stated, 'I don't remember my first day'. Bobby D. advised that their admission to secure was 'scary coz there was a lot of new people'.

It appeared Lindsay was unable to remember exactly how they felt, stating, 'I was probably scared'. This may have been due to a level of overwhelm that made it difficult to process or retain information including how they felt. These stressors may be experienced as mini-traumas, which have a cumulative impact on young people's wellbeing over time. Day (2022) found that the environmental stressors of justice settings had a disabling impact on neurodivergent young people, and it is possible this is what these young people are reflecting here.

There was an experiential element to Bobbie M's reflections on the search procedures for admission to secure care. Having been searched previously appeared to give them a better understanding of what to expect during a search, helping them to make sense of the experience:

> Yes. Well they were very good um, they put the dressing gown on me, wand you down, make sure you not got anything. Fairly standard, um you know, I'm used to that sort of thing at that point so I didn't have an issue with it. Personally anyway.

Other young people were able to articulate the importance of understanding the rules and daily routines by saying that it would have been helpful to know this prior to admission, and that they hadn't had this information. This is illustrated by Lindsay, who advised it would be beneficial for young people moving into secure to know about the rules and 'how it works'. Lindsay advised that the lack of communication at the point of admission meant that it had been difficult to understand what was happening which had impacted upon how they felt at the time. In their use of 'how it works', it seems to me that Lindsay is articulating that there is a framework, a script of sorts, that they have not had access to. Similarly, Bobbie M. referred to this as 'the structure of the place':

> I think they need to know the routine. They need to know who the staff are […] They also need to know sort of the code of behaviour, so how to conduct yourself in front of other young people […] Just people they need to know um just the structure of the place, the behavioural patterns, the routine, um and just who they're working with and their peers.

This framework of rules offers answers, in some respects, that would support young people to make sense of why things are the way they are. There are strong parallels here with the way autistic people experience the social world, with its unwritten, unexplained rules, which are often difficult to make sense of (Jolliffe, 1992, as cited in Howlin, 2004).

Similarly, Ziggy expressed that routines were the main thing they thought new young people moving in would need to know about, which shows how impactful the routines were for them: ‘I would tell them the routines of the house, although they might sound strange it’s something that works in the house.’ This is an aspect of practice that is applicable to all residential child care settings, as expressed by Emond et al. (2016, p.95): ‘Providing a clear explanation of what we do here and why […] can help them begin to understand that these routines serve a purpose and are part of the way we express our care for them.’ It may be especially important for autistic young people, given the significance of routines and structure for autistic people, with their presence providing a sense of predictability and safety (Wing, 1996).

Theme 4: Belonging vs loss – belonging

Young people articulated benefitting from a sense of community through shared experiences with peers. For example, Ziggy described young people ‘sticking together’: ‘But then we'll all back each other up saying “naw we didnae dae that”. Aye but we've done it but we're no telling anybody that we've done it.’ They rationalised this as resulting from living with others who’d had similar experiences: ‘It's just different having people that you actually get on wi. That they go through the exact same as you […] The kids. We've all been through the same sorta stuff.’

Schinkel and Lives Sentenced Participants’ (2021) research on a sense of belonging amongst the prison population found that there was a cultural element to this, such as shared characteristics and language, and that these similarities tended to increase the sense of belonging. Carey’s (2019) research with autistic young people living in low secure wards highlighted the importance of maintaining relationships for autistic young people whilst living in secure care, finding that changing relationships were a key theme, and that shared experiences with peers were impactful. In thinking about their own dysregulated and self-injurious behaviour Andi echoed Ziggy’s reflections on their similarities with other young people:

> Everyone knows kind of the criterias of being in secure so all like 'we know you struggle with that' so they don’t mention it kind of […] but in [most recent secure unit] you'd do something and they don’t judge you for it coz they do the exact same things coz they struggle […]

Whilst some young people articulated a sense of belonging with the group or secure community, others, such as Sammy and Bobby D., expressed a feeling of not belonging. For Sammy, the sense of being an outsider seemed to be enhanced by the mix of young people they were living with who were placed on both welfare and justice grounds:

> […] I thought like the mixture of people that have like committed serious crimes and the people that just can't keep themselves safe, I think it's a bit unfair and a bit stupid to put them all in the same place […]

There is an alignment here with Ellis' (2018) research in an English secure children's home, which found that young people placed on welfare grounds felt that they did not belong in secure care.

Ziggy reflected on the impact of living with other young people who may often be dysregulated, and how this could result in something akin to a group sanction: '[…] how unsettled the group was when I arrived […] my outings changed and then got cancelled because of other young people being unsettled.' Similarly Bobbie M. advised that other young people's behaviours could impact on their experience, or that daily life could be unpredictable due to others' behaviour: 'Some people, some people how they can act or behave it makes me feel a bit down […]' This challenges some of the dominant theories of autism with respect to how others' emotional experiences are understood. Kimber, et al. (2023) challenged the autistic empathy deficit narrative in their research which found a high proportion of hyper-empathy amongst the autistic population. Notwithstanding the fact that what is known about hyper-empathy in the context of autism is still emerging, it is likely the high levels of trauma present in secure care increase autistic young people's own levels of dysregulation and distress.

Social isolation and loneliness are common amongst autistic and other neurodivergent young people (Shiltz et al., 2024). Due to differences in theory of mind (Baron-Cohen, 1989), where other young people's experiences do not reflect their own, the sense of not belonging and dissonance for autistic young people may be increased, both of which are known to increase identity management behaviours such as masking or camouflaging (Hull et al., 2019; Lai et al., 2017; Pearson & Rose, 2021). It seems to me that seeing ourselves reflected in others validates our identity and increases our sense of belonging; when we are part of an intersectional minority the chances of finding this are decreased as the numbers of people who represent us are lower. Where autistic young people had the opportunity to benefit from shared experiences, there was the potential for young people's enhanced belonging and connectedness with their 'tribe'.

Theme 4: Belonging vs loss – loss

The displacement from home communities called young people's identity into question, as it would for any of us. Being surrounded by different accents, eating different foods, seeing different sights, and listening to a different radio station, because of living somewhere different can lead one to question if one is still the same person. All the senses are implicated, which I believe has increased consequences for autistic young people, who may experience the world in a heightened sensory manner. Enhancing access to sensory language may help to reduce the communication barrier (Cosslett, 2025). Music, for example, can access memories through its direct connection with the hippocampus (Shariatmadari, 2025). Sensory experiences offer opportunities for young people to connect with a more authentic sense of themselves and build more positive identities and may reduce the sense of displacement.

There were conflicting views from young people as to the benefits versus the drawbacks of being an unknown at the point of moving into secure care. For Andi, there was a sense that it was important to be around people who knew them well:

> […] Staff are like 'oh it's a [boy/girl]' but they don't know like my age or nothing, they don't know anything about, like the managers know all that stuff, so they have to wait till they can, like to know their name.

Bobbie M. on the other hand positioned being unknown as 'a fresh start in a new environment'. This appeared to lead them to construct secure care as a bridging (Anglin, 2004), transitional (Field & Morgan-Klein, 2010), or transformative experience (Paul, 2014), acknowledging, 'the step forward this has given me to better myself as a person'. It seemed that entering secure care as an unknown had given Bobbie M. an opportunity to be a new person and change their life: 'Changed. I think I've changed a lot by the time I come in here in the first place, but I feel like I've still got room to change more and better myself for the community.'

In contradiction to this, Sammy articulated a sense of 'stuckness' and inability to change. This was shown in their use of 'they try, but it doesn't really work.' This may have been related to Sammy nearing the end of their time in secure care, and therefore the 'fresh start' narrative feeling less relevant to them, showing that how young people feel about belonging in secure care could shift over time. Thompson (2018) acknowledged the impact of loss as children transition in and out of secure care, including within this the loss of identity if young people's and others' perceptions of them have changed because of their time in secure care. It is likely this will be of increased significance for autistic young people due to the particular complexities of transitions (Autism Network Scotland et al., 2017; Iemmi et al., 2017). As autistic identity can impact on social identity (MacLeod et al., 2013), if young people come to understand their autism better because of their time in secure care there is the potential for this to impact how young people see themselves and how they are seen by others. This may offer opportunities for them to open up their 'back stage' worlds (Goffman, 1959), with a decrease in identity management behaviours such as masking or camouflaging (Hull et al., 2019; Lai et al., 2017b; Pearson & Rose, 2021), and associated increase in positive self-identity and authentic life (Bagatell, 2007; Bradley et al., 2021; Cooper et al., 2017; Perry et al., 2021).

Schinkel (2015) found that where imprisonment was constructed as a transformational experience this was due to a need to give the sentence purpose, with changes mentioned by prisoners including the space and time to think. This 'space and time to think' was alluded to by Ziggy, who spoke of benefitting from the peace by sitting and relaxing in the garden. Ziggy was able to reflect that things were easier now, and that they were calmer and less stressed due to the impact of secure care. It may be that young people were drawn to the narrative of a 'fresh start' because they needed this narrative to cope with their time in secure care, or were reflecting a narrative offered to them by others. However, it seemed to me that for some participants their time in secure care really had been life altering.

Recommendations

The data showed that there was potential for secure care to create barriers and supports, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). The recommendations are therefore structured around these three areas which were central to the research project. Given the prevalence of intersectionality in young people with 'multiple minority identities' (Levine & Breshears, 2019) in this research project, some findings may be relevant to all young people, however some will be specific to those who are autistic.

Relationships

It is likely that becoming known enables the positive development of a more authentic identity for young people experiencing secure care. It is therefore important that we consider engaging with young people in ways that enable them to feel known, whilst taking account of their communication preferences.

Secure care should aim to offer autistic young people an experience that feels less ambivalent by ensuring their individual needs are appropriately met. It may be that opportunity-led (Ward, 2002, 2004, 2007) and/or life-space work (Keenan, 2002) that helps young people process contradictory emotions and experiences would be of benefit in supporting young people to develop a more authentic identity, particularly if delivered in a sensory or holistic manner.

It is crucial that we give cognisance to the significance for young people of belonging to the group when making decisions about admissions. This might be considered with respect to admissions assessments, the ways in which units are structured, and how staff support engagement between young people.

Secure providers should consider how they can mitigate the potential impact of hyper-empathy and any associated distress on autistic young people placed in their care. This may be through admissions and matching decisions as outlined above, risk assessment and care planning, or the consideration of appropriate interventions to respond to dysregulation and distress.

Residence

Secure providers should continue to consider semiotics in environmental design through a more congruent use of symbolism. This may mean ensuring that food is presented in a manner that looks and feels nurturing; that the latest technologies are utilised to limit the requirement for secure fixtures; and that environmental symbolism is given consideration more broadly, for example to support communication needs.

Any work undertaken to develop secure care experienced young people's emerging sense of self must support the challenge of any internalisation of imposed stigma. This may be in relation to autism, other minority aspects of young people's identities, or the intersections of these.

Environmental conditions that reduce autism-related stigma, and therefore the perceived need for masking, may be a useful consideration for secure settings, particularly the significance of attending to sensory experiences in a secure environment. Giving ever increasing cognisance to sensory experiences should include consideration of acoustics or soundproofing, spatial sequencing, varying lighting, escape spaces, compartmentalisation, transition spaces, sensory zoning, and careful use of colour and pattern.

Secure care centres may benefit from considering ways in which access to all young people's sensory language can be enhanced. Through consultation with young people this may include, for example, consideration of food, music, or environmental smells.

Rules

Future practice must be attuned to autistic children's paradoxical experiences of secure care. This means that any associated uncertainty, and resulting anxiety, should be reduced to a minimum. Autistic young people should be given additional support in making sense of ambiguity. To do so would offer a parallel process to that of dichotomous thinking and would support increased cognitive consonance.

Secure units should contemplate how important information, such as daily routines and rules, is communicated to young people. This may include consideration of what information is able to be shared with young people prior to admission and the range of accessible communication styles utilised to share this information, for example photos or videos of adults who will be caring for them, the key worker if that's been established, their room, other rooms, the building(s) and grounds.

With the increasing prevalence of autistic children in secure care settings, greater cognisance may need to be given to the ways in which autistic young people experience the rules in secure settings. This could be done through consultation with the autism community. It is recommended that the implications of autism, for each individual young person, be attended to and reflected in care planning.

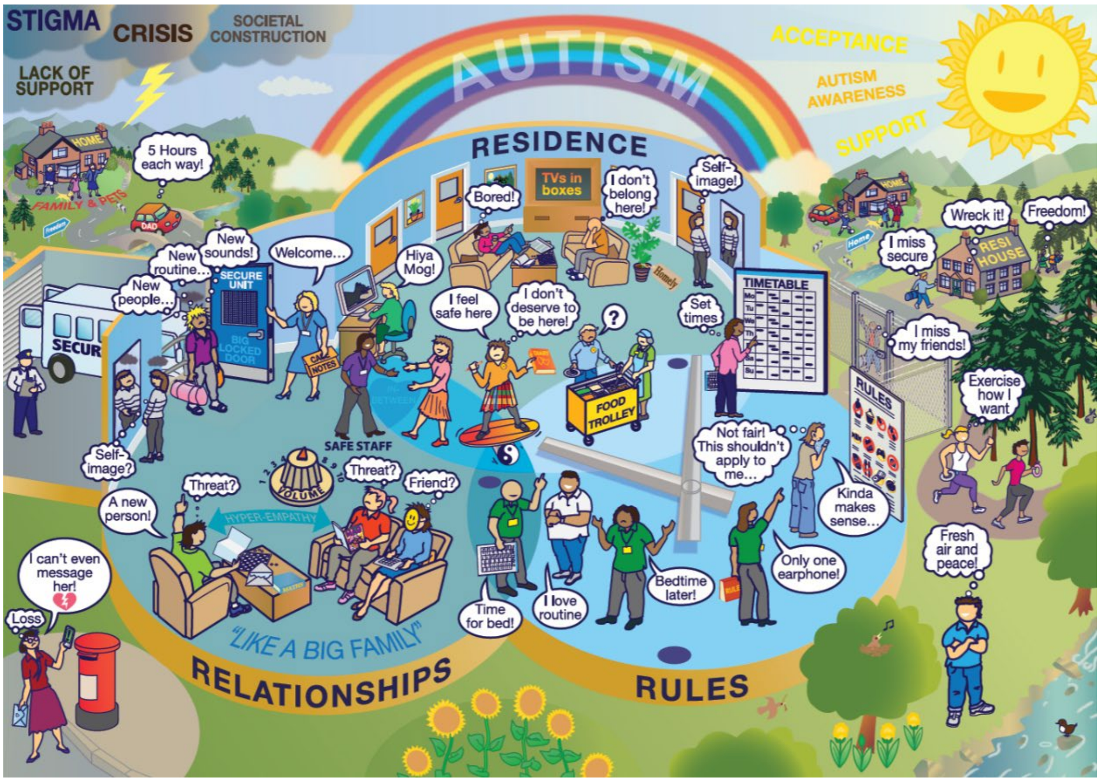
Whilst recognising the significant importance of risk management in a secure environment, consideration could be given to further individualising risk management strategies. Alongside this, risk assessments or behaviour support plans could be used to detail the strategies that young people find soothing when distressed, and to identify steps to mitigate any associated risks.

Conclusion

The key themes of this research provided stark examples of the ways in which participants experienced secure care as both bad and good, and in turn informed how they made sense of their experience and how that sense-making impacted on their identity construction. Paradoxically, the strength of young people's contradictory experiences was both surprising, as tensionality of experience had not arisen though the literature review or engagement with key theories, and unsurprising given the paradox of care and control, and the paradox of dominant autism narratives. When autism and secure care intersect it appears that this paradox is strengthened, and it would seem that this finding is unique to the autistic population of young people experiencing secure care.

Too often, autistic young people's voices have been excluded and silenced. Just because they are not always verbally articulate does not mean that they don't have something important to tell us. As Bryan (Sky News, 2025) said recently 'non-speaking is not the same as non-thinking'. This research project aimed to adjust the volume to enable secure care experienced autistic young people's voices to be heard. I implore you to listen to them.

Figure 2: Adjusting the volume



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About the author

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Original Research Article

At the crossroads of disadvantage: An intersectional analysis of the Scottish data on care

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Abstract:

The data system for care in Scotland has been criticised for failing to accurately depict the lives of care experienced young people. This article examines and evaluates national statistics and definitions in the context of education. It uses an intersectional lens and the Care Experienced Children and Young People Fund as an applied case study. Descriptive analysis of both national statistics and quantitative data from Freedom of Information requests submitted to local authorities is used to evaluate the Scottish educational data system. The findings indicate that the data system struggles to identify care experienced individuals, instead focusing on looked after children, who are treated as a homogenous group within the data. The system also overlooks key factors that may contribute to lower educational attainment, such as sex, socioeconomic status and disability. Furthermore, the existing indicators do not provide a sufficiently detailed view to draw meaningful inferences on changes in care experienced young people's attainment over time. The analysis demonstrates how decisions around data and definitions shape who is included, create gaps in local authorities' knowledge and influence resource allocation. The article advocates for greater criticality among users of official statistics, its findings are highly relevant for policymakers, practitioners and researchers interested in education or the data system for care experienced young people. It also aims to support keeping the Promise by advocating for a more inclusive data system which would provide a greater evidence base for future policy development.

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Introduction

Having experience of care has been associated with increased risk of homelessness, hospitalisation, social exclusion, unemployment, imprisonment, poor mental health and lower educational outcomes when compared to the general population (Fleming et al., 2021; Barratt et al., 2020; Welch et al., 2018; Gypen et al., 2017). The Independent Care Review (2020) was an inquiry set up by the Scottish Government to understand the challenges faced by Scottish care experienced children and young people and how the care system was influencing their life chances. The review heard over 5,500 experiences, over half of these were from individuals with care experience or their families, the remainder were from the paid or unpaid workforce (Independent Care Review, 2020). This culminated in a series of recommendations known as the Promise, which should be implemented by 2030 (Independent Care Review, 2020).

As a result of striving to keep the Promise, the Scottish Government and local authorities have implemented policies to improve outcomes for care experienced people. The established policies include the Care Leaver Payment, guaranteed interview schemes and the Care Experienced Bursary. The Care Experienced Children and Young People Fund is a further policy example. It forms part of the wider Scottish Government Attainment Challenge, which aims to close the poverty-related attainment gap (Scottish Government, 2026a). The fund allocates £1,225 to each of Scotland's 32 local authorities for each looked after child (aged 5-15) (Scottish Government, 2026a). In the 2023-24 academic year £10.5 million was allocated across Scotland (Scottish Government, 2024a). However, this money must then be used to improve the educational outcomes for the much broader cohort of all care experienced young people aged 0-26 and those on the edges of care. This paper reports the first part of a mixed methods study, aimed at evaluating the implementation of the fund in Scotland. It specifically examines the data system for care experienced young people in education within the applied case study of the Care Experienced Children and Young People Fund. By taking an intersectional approach, this paper examines how indicators such as the Highest Level of Attainment Achieved, used within the Scottish Government's Education Outcomes for Looked After Children annual publication could potentially be misleading. Consequently, these indicators may result in well-intentioned but misinformed education policy.

A note on the language of care

There are three prevalent terms found within the Scottish literature and policy. The first is Looked After Children, which is a statutory term defined in the Children (Scotland) Act 1995 (as amended). It refers to any child under the age of 16 who is currently being looked after by a local authority. This includes those living in foster care, residential care and living at home with their parents with a Compulsory Supervision Order. A Compulsory Supervision Order is made by either a Children’s Hearing panel or a sheriff. It places a duty on a local authority to act in relation to the needs of the child or young person and can set out compulsory conditions for the young person to comply with. The second term is Care Leaver, a further statutory term defined as someone who ceased to be looked after on or after their 16th birthday. The final term is care experienced, which has no statutory definition but has many definitions within the literature (see Pinkney and Walker, 2020; Bayfield and Smith, 2024; Howard and MacQuarrie, 2022). However, there is broad recognition that it has a wider conceptualisation than statutory terms such as looked after children or care leavers (Bayfield and Smith, 2024). Within this research, the definition of care experienced set out in the Promise will be followed. This includes any young person with experiences of care (kinship, foster care, residential care, living with parents) regardless of whether this was voluntary or compulsory (Independent Care Review, 2020).

Terms such as looked after have been found to be stigmatising (Independent Care Review, 2020). The term care experienced is generally preferred by those who have experienced the care system (Pinkney and Walker, 2020). This is because the term repositions the individual as an active agent with experiences of care rather than a passive recipient of care (Howard and MacQuarrie, 2022). These definitions matter as they are used to decide eligibility for support. For example, currently only Care Leavers are eligible for Continuing Care and/or Aftercare, meaning anyone leaving care before the age of 16 has no legal entitlement to this support (Scottish Government, n.d.). This will be extended under the Children (Care, Care Experience and Services Planning) (Scotland) Bill to all individuals who have met the definition of looked after at any point prior to their 26th birthday. Despite this, it will still not extend to individuals who are care experienced but have never been considered looked after (for example those in informal kinship care). Therefore, these terms and their practical use in policy and practice are highly debated. Since care experienced is the preferred term, this paper has attempted to use it, both in recognition of the more encompassing definition but also in an attempt to move away from deficit-based approaches. However, due to the use of the statutory terms within the data collection systems, it is not possible to avoid them entirely, as to do so would miss the nuance of who is and is not included within the current data system.

The Scottish Education System

In Scotland, children start compulsory school between the ages of 4.5 and 5.5. They complete 7 years of Primary School (called Primary 1 to Primary 7 or abbreviated to P1-P7) where they study a Broad General Education under the Curriculum for Excellence. Once they have completed Primary 7, they move to a larger secondary school where they can study for up to 6 years (Secondary 1 to Secondary 6 or abbreviated to S1-S6). Secondary school is split into two stages, the first is the junior phase which lasts 3 years (from S1 to S3). In this stage students continue to study a Broad General Education. The second phase is the senior phase (S4-S6); this is where students take qualifications. Qualification levels are measured using the Scottish Credit and Qualifications Framework (SCQF). The SCQF provides a comparable framework for qualifications in Scotland. It ranges from SCQF level 1 up to level 12 (equivalent to a doctoral degree). Upper secondary school students generally take qualifications at SCQF levels 3-7. Students can leave school once they turn 16 years old, which generally happens during S4. However, students can choose to stay until the end of S6 to gain higher level qualifications or study a greater breadth of subjects. Students generally take between 4 and 8 qualifications a year dependent on school policy, SCQF level and individual choice. Students can also sit qualifications at multiple SCQF levels within a single year, for example, sitting level 5 Maths in the same year as level 6 History. SCQF level 6 is the level of qualification required to enter higher education in Scotland, with level 7 being equivalent to the first year of a bachelor’s degree. Generally, students would not study qualifications at SCQF level 6 until they were in S5 or S6 and would not study at level 7 until S6.

The Existing Data Framework

It is important to note that data on the care system include both qualitative and quantitative information and both have essential roles in ensuring successful policy. Additionally, there have been studies which have used administrative data and data linkage to provide further insights (for example Soraghan and Porter, 2016 and Allik et al., 2022). However, this study focuses on examining the publicly available quantitative data landscape. Therefore, when the research mentions the data framework, it refers to quantitative data collected by local authorities and analysed by the Scottish Government.

Existing research in Scotland on the care experienced data framework is limited. The Promise found that within routinely collected data the social demographics collected were of such poor quality that it was very challenging to identify care experienced individuals (Independent Care Review, 2020). The data that is regularly used to monitor educational attainment is official statistics published by the Scottish Government (see for example The Promise Progress Framework, COSLA et al., 2024).

Official statistics are often discussed as neutral and objective facts in relation to the area of study (Jenkins, 2019). Although the government statisticians aim to collect and analyse data as objectively as they can, they are not immune to the influence of subjective viewpoints (Holt, 2008). This is because the statistics are part of a wider political process (Antonelli, 2016). This process results in statistics being constructed objects which change depending on the underlying definitions and methodologies used (Jenkins, 2019). For example, deciding to collect data on looked after children rather than for all care experienced young people has a direct effect of creating a narrower dataset (as the looked after cohort is a smaller group). The impacts can sometimes seem arbitrary. However, take the example of a child who is living with a foster carer. This child would be legally defined as looked after and consequently included in the dataset. If the same child is subsequently adopted by the foster carer, then they would no longer meet the legal definition of looked after and are removed from the data. This change occurs even though the substantive and material living conditions for the child have not changed. Within wider public discourse, a statistic can be perceived as representative of an entire issue (Jenkins, 2019). Yet as demonstrated in the example, a particular statistic only represents a single attribute within the sphere of study (Jenkins, 2019). Therefore, official statistics can only give an overview of broader issues (Holt, 2008).

The Promise Oversight Board is an apolitical group appointed to ensure the government and corporate parents keep the Promise by 2030. They found that the official statistics prioritise the needs of the care system and on what is easy to measure, rather than what is important for keeping the Promise (Promise Oversight Board, 2022). This again links to the decision to focus statistics on individuals who are looked after, rather than the wider care experienced group. In subsequent reports the Promise Oversight Board (2023, 2025) note that the data system is still not linked up, with individual information sources being held separately. This is preventing overall improvements within domains such as education as the drivers of attainment cannot be adequately explored. The Scottish Parliament (2025) estimated that there are 25,000 people aged under 16 in Scotland who have been legally defined as looked after at one point in their life, they use this as a proxy for care experienced in the absence of a legal definition. On the 31st July 2024 there were 9,741 individuals under the age of 16 who were legally defined as looked after in Scotland (Scottish Government, 2025a). Since the proxy care experienced definition used is narrower than the definition for this research, it would mean that a minimum of 61% of care experienced young people are excluded from statistics which solely include currently looked after children. However, since the 2021-22 academic year, the Scottish Government has published educational statistics for people who had been considered looked after at any point since the age of 5 (Scottish Government, 2024b) which would mean the majority of the excluded 61% are now included.

Currently all Scottish local authorities are responsible for data on the looked after children and young people they care for, regardless of where they live (Scottish Government, 2021a). The Scottish Government produces yearly statistics from the local authority data. The data are gathered using three submissions: the Looked After Children Data Submission, Child Protection Submission and the Secure Care Submission (Scottish Government, 2024c). These provide data on the level of the individual. The individual data are then aggregated by the Scottish Government to create the statistical publications. With regard to education, the Scottish Government links the Scottish Candidate Number to the education dataset (which is submitted separately by local authorities). All Scottish children in state schools are assigned a Scottish Candidate Number during their first year in primary school. Audit Scotland (2025) found that the data linkage method used misses out groups of children. They note that since Scottish Candidate Numbers are assigned in Primary 1, children whose only experiences of care are prior to beginning school are excluded from the statistics. In the 2023-24 year 576 children under the age of 5 ceased being looked after in Scotland and consequently may be excluded from the data (Scottish Government, 2025a). However, longitudinal data would be required to fully quantify this. Clark et al. (2017) attempted to link administrative education and health data and found that 44% of currently or previously looked after children from the 2011-12 academic year did not have a valid Scottish Candidate Number, even though 95% of students attended state schools. In the 2014-15 academic year the Scottish Government stated that 79% of children aged 5-15 in Scotland had a valid Scottish Candidate Number (Scottish Government, 2016). In the 2023-24 academic year, they state that this had risen to 93% (Scottish Government, 2025b). Additionally, they estimate that the percentage of looked after children with valid Scottish Candidate Numbers is broadly equal to that of the entire population. This suggests that descriptive statistics relating to the attainment of looked after children have increased in reliability since 2011 due to a more complete administrative dataset.

The current system primarily focuses on the experiences of looked after children as these are the individuals for which public authorities have statutory responsibility under the Children (Scotland) Act 1995. Additionally, public bodies named in Schedule 4 of the Children and Young People (Scotland) Act 2014 (such as health boards, councils and Police Scotland) have Corporate Parenting responsibilities to looked after children and care leavers. However, the Children (Care, Care Experience and Services Planning) (Scotland) Bill has passed the Scottish Parliament. If the bill is granted royal assent and becomes law, it will extend the corporate parenting support to all young people under the age of 26 who have ever been considered looked after (Currie et al., 2025). If the Corporate Parenting duties are extended this would further emphasise the need for more detailed data gathering. This would illustrate the extent to which Corporate Parents are meeting the needs of the full cohort of previously looked after children, rather than solely those of the individuals currently included in the data. This would require finding a way to understand the educational trajectories of individuals who start and finish their care experience prior to beginning school. Additionally, care experienced young people may have a fear of unwanted disclosure or stigma if they self-disclose their care experience, which may deter individuals from wanting to access support or be recorded as care experienced in a formal data collection system (Pinkney and Walker, 2020). Children have the right to privacy under Article 16 of the United Nations Convention on the Rights of the Child (UNICEF, n.d.). Therefore, any data collection system must ensure accordance with these rights. Overcoming these data challenges is central to the role of the Virtual School Head Teacher (VSHT) who is responsible for the attainment of all care experienced learners in a local authority (Sebba and Berridge, 2019). In Scotland, 18 local authorities have a VSHT with McIver and Bettencourt (2024) finding that collating robust data on care experienced students was an ongoing challenge.

Overall, the evidence shows large gaps within the data system for care. In the context of education, there is evidence that individuals are being excluded from the data due to missingness of linkage identifiers and decisions on definitions. However, none of the research has considered the limitations of the current descriptive statistics themselves. This is the key gap which this research aims to fill.

Intersectionality

The theory of intersectionality can provide greater context and depth to our understanding of educational statistics. Intersectionality is the idea that social categories form an interconnected system, with an individual’s position at the interfaces of these categories shaping their experience of the social world (McMaster and Cook, 2019). Crenshaw (1989) is credited with first coining the concept of intersectionality. She examined black women’s experiences of discrimination cases within the USA. She used the metaphor of a crossroads to explain intersectionality, whereby one road represented the sex of the individuals and the other the ethnicity. A car crash (representing discrimination in the metaphor) can occur on the sex road, the ethnicity road or at the intersection. The central idea was that black women could be discriminated against because of their sex, their ethnicity, a culmination of both or because of their unique identity as black women. There is debate in the literature about whether combinations of disadvantage are additive or multiplicative. Additive disadvantage is where an individual’s experience is equal to the sum of its parts. Multiplicative disadvantage is where individuals with intersecting marginalised characteristics experience additional disadvantage beyond the additive effect (Bauer et al., 2021).

According to Keller et al. (2023) there are three main approaches to analysing intersectionality. The first is the anticategorical approach which argues that social life is too complex for categories, so they should not be used within intersectional research. The intracategorical approach acknowledges the relevance of categories but remains critical, emphasising the heterogeneity of social strata. Finally, the intercategorical approach is where analytical categories are adopted to analyse inequalities between social groups and interactions between social categories. In quantitative analysis either the intracategorical or intercategorical approaches can be used (McMaster and Cook, 2019). This study utilises the intracategorical lens to explore how the data system on care may be overlooking intersecting characteristics of young people.

Methods

Two data collection methods were used within this research. The first was to collate descriptive statistics published by the Scottish Government in their Education Outcomes for Looked After Children publications. The second was to submit Freedom of Information requests to every Scottish local authority. Freedom of Information requests are an underutilised research method within social sciences (Savage and Hyde, 2014) and can be used to request information from any Scottish public authority (Scottish Government, 2023a). This method makes institutional data publicly available, enabling analysis which would not be possible using alternative methods (Savage and Hyde, 2014). To ensure the desired information is returned from the institution it is important the wording be specific (Walby and Luscombe, 2017). To this end, a draft request was created and checked by colleagues for ambiguity. The request asked 6 questions of each local authority. The questions which relate to this paper were the total number of care experienced people aged under 26 living in the authority at the time of request and, secondly, for this to be broken down into age categories (ages 0-4, 5-9, 10-14, 15-19, 20-26). The revised request was sent to a single local authority as a test case in September 2024. The test local authority requested clarification on the definition of care experienced used in the research, this was provided and incorporated into the wording of the request. This was accepted by the test case without further amendment. The finalised request was sent to the remaining 31 local authorities in October 2024. Of the 32 local authorities in Scotland, 27 responded. 5 local authorities did not send any form of reply, despite a legal obligation to do so. Due to time constraints, the responses were not chased. Additionally, within the responding local authorities there was a good mix of areas by urban/rural, ethnicity, disability and Scottish Index of Multiple Deprivation quintiles. Therefore, the sample was considered to provide a good representation of Scotland as a whole.

The national statistics were analysed using descriptive analysis, primarily graphed trends. The Freedom of Information data were also analysed using descriptive statistics. They were integrated within the Care Experienced Children and Young People Fund allocations to examine how different definitions result in different funding amounts per young person.

This research was fully approved by the University of Glasgow Social Science Ethics Committee.

Results

National descriptive statistics

Figure 1: Attainment of School Leavers by Looked After Status from 2010 to 2024 (Own Work, Data Source: Scottish Government, 2025b)

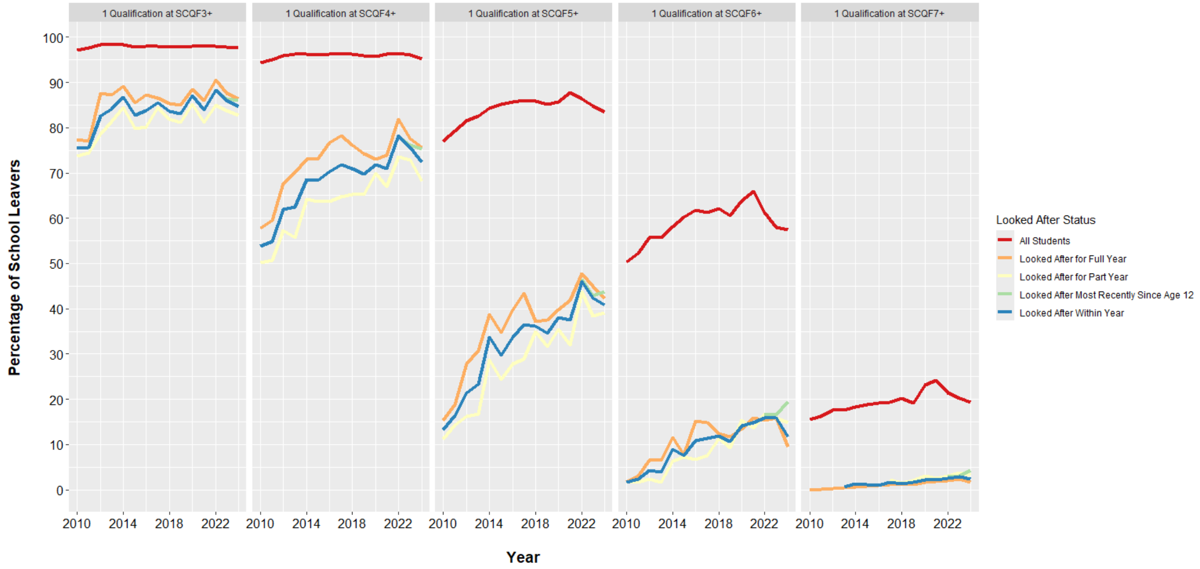


Figure 1 shows the percentage of school leavers who achieved at least 1 qualification at each SCQF level or higher by looked after status. The data shows that looked after school leavers have far lower attainment compared to all students. However, this gap widens from SCQF level 3+

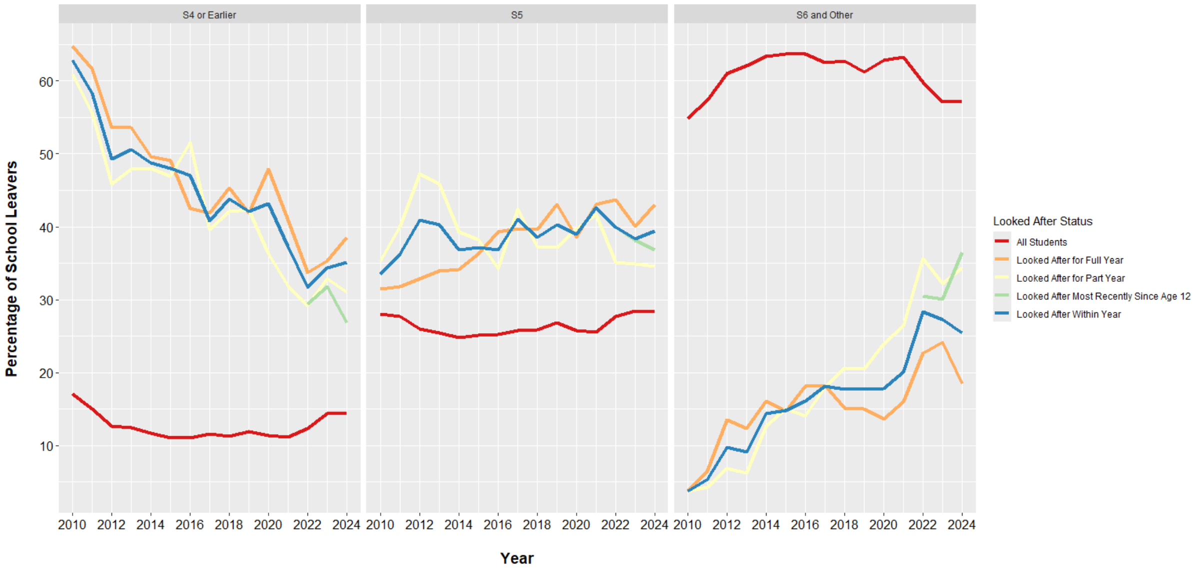
to 6+, before slightly shrinking at level 7 (though this is mainly due to low numbers of students studying qualifications at SCQF level 7). Since 2010, the number of learners achieving awards at SCQF levels 3+ and 4+ has been consistent but there has been a slight increase in those achieving an award at levels 5+ to 7.

There has been an increase in the proportion of looked after school leavers achieving an award at SCQF level 3+ from 2010 to 2014. However, since 2014, there has been a relatively high proportion of looked after young people (approximately 15%) who are leaving school with no qualifications at SCQF level 3+. There have been large increases in the proportion of young people achieving at SCQF levels 4+ to 6+ (particularly at level 5+) and an increase in attainment at level 7. Although achievement at level 6+ has improved since 2010, the increase is not as pronounced as for levels 4+ and 5+. This suggests that more work is required to ensure looked after children are attaining at higher SCQF levels. When comparing the looked after cohort to all students, Figure 1 shows the gap between the two groups across all SCQF levels has generally been shrinking since 2010, due to the large attainment increases of looked after school leavers.

Figure 2 shows the stage students left school from 2010-2024. It shows that a far higher proportion of looked after children left school at S4 or below compared to all learners. There are also far fewer looked after leavers staying until S6.

For the all-students group, the number leaving at each stage has stayed broadly consistent across time. However, since 2010, there has been far fewer looked after young people leaving school at S4 or before. Additionally, there has been a slight rise in the number of looked after children leaving in S5. The number leaving at S6 has risen sharply since 2010. Within the categorisations of looked after school leavers, the general trend is the same, but young people in care for the full year were more likely to leave school in S4 or below compared to young people looked after for part of the year.

Figure 2: School Leaver Stage by Looked After Status from 2010 to 2024 (Own Work, Data Source: Scottish Government, 2025b)



It is evident that looked after children are staying in school longer now than in 2010 and that their attainment has increased over the same period. Figure 3 shows a scatterplot between the proportion of looked after young people leaving school in S4 or before compared to the number attaining at SCQF level 5+ since 2010. The scatterplot suggests a negative relationship, whereby achievement at SCQF level 5+ decreases as the number of looked after children who leave school in or prior to S4 increases. A correlation test was completed to see if this relationship is statistically significant. The P-value was below 0.05 and normality seemed acceptable. Therefore, the null hypothesis (that there was no relationship between the two variables) is rejected. The correlation value was -0.95 which suggests a very strong negative linear relationship between the two variables.

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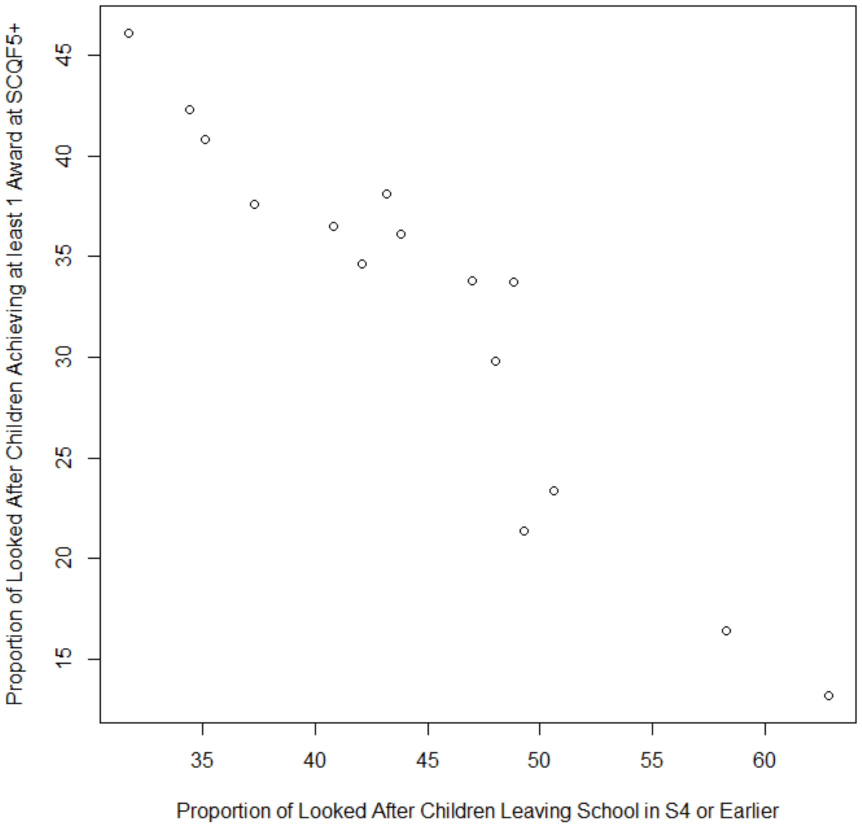
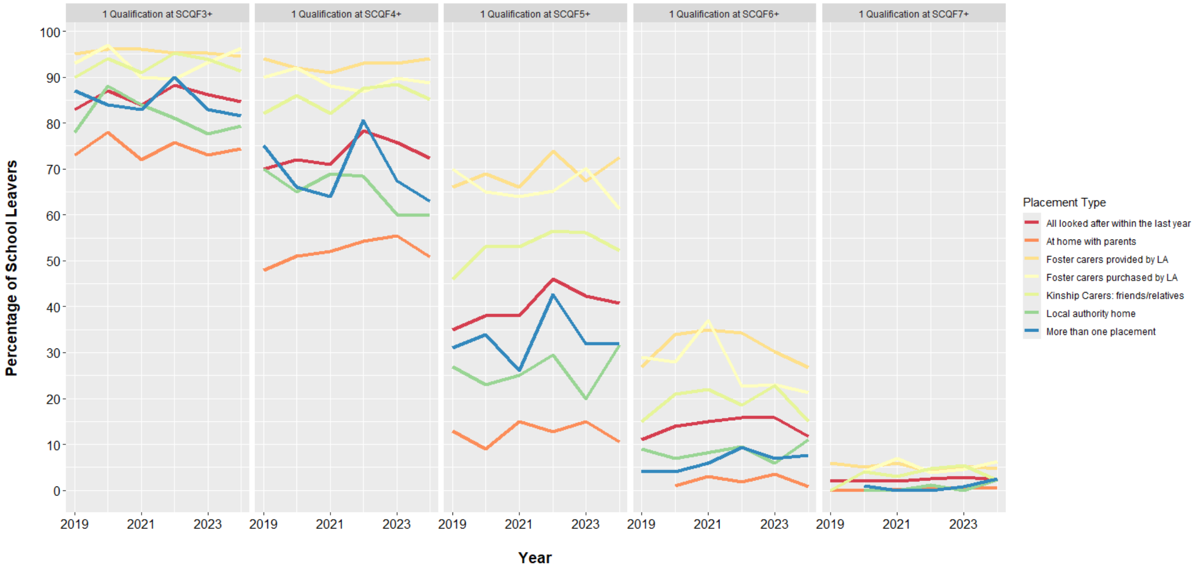
Figure 3: Scatterplot of School Leaving in S4 or before and Awards at SCQF Level 5+ (Own Work, Data Source: Scottish Government, 2025b)



This analysis is quite crude since it utilises national level data, which may be masking a more nuanced picture. Additionally, the analysis cannot show causation. Therefore, it remains unclear whether staying on at school has caused the increase in attainment or if increased attainment has motivated young people to stay in school longer. It seems logical that if looked after young people stay in school longer, they are more likely to attain at higher levels, even if the reason for staying on is debatable. This is an important consideration for policy. Since the attainment data gathered is not at a set point in time i.e. at the end of S4, it is not possible to determine whether the increases in attainment in Figure 1 are because of structural change within the education system or the natural consequence of remaining in school for longer.

With who and where a young person is living can also have an impact on their ability to attain. Figure 4 shows the attainment of looked after school leavers by placement type across SCQF levels. It shows that young people looked after at home with their parents have the lowest levels of attainment across all SCQF levels. Those in foster care have the highest (followed by those in kinship care). The attainment gap between placement types is widest at SCQF level 5+, with broadly stable patterns since 2019.

Figure 4: Secondary School Attainment of Looked After Children by Placement Type from 2019 to 2024 (Own Work, Data Sources: Scottish Government (2025b, 2024b, 2023b, 2022, 2021b, 2020))



Freedom of information data

Figure 5 shows a box plot of local authority funding amounts per young person from the Care Experienced Children and Young People Fund by different definitions. The right box plot represents the amount received by each local authority in the 2023-24 academic year divided by the number of looked after children aged 5-15 for each local authority. This is the method the Scottish Government used to calculate funding (Scottish Government, 2026a). There is minimal deviation across local authorities, this is expected as the government aim to allocate £1,225 per young person meeting the definition. However, the small divergence across some authorities suggests reporting figures are not always accurate and thus some councils receive slightly higher levels of funding than intended. The box plot in the middle represents the amount of funding divided by the number of looked after children aged 0-17 in 2023 for each local authority. This suggests a different picture- some local authorities have massively increased their per young person funding level, whereas others have decreased. This results from the Scottish Government holding funding constant over the funding period, even though the number of looked after children fluctuates year on year (Scottish Government, 2026a). The boxplot uses different care experienced and looked after

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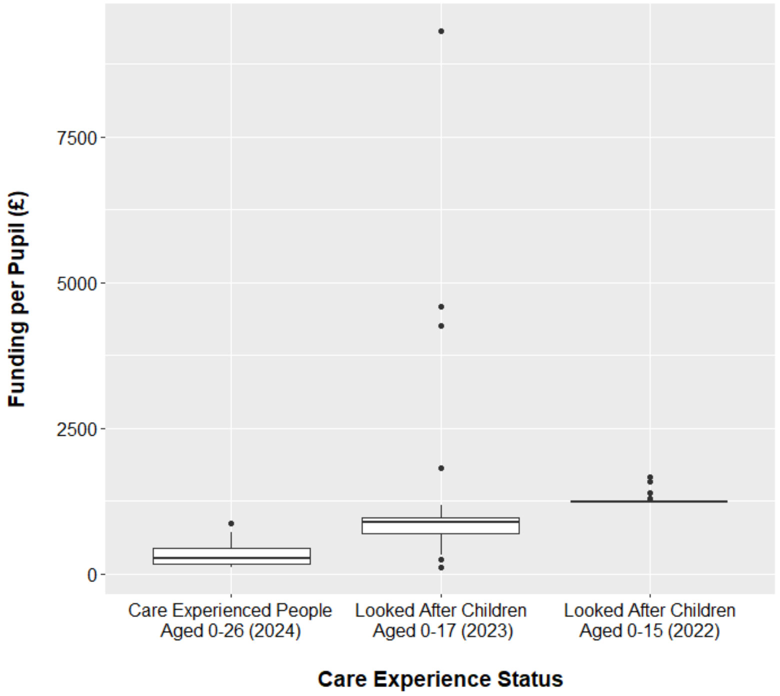
metrics from across the funded period (2022-26) to understand how this decision impacts per pupil allocations.

Figure 5: Per Young Person Funding Distribution of the Care Experienced Children and Young People Fund (Own Work, Data Source: Freedom of Information request; Scottish Government, (2024b and 2024a))

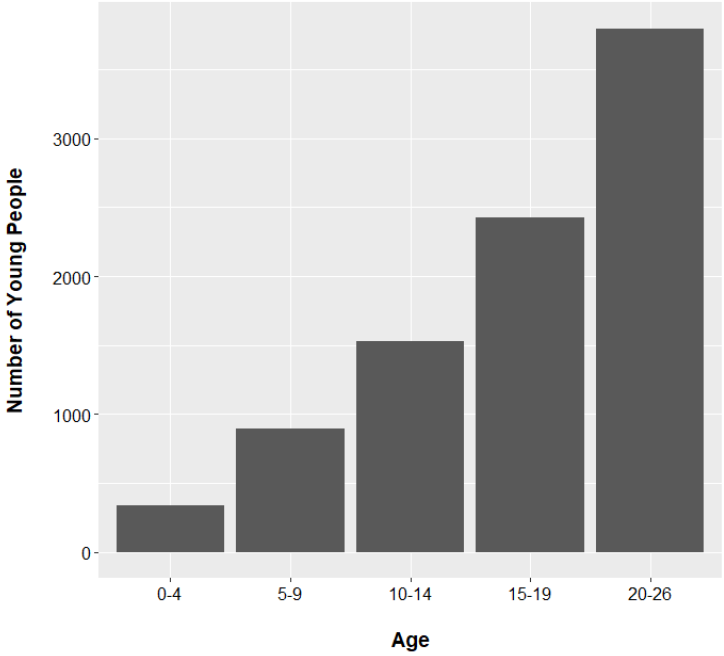


When the funding is divided by the number of care experienced young people aged 0-26 for each of the local authorities who replied to the Freedom of Information request (the left boxplot), local authorities are left with a median value of £400 per young person. Combining the total Scotland wide Care Experienced Children and Young People Fund allocation for the 2023-24 academic year and the Scottish Parliament (2025) estimate for the number of young people aged under 26 who have been considered looked after at any point since 2009, allows a more accurate per care experienced child estimate. The mean value per care experienced child from this calculation is £190. The Scottish Parliament (2025) dataset does not include pre-2009 experiences of care. Additionally, their definition of care experienced is narrower than the definition used for this research and narrower than the eligibility criteria for the fund (which also includes young people on the edges of care). Therefore, the real number of young people entitled to support from the Care Experienced Children and Young People Fund will be higher than the proxy. Meaning that the £190 per child is an overestimate, with the real value being lower than this.

The aim of providing funding certainty for local authorities (by using the number of looked after 5-15-year-olds in 2022 to derive funding allocations for the entire funding period), has resulted in unequal funding across Scotland. Some local authorities have high per-student funding (as the number of looked after children has decreased but the funding has not) whilst others are lower than the notional allocation (as the money remained the same but the numbers of looked after children has increased). Additionally, the care experienced per capita funding illustrates very low funding levels compared to the size of the target group. This is not necessarily reflective of the effectiveness of the funding as local authorities do not allocate funding per child, and instead money is pooled together. The graph only illustrates how different definitions and eligibility criteria result in relative funding (dis)advantage.

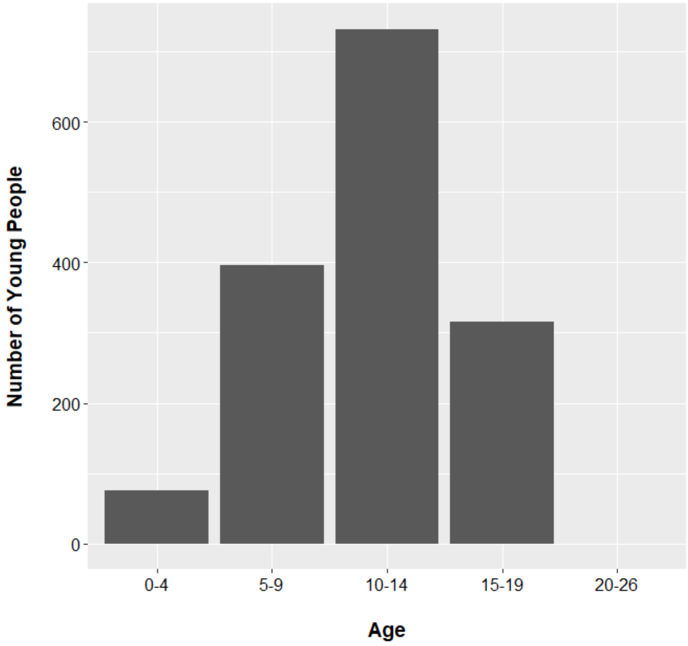
When considering the number of care experienced young people living within each authority it is important to note that 7 local authorities (out of 27) said they did not know the number of care experienced young people aged 0-26 living in their local authority. Figure 6 shows the number of care experienced children and young people living in Local Authority 1 across different age groups. It shows that the number increases as the age groups increase, this is the expected distribution. A young person is considered care experienced regardless of how long they are in care meaning the number cannot decrease unless people move out of the local authority.

Figure 6: Number of Care Experienced Young People in Local Authority 1 (Own Work, Data Source: Freedom of Information request)



However, some local authorities provided information which was contrary to the expected distribution. For example, Figure 7 shows the data return for Local Authority 2. It shows an expected increase in care experienced numbers from ages 0-14 but then a drop off in the 15-19 age group. They then claim to have no care experienced young people aged 20-26 living within the authority.

Figure 7: Number of Care Experienced Young People in Local Authority 2 (Own Work, Data Source: Freedom of Information request)



As previously outlined, the definition of care experienced makes this highly improbable, unless all the care experienced people in Local Authority 2 moved outside the boundaries by their 20th birthday. What is more likely is that the local authority does not track the number of care experienced young people once they reach age 16. Only 14 of the 27 local authorities provided graphs with the expected distribution (similar to Figure 6), the remainder stated they did not have the information (7 authorities) or provided improbable distributions, similar to Figure 7 (6 authorities). Therefore, it seems that some local authorities have limited knowledge of how many care experienced young people live within their boundaries. Local authorities who employed a VSHT seemed to have a greater awareness of the number of school-aged care experienced young people living in their area. Only 4 of the 17 local authorities who answered the Freedom of Information request and have a VSHT stated they did not know how many care experienced young people lived in the authority. However, only 8 of the 17 provided the expected distributions for the older age group which may suggest that more work is required for VSHT local authorities to identify all the care experienced young people aged under 26.

Discussion

The analysis of the descriptive statistics showed that the attainment of looked after school leavers has increased over the last 14 years. There was evidence of sustained achievement improvements at SCQF levels 4+ and 5+, yet the drivers of these attainment changes are unclear. Since looked after children have been staying in school longer, this may account for the increased attainment. Therefore, it is not possible to conclude on whether the education system has improved to better meet the needs of care experienced young people, empowering them to achieve more through better support and engagement or whether there is an external factor which is driving reduced early school leaving. If the data were displayed at a fixed time point, i.e. at the end of S4, then this would provide a better indication as to the underlying causes of the perceived increases in attainment. Additionally, the data do not tell us about the grades achieved by the young people, since it only provides a pass/ fail dichotomy. The lack of this data may be hiding or obscuring the true picture of changes in educational attainment over time. It may be the case that what was previously an inequality between passing and failing has evolved into stratification by qualification grade. Alternatively, the lack of information on the qualification types studied may be masking horizontal inequalities (inequalities in the content studied).

The descriptive statistics approach used by the Scottish Government is intercategorical as an entire category of individuals are compared (looked after vs not looked after). However, looked after children are not a homogenous group (McClung and Gayle, 2010). It is debatable whether comparing care experienced young people to all leavers is a fair comparison to begin with. It is well established that there are a wide range of inequalities which are associated with differing levels of educational attainment, including poverty, disability, ethnicity and sex (Farquharson et al., 2024). We do not know whether the care experienced group is comparable to the rest of the population, due to lack of intersectional data within the descriptive statistics. Therefore, it is not possible to determine the extent to which the lower attainment of care experienced individuals can be associated with the care system, compared to other social characteristics such as sex or socioeconomic status. This is particularly important as care experienced young people are generally exposed to more cumulative disadvantage compared to the general population. For example, Allik et al. (2022) found that 59% of children who went on to become care experienced in Scotland were born in the 20% most deprived areas (compared to 25% in the general population). Additionally, the same study found that care experienced children were also more likely to be born into jobless families and to a young mother (under the age of 25), when compared to the general population. There has also been research suggesting that young people with disabilities are disproportionately represented within cohorts of looked after children in Scotland (Hill et al., 2017). Furthermore, in 2024, 62% of looked after children aged 16-18 (approximate school leaving age) were male (Scottish Government, 2025a). Since males already have lower attainment than females within the general population, this may be distorting comparisons. Overall, despite evidence that experiences of care are associated with further disadvantage when controlling for other factors (McClung and Gayle, 2010), the impact of other life experiences on subsequent educational attainment cannot be discounted.

Although the majority of the descriptive statistics take an intercategorical approach, there is some limited evidence of an intracategorical approach when the data compares placement types. The challenge with these statistics is that the context is not clear. We do not know the individual circumstances which resulted in a child becoming looked after, for example adverse childhood experiences. The individuals placed in foster care, and to a lesser extent kinship care, have far higher attainment. Yet we don’t know how stable these living arrangements have been or the living conditions. Perhaps the socioeconomic position of the carers and their pre-existing knowledge of the care system allow them to provide better opportunities or support to young people. Additionally, existing research has shown that the age of a young person when entering care is associated with the type of living arrangement they experience (McClung and Gayle, 2010). Therefore, the focus on attainment by placement type may be a proxy or confounding variable for other causes of increased/ decreased attainment e.g. age of becoming looked after.

There was evidence that some local authorities were unable to identify care experienced young people through their data systems, particularly once they had left school. Those local authorities with a VSHT employed were more likely to have knowledge of how many school aged care experienced young people lived in their boundaries. However, this pattern did not seem to hold for the number of care experienced young people post school leaving age. Professionals within Corporate Parent organisations will be able to identify some young people through other means such as prior relationships. Furthermore, there is no legal obligation for local authorities to know how many care experienced young people live in their area. However, within the policy context of the Care Experienced Children and Young People Fund, the lack of reliable data arguably makes it more challenging to prioritise spending and ensure individuals eligible for support can easily receive it. Additionally, the lack of any attainment metrics for individuals past school leaving age published by the Scottish Government makes it challenging to evaluate the success of the policy for young people after they have left school. Although other sources of post school data exist, for example through the Scottish Funding Council, it does not provide a breakdown by local authority. This is further exacerbated by the focus on looked after children rather than those with care experienced and the findings of previous literature on the limitations for children who cease being looked after before starting school.

The exploration of the Care Experienced Children and Young People Fund per capita allocations further exemplifies the importance of definitions and eligibility criteria for policies attempting to support care experienced young people. By keeping the funding constant over the funding period, the Scottish Government have provided longer term guarantees for councils, which is positive. However, in local authorities where the number of care experienced young people has increased, they have proportionally less resources to support care experienced young people than authorities with more stable numbers. Perhaps a no-detriment approach would be more effective, where the funding local authorities receive can increase if the number of care experienced individuals increase, but the funding allocation cannot decrease over the funding period. Additionally, the use of the number of looked after children aged between 5-15 supported by each local authority as the allocation criteria may also be detrimental. Since the number of looked after children is decreasing (Scottish Government, 2025a), the total allocation for the next funding period 2026-27 is £9.5 million (Scottish Government, 2026b). This is approximately £1 million less than the previous funding. The allocation criterion is the same but due to the lower numbers of looked after children, the total fund has decreased. The Scottish Government's estimated number of care experienced people aged under 26 will not likely decrease for at least 5 years because their dataset only backdates to 2009. Therefore, their estimates are unlikely to decrease until this has reached saturation point (when those in 2009 start to approach their 26th birthday). This again reinforces the need to understand the size and geographical distribution of the care experienced cohort so that more appropriate allocation methods can be derived which are more in line with the recommendations of the Promise.

The intersectional lens taken here shows that the existing descriptive statistics do not take into account wider inequalities, which may be exacerbating the negative educational experiences of care experienced young people. Although previous research has found that local authorities are already experiencing high levels of administrative burdens due to data collection requirements (Audit Scotland, 2025), the majority of this data are already collected through standard collection procedures, for example the Pupil Census. Therefore, the integration of at least some statistics on horizontal inequalities and intersectional inequalities could be conducted by the Scottish Government to provide greater policy evidence for relevant parties without increasing the data burden. Additional, research is required to identify what factors have influenced care experienced young people remaining in school and how other social characteristics affect their attainment.

Conclusion

This research utilised an intersectional lens within the context of the Care Experienced Children and Young People Fund to explore the challenges of the data system relating to care experience in Scotland. The findings of this research illustrate the importance of considering the limitations of data and of determining how the methods used could be potentially excluding or masking the true experiences of care experienced individuals. Statistics on care experience do not exist in a vacuum and consequently other relevant factors which can impact their life experiences such as sex, socioeconomic status and disability should be considered within the national statistics. This research aims to serve as insightful reading for both practitioners and policy makers on the importance of considering both the justification and the implications of data policies and definitions. Although these concepts often seem distant to the immediate challenges faced by care experienced young people, they are essential to ensuring that we have a high-quality evidence base for future decision making.

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Short Article

Opening doors or building cages? Looping effects of diagnosis in residential child care: A phenomenological account

Marx Petrus Gertenbach

Abstract:

Children living in residential child care encounter dense networks of assessment, screening, and diagnostic language. While such classifications are commonly intended to support care planning and access to resources, they also shape how young people are anticipated, engaged with, and come to understand themselves. Drawing on Ian Hacking's concept of looping effects and a phenomenological framework, this conceptual article examines how diagnostic and care-status labels function within residential child care as interactive markers that participate in the formation of identity, agency, and everyday practice. Synthesising existing research with illustrative vignettes drawn from the literature, the article traces a pathway via which labels move from initial classification to anticipation, interactional routines, documentation, and resource allocation, before being reinforced or modified. A phenomenological analysis foregrounds the lived experience of being a 'care child', showing how diagnostic language subtly shapes embodiment, temporality, intersubjectivity, and agency. The article concludes by identifying points at which looping effects can be interrupted, offering implications for reflective practice, documentation, and inter-agency work in residential child care.

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Introduction

> There is something that causes me the greatest difficulty and continues to do so without relief: unspeakably more depends on what things are called than on what they are […] creating new names and assessments and apparent truths is enough to create new 'things'.
>
> (Nietzsche)

The diagnostic environment in residential child care

Looked-after children have markedly higher rates of psychiatric disorder and interactions with dense assessment infrastructures, particularly in residential settings (Ford et al., 2007; NHS Digital, 2023). Residential care sits within a wider pathway through which local authorities and health services seek to meet complex physical, psychological, and developmental needs, alongside foster and kinship care, and, where necessary, more restrictive options such as secure accommodation or inpatient CAMHS (Cameron-Mathiassen et al., 2022). Residential homes are staffed by trained professionals who provide 24-hour care and support, addressing children's social, emotional, educational, and health needs. Because policy and practice prioritise keeping children within families wherever safe, kinship and foster placements are typically explored first; when these are unavailable or disruptive, residential care may be indicated.

Many young people in residential settings have experienced significant adversity, compounding the complexity of their needs. As Brown et al. observe, staff are 'arguably supporting some of the most complex children in society' (2019, p.3). Needs arise from a dynamic interplay of biological, psychological, social, and cultural factors, and lived experiences are often expressed as challenging behaviour that is subsequently interpreted through diagnostic and classificatory lenses.

Children entering residential care will usually have already encountered assessment tools and classificatory language through statutory processes, school reports, placement reviews, or contact with health services. The point here is not that screening is illegitimate: the strengths and difficulties questionnaire (SDQ), for example, is a widely used and validated brief screen of psychosocial difficulties (Cummings & Shelton, 2024). Nor is diagnosis reducible to a label; in clinical practice it involves structured appraisal of symptom patterns and impairment relative to specified categories (Sims et al., 2021).

In residential contexts, however, these instruments and terms travel into everyday life. They circulate through files, handovers, and meetings, shaping how young people understand themselves and how adults anticipate them. For this reason, this article does not ask whether labels are true or false, but how they show up and take hold in residential life. Brief practice vignettes illustrate lived encounters with screening results and diagnostic language, before a phenomenological analysis examines their looping effects with respect to self-perception and care.

This matters for three reasons. First, identity: prior to any formal diagnosis, the status of being a 'looked-after child' is already socially meaningful and may be taken up as a public identity—sometimes proudly, sometimes defensively, sometimes as a stigma to be managed. Second, practice: screens and diagnoses can function as scripts for response, shaping risk framings, staffing decisions, and behaviour policies, and potentially narrowing curiosity about what else an action might mean. Third, opportunity: the same information can open doors to support when held lightly and discussed well or build cages when treated as the whole story.

The analysis proceeds in four sections. First, it specifies the looping effects of diagnostic language in residential care, following Ian Hacking's account of interactive kinds and 'making up people', tracing a sequence from label to anticipation, interactional routines, documentation, resource allocation, and, ultimately, reinforcement or modification. Second, it develops a phenomenological core, showing how diagnosis is lived in embodiment, temporality, intersubjectivity, and agency. Third, it examines the emergence of the 'care kid' as a social identity and the conditions under which identity becomes a script. Finally, it draws practice implications aimed at holding labels lightly so that they open doors rather than build cages.

Looping effects, concept creep, and 'making up people'

Labelling and diagnosis operate as interactive kinds: classifications alter self-understanding and behaviour, which in turn modify classifications and practices (Hacking, 2007). To illustrate Hacking's distinction, one might encounter a large rock on a familiar walk and remark that it is ‘a very large rock’. This is a natural kind: the rock is unaffected by the description. Making the same observation about a person, by contrast, invariably affects the person described, creating new behaviours and experiences. Young people in care are interactive kinds.

Hacking’s notion of looping effects captures how diagnostic labels can create new ways of being for those who are labelled—sometimes in the name of help, sometimes in the name of order, and often both at once (Hacking, 2009). Screening tools such as the SDQ orient professionals towards pre-existing categories, but the mechanisms of intervention—assessment, planning, and everyday routines—interact with the classified person and change them. The object of classification becomes a moving target. Parallel to this, Hacking describes ‘making up people’, whereby interventions open up novel modes of personhood that individuals may inhabit, negotiate, or resist.

Hacking identifies five interacting elements: (a) classifications, (b) people, (c) institutions, (d) knowledge, and (e) experts. In residential child care these map readily onto practice. Experts (e), such as residential staff, CAMHS clinicians, and educational psychologists, generate and legitimate knowledge (d), deploying it within institutions (c) such as homes, schools, health services, and local authorities that grant authority to their claims. This knowledge is applied to children and young people (b) who are classified (a) in particular ways. From the young person’s standpoint, this network is often experienced as a coordinated effort to help, but it also sets the limits within which the self is seen and acted upon. With this framework in place, the following section traces how these elements move through residential practice to form a loop that can be reinforced or modified through reflective action.

From label to loop in residential care

The care status of being a looked-after child placed in residential care is itself a salient classification that organises how professionals anticipate needs and how young people anticipate being seen. Residential placement typically follows attempts to sustain family-based options, often coinciding with intensified screening and assessment. As a result, the label arrives with a dossier of prior narratives about difficulty, breakdown, and risk, deepening an already meaningful category and becoming a starting premise for interpretation, both within the home and across partner agencies.

Labels invite anticipation. Staff prepare for ‘likely’ behaviours, while young people anticipate how staff will respond, and therefore may pre-emptively perform or resist the script they expect. Anticipation draws on prior files, professional training, and accumulated experience, but also on how young people have learned they will be treated. This co-anticipation can narrow curiosity on both sides.

Over time, anticipations solidify into routines: de-escalation scripts, observation levels, and the language used in behaviour support plans. While standardised responses are vital for safety, they can become label-led if not reflexively held. The very terms used, such as ‘non-compliant’, ‘risky’, and ‘attachment-seeking’, shape what staff notice and how young people narrate their own conduct.

Documentation and multi-agency narration further stabilise the loop. Files, minutes, and reports narrate the child, allowing descriptors to travel across agencies and solidify identities. Repeated phrasing can crowd out alternative interpretations, particularly when young people’s own accounts are marginalised or lost through copy-forward practices.

These narratives then meet thresholds. Labels may unlock resources, such as one-to-one support or CAMHS referral, or justify restrictive responses, such as reduced access to community activities or education. When screening scores or diagnostic terms function as gatekeepers, help may depend on having a label; at the same time, labels can lower expectations or legitimate exclusion. Either way, resource decisions feed back into experience and data, closing the loop.

The loop culminates when labels are either reinforced by documented patterns and institutional responses or modified as alternative narratives gain traction. Where reflective supervision, careful language, and the young person’s perspective are centred, labels can be held lightly and revised. Where they are not, initial classifications risk becoming the child’s story.

How diagnosis is lived in residential care: A phenomenological account

Phenomenology asks how the world is experienced from the first-person point of view: how meanings are disclosed in the ordinary flow of life. Rather than beginning with categories, it begins with lived experience, tracing how bodies, places, time, and relationships become meaningful (Heidegger; Merleau-Ponty). This lens is particularly apt for residential child care, where practice unfolds in corridors, kitchens, and classrooms, and where labels meet bodies, routines, and relationships. Phenomenology is used here not to adjudicate diagnoses, but to clarify how diagnostic language and care status show up in experience and conduct, and how practice can widen rather than narrow a young person's possibilities.

Residential care is a highly regulated world, already saturated with meaning. Health and safety signage, observation practices, handovers, and behavioural language form part of the background through which the self is encountered.

Diagnostic language recalibrates embodied attention: how sensations and emotions are noticed, named, and managed. From a phenomenological perspective, bodily gestures are not secondary to meaning; they are meaning. Behaviour is expressive, a way of making contact with the world. Once a category such as ADHD, PTSD or LAC is in play, bodily signs are often attuned to through that lens. This can validate experience and channel support, but can also narrow the field of meanings available.

Labels also shape temporality, configuring how futures are imagined by young people and the adults around them. Anticipatory talk in plans can pre-configure trajectories, sometimes lowering expectations, sometimes offering a recognised explanation that makes progress feel possible.

Intersubjectively, the self is co-authored in relationships. Diagnostic words function as interactional cues, priming responses of patience, accommodation, vigilance, or escalation. Young people learn to anticipate being read through these cues and may perform to or against them.

Agency is likewise affected. Labels can legitimate asking for help and accessing accommodations, while also scripting what actions feel permissible and inviting adults to take over decision-making. Whether labels support or constrain agency often depends on whether actions are co-authored with the young person.

In residential contexts, care status itself becomes a publicly legible social identity. Young people actively manage disclosure, timing, and presentation, reporting differential treatment once their care status is known. Diagnostic talk can crystallise into a 'care kid' script that is taken up, resisted, or strategically performed.

Opening doors and building cages

Experiences of care exceed the categories through which they are managed. As interactive kinds, young people are shaped and 'made up' into looked-after children. This opens doors to support and services, but can also build cages. The looked-after label equips professionals with tools to intervene, yet it may also limit the horizon of who a young person can become. When expectations align too closely with system language, labels become the primary means through which young people understand themselves and their behaviour. Classification is not merely descriptive; it is performative, changing the people it names.

Where the loop may be interrupted

The residential pathway offers several points at which looping effects can be redirected. At the point of labelling, totalising descriptors can be avoided by anchoring language to specific contexts and incorporating the young person's own words into records and plans. At the level of anticipation, reflective supervision can surface assumptions and invite practitioners to ask not only what is happening, but what else this might indicate.

Within everyday routines, particularly behaviour planning, regular audits of language help to prevent the premature solidification of identity claims. Documentation and multi-agency narration are equally critical. Embedding the young person's perspective in minutes and reports, and checking for copy-forward bias, can prevent earlier classifications from hardening into unquestioned truths. At the level of thresholds and resource allocation, screening tools and diagnoses can be treated as prompts for support rather than as verdicts about capacity or risk. Taken together, these practices increase the likelihood that labels remain open to revision through lived experience rather than being reinforced through institutional inertia.

Limitations

As a conceptual synthesis using literature-derived illustrations, this article does not adjudicate prevalence or causality. Its contribution lies in clarifying mechanisms and practice implications to be examined in future empirical work.

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Marx Petrus Gertenbach has over ten years' experience working in residential child care across South Africa and Northern Ireland. Marx is currently a team leader in a children's residential home within the Health and Social Care Trust in Northern Ireland, where he supports staff teams in providing relational, therapeutic care to young people with complex needs. Marx holds a master's degree in conflict, peace and security, an honours degree in social work, and an honours degree in philosophy. He has been accepted as a PhD candidate in philosophy at the Queen's University of Belfast, with research interests centred on phenomenology, classification, and the lived experience of children in residential care.

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Short Article

Risk it for a dog biscuit

Ross Buchanan
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Abstract:

In January 2024, a young person asked whether her dog could come live with her. Initially this was declined due to balancing her needs, the dog's welfare, and the needs of our other residents. We were aware of the Care Inspectorate's *Animal Magic* resource and the benefits of human–animal relationships so alternative ways of providing meaningful contact with animals were attempted. A year later, circumstances changed, prompting us to reconsider. With guidance from colleagues, research evidence, and conversations with another home that had successfully supported pet ownership, the risks and benefits were reassessed and Max moved in. Since then, we have observed transformative changes in the young person's wellbeing, relationships, engagement with education, and ability to regulate. This reflection outlines the process, challenges, and significant positive impact of supporting a young person to live with her dog.

Introduction

In January 2024, a young person moved into our home following a period of risk-taking behaviour in her community and a breakdown in family relationships. She looked forward to visits from her parents, especially when they brought 'her dog'. Shortly after moving in, she asked whether Max, her Jack Russell terrier, could come and live with her. At the time, I said 'no.' I did not believe it would be possible to safely balance her needs, the dog's welfare, and the needs of the other young person living in the home.

Although I was aware of the Care Inspectorate's Animal Magic report (2018) and had previously seen the benefits of relationships between care-experienced young people and animals, I sought alternative ways to provide 'meaningful experiences with animals.' Staff occasionally brought in their own dogs, and we arranged visits to petting zoos and wildlife

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parks, but these opportunities were not equivalent to the stability and attachment created by owning a pet.

Revisiting the Decision

Fast forward to early 2025: the young person’s parents informed us that they needed to rehome Max, as they were no longer able to manage her behaviour alongside their other dogs. At the same time, we had begun to notice an increase in risk-taking behaviour from the young person. She expressed very clearly that losing Max would have a significant and detrimental impact on her emotional wellbeing and on her relationship with her parents. We reflected on this and recognised that we had underestimated the importance of her bond with Max—a relationship that had carried her through periods of isolation and uncertainty, challenges in school, and significant transitions in her life. Max had been her one consistent protective factor.

With this new understanding, we committed to revisiting the possibility of Max living with her full-time. I contacted the author of *Animal Magic*, who provided excellent guidance. Although the wider evidence highlighted the benefits of relationships with animals, there was limited guidance on young people owning and caring for their pets while living in residential care. However, our Care Inspector connected us with another children’s home which supported a young man who lived full-time with his dog. The manager visited us and shared the benefits they had seen.

Considering the Evidence

I reviewed research by Janine Muldoon and Jo Williams (University of Edinburgh, 2022), which explored the impact of pet ownership for care-experienced young people, including the emotional effects of losing a pet. Their findings aligned with what we already knew: pets can support both physical and mental health through unconditional relationships; they provide a secure base; they promote routine and responsibility; and they help young people develop social connections. These findings were echoed in research on pet ownership among autistic children.

Planning for Max’s Move

By this point we felt confident. We had support from the Care Inspectorate, an example of good practice from the only other Scottish children’s home we knew of with a similar arrangement, a foundation of research, and a clear understanding of the risks and benefits - both of allowing the dog to move in, and of the parents rehoming her elsewhere. The conclusion was clear.

The next step was determining how to do this safely and practically. Understandably, there was some anxiety around this and a lot to consider, so we began by working closely with the young person's parents. We agreed that:

- The parents would retain legal ownership of Max.
- Day-to-day care would transfer to the young person with support from staff.
- The parents would remain responsible for insurance and veterinary costs.
- If concerns arose, Max would return to the family home.

We then worked with the young person and the full care team to establish reasonable expectations around routines, responsibilities, and the level of support required. These naturally evolved over time but provided a solid starting structure. A comprehensive risk assessment followed, along with a shared agreement between the young person, her parents, and staff. We also sought permission from our other resident, along with his family and social worker. Fortunately, the home accommodates only two young people, so this was manageable.

Max officially moved in on the 23rd of March 2025.

The Impact One Year Later

- A year later, the benefits have been remarkable:
- The young person has not engaged in any risk-taking behaviour since Max moved in.
- She is happier, more relaxed, and has been able to form secure relationships with staff.
- She is attending school, engaging in learning, and gaining qualifications.
- Her relationship with her parents has strengthened, as have her peer relationships.
- While there were challenges with training, routines, and responsibilities, these were worked through together, strengthening the attachments around her.
- Even during periods of challenging behaviour from the other resident, we observed less damage and more consideration for others when Max was present.

Figure 3: Max

Recently, one young person moved out and another moved in. Max was an integral part of our matching considerations, and this created no barriers. The new resident has joined a genuinely homely environment—one that reflects the rhythm of family life. He has benefited from entering a space where people care for each other and for Max, and where Max's own gentle and reciprocal nature contributes to a sense of safety and belonging. This has supported his transition, helping him feel settled and secure from the outset.

Reflections and Conclusion

Supporting a young person to live with her dog required careful planning, collaboration, and a willingness to revisit assumptions about risk. By focusing on relationships and wellbeing, rather than barriers and precedent, we created conditions that allowed the young person to thrive.

This experience has reshaped our understanding of what nurturing, trauma-informed, family-like care can look like in a residential setting. Max has become part of the fabric of our home—and an important part of the young person's healing.

The dog's name has been changed to protect the identity of the young people and staff.

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Ross Buchanan has managed a small two-bed children's residential service for ten years. His practice is rooted in person-centred and trauma-informed approaches, with a commitment to nurturing environments that promote safety, stability, and meaningful relationships for care-experienced young people.

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Short Article

Upholding rights to health, reducing risk to health and improving health outcomes in collaboration: A 'Health Safety Check' service for infants, children and young people in care in a health board area in Scotland

Andrea McKeown, Laura Doherty, Claire McMorland, and Jane Gibson
NHS Ayrshire and Arran

Abstract:

Care-experienced infants, children and young people often experience adversity, which contributes to poorer health outcomes at a population level. While research frequently focuses on an increased prevalence of clinical disorders, corporate parents have a statutory and moral responsibility to uphold children's right to health and to reduce avoidable inequalities. Poor health is not an inevitable consequence of being care-experienced; with the right collaborative systems, communication and advocacy, infants, children and young people can achieve excellent health into adulthood. The Health Safety Check is one such system — a small but critical 'cog' in the complex wider care structure of the health and social work system in Scotland, UK. It is designed to protect infants, children and young people during one of the highest-risk moments in their care journey: placement change, and particularly unplanned or emergency moves.

This article details the governance-approved HSC process with the most recent real-world data (n=98 HSCs completed from October 2021 to February 2026) to demonstrate the impact, learning, and continued importance of the HSC pathway in upholding the right to health and improving individual and population health outcomes in the care-experienced population.

Introduction

People with experiences of care have often faced adversity in childhood and, as a consequence, have poorer outcomes (Allik et al., 2021) as a group at a population level. Research tends to view this through a lens of clinical disorder, however, corporate parents, as defined in the Children and Young People Scotland Act (2014), can and must advocate for our children’s right to health. Poor health and health inequalities are not inevitable for care-experienced infants, children, young people, or adults.

With the right support, care-experienced infants, children, and young people can attain excellent health that continues throughout their lives. The Health Safety Check is a practical example of a ‘cog’ in the wider care system which could contribute to positive health outcomes and uphold rights for infants, children, and young people when they most need support.

This case study and evaluation outline the process for conducting ‘Health Safety Checks’ for infants, children, and young people who experience the care system within the geographical footprint covered by Ayrshire and Arran Health Board. Care-experienced children are subject to health assessments at various stages of their care journey to ensure their physical, emotional, and developmental health needs are being met. However, in the immediacy of moving home, vital health information may not always be available to new carers, social work, or the infants, children, and young people themselves.

Upon entering care, Scottish Government guidance states children must receive a health assessment within four weeks (Scottish Government, 2014). Nonetheless, there is variation across Scotland regarding how often medical health assessments are carried out. It is recommended by the Scottish Government that for children under five years old assessments should take place every six months, while for those over five years of age this should be annually. Additionally, health assessments are required within six months of adoption or permanency planning panels. In some areas, medical health assessments are carried out purely for permanency planning.

When infants, children, and young people move to live somewhere else in an emergency, for example moving from their family home to foster parents or between foster parents, there has been no reliable mechanism to inform emergency carers of the infant, child, or young person’s immediate health needs. This has in the past resulted in the infant, child, or young person failing to receive their required medication or missing important healthcare appointments. This is especially pertinent to relatively common conditions, which can be potentially life threatening if untreated, such as diabetes, severe allergies, and asthma.

The Health Safety Check pathway has been created for when infants, children, and young people move to live somewhere else in an emergency. Through a collaborative approach undertaken from a public health perspective, including social work, acute paediatrics, local authority corporate parenting strategic groups, and relevant clinical governance groups, the Health Safety Check form and process have been developed.

Through this process, social work partners have access to a designated telephone line that connects directly to the Paediatrics Assessment Unit within the local district general hospital. This triggers the completion of the Health Safety Check by the assessment unit, which is then emailed to the relevant professional within four hours. Information about the infant, child, or young person’s existing medical conditions, medications, or allergies can then be provided to their caregiver accurately and efficiently.

Data and impact

The Health Safety Check has been designed to mitigate risks associated with emergency placements or unplanned moves, where children might begin living somewhere new without essential health information or medications. This check ensures critical health data is available to social workers, caregivers, and the infant, child, or young person themselves, allowing for safe placement and continuity of care, particularly in urgent situations. An example of the impact of the Health Safety Check process is included at Figure 1. The Health Safety Check emphasises the need for collaboration between health and care professionals, social workers, and carers to safeguard children’s health. It also addresses equality and diversity, ensuring that communication is tailored to the needs of care-experienced infants, children, and young people and their carers.

Figure 4: An example of the impact of the Health Safety Check

An example of the impact of the Health Safety Check

A Health Safety Check was requested for a young person moving from home to a residential children's house. Upon checking, the young person had a diagnosis of diabetes and ADHD. They had various medications prescribed. These were unknown to the social care team. The young person did not know themselves the types of medication they were prescribed and, due to difficulties and complexity within their home situation, this information could not have been gathered from their family.

The Healthy Safety Check facilitated nursing teams, social care, and the young person's GP to work together to ensure that both medicines were obtained via an additional prescription. The diabetic team involved in the young person's care, the residential care staff, and the young person were aware of requirements to support and maintain the young person's health and wellbeing.

Training needs within the children's residential house were explored and training was put in place in partnership with the appropriate community nurse. Sharps bins were provided to ensure appropriate disposal of medical equipment and training around this was made available to the residential care staff who would be looking after the young person. Contacts for the diabetic team and out of hours information was made available. The responsible school nurse was updated and reached out to offer support with further awareness sessions for the carers.

This service has generated great interest across Scotland from corporate parenting partners. This process is designed to reduce the risk of missed health information and improve overall health outcomes for care-experienced children, who are often more vulnerable to health inequalities.

It reduces variation in practice and allows opportunity for early conversations about a child's health and shared decision making when a child is moving to live somewhere else in an emergency. It supports corporate parents to tailor value-based health and care to infants, children, and young people who may have previously missed healthcare encounters, and has provided an efficient pathway for social work and health teams to collaborate during emergency situations. The experience of a clinical team leader for nursing and health visiting services using the Health Safety Check in Ayrshire and Arran is included at Figure 2.

Figure 2: A Health and Social Care Partnership clinical team leader's experience of the HSC process

"I am a clinical team leader for school nurses with a specific remit for the school aged children and care experienced children and young people in South Ayrshire. I have been part of the team who carry out health safety checks at the request of social work colleagues. Myself and the teams I manage have interrogated health systems and shared relevant, necessary and proportionate information with social care colleagues, to uphold the rights of the children we look after, to good health."

Ninety-eight Health Safety Checks were completed between October 2021 and February 2026. Since 2021, the Health Safety Check process has evolved, having initially involved a rota of community health professionals. Through *learning by doing* the service has developed to involve only the acute sector in Health Safety Check reporting. This has required significant training and engagement across many sectors to ensure that the correct terminology is used and that health professionals are made aware of the Health Safety Check during their induction. There are three local authorities within NHS Ayrshire and Arran, and the Health Safety Check was tested in one local authority area first. Following positive evaluation, rollout has been completed across the remaining two areas.

Demographic data of those children where a Health Safety Check was requested is included in Table 1. Note that detail on age and health information was not available for one child due to incomplete recording. Of the 98 HSCs carried out, 52 (53.1%) were for females and 46 (46.9%) were for males. The mean age was 6.9 years old.

Measure	Item	Count	Percentage
Gender	Female	52	53.1%
	Male	46	46.9%
Age	<1 y	13	13.3%
	1–4 y	29	29.6%
	5–11 y	32	32.7%
	12–17 y	23	23.5%

Table 1: Demographic information of infants, children, and young people where a Health Safety Check was requested between October 2021 and February 2026 (n=98)

Table 2 shows the number of children where health data required to be recorded in the completed HSC forms, highlighting the importance of infants, children, and young people moving to live somewhere else having up to date and accurate health information.

Measure	Count	Percentage	Common Examples
Medications required	29	29.9%	Salbutamol/inhalers Antibiotics Emollients/eczema treatments Allergy medications, including epi pen ADHD medications Melatonin Antidepressants Insulin
Upcoming appointments	30	30.9%	Frequent specialties included ENT, audiology, ophthalmology, paediatrics and Child and Adolescent Mental Health Services (CAMHS) 5 children had documented did not attend/was not brought to appointment patterns, often related to instability pre-placement
Diagnoses/conditions	26	26.5%	Asthma, allergies, autism, ADHD, diabetes, depression, anxiety, renal impairment, and neonatal abstinence syndrome
Specialist involvements	39	40.2%	Specialist involvements included: Child and Adolescent Mental Health Services (CAMHS), Neurodevelopmental teams, allergy/respiratory, neonatal follow-up, epilepsy services, diabetes team, occupational therapy, endocrinology, physiotherapy, and speech and language therapy.

Table 2: Summary of information transferred regarding health needs of infants, children, and young people where a Health Safety Check was requested between October 2021 and February 2026 (available=97, as data was unavailable in one instance)

Conclusions - Learning from quality improvement processes

Nearly one third of all emergency placement moves involved infants, children, and young people who were prescribed medication. Medication included: Salbutamol/inhalers, antibiotics, emollients/eczema treatments, allergy medications (including epi pens), ADHD medication, Insulin and antidepressants. This has highlighted the vital need for up-to-date information to be transferred in order to provide training for carers in appropriate caregiving. This is not reflective of a need for acute paediatrics to organise or prescribe prescriptions, but gave the professional team involved in the move the opportunity to confirm correct medications and to arrange training where required.

Unsurprisingly, with significant levels of prescribing within the group, there were also indicators that this cohort of infants, children, and young people are likely to need ongoing outpatient support. By completing the Health Safety Check, appointments scheduled in the future could be identified. Furthermore, appointments missed because the infant, child, or young person was not brought previously could be re-arranged. There were several missed appointments noted. Specialist involvement for follow-up included Child and Adolescent Mental Health Services (CAMHS), neurodevelopmental teams, allergy/respiratory, neonatal follow-up, epilepsy services, diabetes teams, occupational therapy, endocrinology, physiotherapy, and speech and language therapy.

The Health Safety Check gave health and care professionals an opportunity to understand children and their health in more detail. There were several diagnoses noted including: asthma, allergies, autism, ADHD, diabetes, depression, anxiety, renal impairment, and neonatal abstinence syndrome. Not only did this aid the team around the infant, child, or young person in understanding their physical needs, but it gave them the opportunity to think about their needs in terms of their mental health and potential neurodivergence.

In these ways, Heath Safety Checks directly address known contributors to health inequalities, thereby improving continuity and safeguarding.

The Health Safety Check is now a proven, high impact intervention in Ayrshire and Arran NHS, which does not place unmanageable additional demands on corporate parents. By rapidly sharing essential health information, it strengthens corporate parents’ responses to their responsibilities, ensuring that infants, children, and young people are not placed at unnecessary risk during transitions.

Analysis of the updated dataset confirms the continued relevance and effectiveness of the Health Safety Check and supports ongoing investment in cross-sector collaboration, workforce training, and consistent data capture.

Insights from children and young people, and the experiences of our corporate family across Ayrshire and Arran, have been foundational in developing the Health Safety Check service and highlight the importance of robust information sharing and collaborative partnership working across health and social care. Strengthening these connections enables corporate parents to identify and address key health priorities for individual infants, children, and young people earlier.

The Health Safety Check service was developed, tested, implemented, and rolled out to enhance early identification and support for the health needs of infants, children, and young people. By practising realistic medicine we are delivering a personalised approach to care, ensuring the people we care for are involved in shared decision-making, with a focus on what matters most to those children and young people.

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About the authors

Andrea McKeown is a speciality doctor in community paediatrics with NHS Ayrshire & Arran. She graduated from the University of Aberdeen in 2003 and has experience in public affairs, having previously worked with both the UK and Scottish Governments. Andrea serves as the clinical lead for care-experienced children and is the co-lead for realistic medicine within NHS Ayrshire & Arran. Her work focuses on improving outcomes for vulnerable children, promoting evidence-based practice, and championing person-centred, sustainable approaches to healthcare.

Laura Doherty has worked in research and project management in public health in NHS Ayrshire and Arran for nine years. Her studies include human language and communication, BSc Psychology, MRes, and currently the MPH at The University of Glasgow. Her current role focuses on reducing inequalities and improving outcomes for infants, children, and young people.

Claire McMorland is currently a clinical team leader for children's health with a specific remit for school-aged children and care-experienced children and young people. She has contributed to the Health Safety Check implementation and supported successful roll out and evaluation. Her aim is to ensure that all infants, children, and young people are supported in reaching their full potential.

Jane Gibson was a looked after children's nurse and public health facilitator for many years. Her dedication to and care for improving the lives of the children and young people she worked with was instrumental in ensuring the success of the Health Safety Check service.

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Short Article

It’s football, but not as we know it: Twenty-five years of connection and competence

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Abstract:

This is a personal, reflective account of my long-term participation in a football group involving people living in or working in residential child care and invited guests. It explores the benefits of being part of this group, and the rich potential of such groups and activities for the development of connection and competence. It also discusses the process of developing and nurturing a caring culture within the group, and the caring capacities of its members. It explores what is needed to maintain a group of this kind over a period of decades, concluding with a personal account of my own richly rewarding experience of belonging to this group.

Every Monday evening, in a small town near Edinburgh, something quite unremarkable happens. A group, usually of around 12 people, gathers to play a game of football, of sorts. Our game might initially seem similar to those being played on neighbouring pitches. However, anyone who looks more closely will notice that some aspects of this version of football are highly unusual.

The game involves players of all ages and, more recently, from many countries. It begins with players being divided into teams, but it is not unusual for players to swap teams during the game. Nobody ever seems to know the score, or to care much about it. When a good goal is scored, players from both teams are likely to applaud or congratulate not just the scorer, but all those involved. More experienced players are likely to give newer or younger players a moment to compose themselves before tackling them. Players who commit a foul will usually bring this to the

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attention of others and give the ball back to the other team. If anyone is hurt, even without a foul, the game will stop until everybody is feeling okay and ready to continue. Although 'banter', which often involves teasing or ribbing of others, is common, it has no social hierarchy and is used to include, rather than exclude, and to draw people into the community. More often, encouraging comments will be heard, directed to teammates and opposition players alike.

What started with a decision by a group of young people and adults, over 25 years ago, to play a single game of football, has evolved into a group that has existed ever since, with around 200 participants altogether, and meeting over 1000 times. I think there are things we can learn from how this group was created, how it has evolved, what has enabled it to be maintained for so long, and what it offers its members that might provide useful learning for other aspects of the residential child care sector.

The community in question is a group of people who live or work together in a small residential child care service, along with others who, like me, were part of the community many years ago, and remain connected to it. There is a revolving door of current young people, ex-residents, workers past and present, friends, and relatives. At any time, there are 20 to 30 active members, with around 10 to 15 attending each week.

What is the value of such an activity? Enjoyment is surely an important reason why many people continue to show up regularly over a significant period. In a sector in which desired 'outcomes' often focus on the future; there is a risk that the value of enjoyment and happiness in the present can be overlooked. As Nicholas Hobbs argued, children should know some joy in each day and look forward to some joyous event for the morrow, stating that, for many, playing football on Mondays has contributed positively to this (Hobbs, 1982). Adults, including workers, appear to benefit too.

However, as important as this is, I believe there is more on offer than enjoyment. Steckley (2005a) makes this case convincingly in relation to a residential school football team. In this exploration of the therapeutic potential of football, enjoyment and excitement are clearly evident. Many other important opportunities, including enhancing resilience and promoting pro-social values, arise and are surely more effective for being offered in this context rather than in more formal learning or talk-based activities. However, as residential child care takes place in increasingly small settings, the question arises as to whether it is still possible to use team games requiring numerous participants as a medium for both enjoyment and developmental or therapeutic purposes. Also worth considering are the ways in which more informal gatherings that do not involve being part of a team or a league might offer different benefits, as part of an alternative experience.

I will argue that, within the everyday experience of playing football together, developmental and therapeutic benefits abound, and are achieved with minimal planning, review or even discussion. The group simply creates the cultural conditions that enable and encourage participants to make positive contributions, both contributing to and benefitting from being part of the group.

In particular, I want to draw attention to the importance of connection and competence as features that, along with enjoyment of the game, attract participants of all ages. Connection exists at two levels. Firstly, there are important individual relationships. A few of these relationships existed prior to involvement in the game. The group provides a regular opportunity to maintain and develop these relationships. Others have developed as a direct result of involvement in the group, with some having now endured for a decade or more. In addition to individual relationships, there is also an important sense of connection to a community. As well as playing football together, members of this community regularly contact each other via a social media group to make arrangements and check up on anyone who has not been around lately. When we are watching football on TV in our separate homes, we are often connected to this community, as there is frequently discussion in the group as the match progresses. There is a Christmas night out, and occasional games involving other teams. The community is attentive in welcoming and including new members and is open to all, including people who, for various reasons, have not always been included or found positive connection in other parts of their lives. In this group, we all become known and accepted. This is surely the most important function of the group.

Competence is also multi-faceted. There is no doubt that many players significantly improve their football skills and performance and that they enjoy and are proud of this improvement and its acknowledgement within the group. Due to the cultural importance afforded to football, this is valuable as well as satisfying. More importantly, group members also develop and expand important social skills and caring capacities. For example, although it is common to emphasise the competitive element of team sports such as football, they are also activities in which the ability to cooperate with others is central to successful participation. Our version of football is designed to amplify the cooperative aspects and reduce, without entirely removing, the competitive elements necessary for an enjoyable game. With practice and support, all participants develop the ability to enjoy doing well alongside a capacity to appreciate others doing well and, on most occasions, to find a balance between the two.

As they move into adulthood, group members also develop skills in supporting younger and less experienced players. Jack Phelan (2001) refers to the process of providing a development opportunity such as this as experience arranging. In experience-arranging, the emphasis is on providing opportunities for young people to experience themselves differently. Becoming a person who supports and encourages others, and having this acknowledged, is a powerful, and sometimes novel, experience for some members of the group. We have been able to witness, and bear witness to, the growth of these capacities in ourselves and within our community over the years. As new members have arrived, most recently from a local homeless project and as newly arrived unaccompanied asylum seekers, the welcome offered by the group has gone beyond its originally intended recipients. Young people arriving in a new country, and often knowing nobody, have met people, sometimes from their own countries, for the first time in our community, and have made lasting friendships. For some group members, other areas of their lives also offer such opportunities. For others, belonging to this group might be a rare and significant opportunity to feel a sense of belonging and being valued by others. In return for offering this welcome, the game benefits from the introduction of new members who value their place in the group and contribute to its caring culture. In addition, widening our circle in this way enables a small residential service to continue to run a viable group.

Steckley (2005b) notes that workers participating in competitive activities with young people need to be able to manage their own competitive instincts and their need or desire to perform well in the activity in order to focus on facilitating success and enjoyment for the young people involved. This is certainly true for our group, but it is also something that we encourage, not only in workers, but in all group members, so that the focus can be enjoyment for all, not just the winners. Our experience suggests that modelling is more successful than instruction in achieving this aim.

Although Jack Phelan (2001) suggests that activities that are inherently competitive may be less useful and potentially problematic in terms of creating a 'free space' and allowing for 'experience-arranging' opportunities, our experience with football suggests that, in spite of this potential difficulty, it is possible to create cultures within longstanding activity groups that can alter the activity to make it more amenable to the aims of the group. In addition, I would argue that, by playing a version of a competitive sport together, we give ourselves and each other the opportunity to develop our abilities to manage our responses to competitive situations, as well as to manage feelings of success and failure in manageable doses. While we have all benefitted from this opportunity, for some it is perhaps only within this supportive environment that this could have been achieved.

Holthoff and Harbo (2011) note that when we engage in activities with young people, being competent in the activity is not essential. In fact, lacking competence can present different opportunities. One of our worker community members has demonstrated this magnificently, combining a significant lack of competence with an infectious sense of fun and enjoyment. This models some valuable attitudes to other members. These include that we can enjoy participating without needing to judge ourselves harshly or compare ourselves to others, and that, in doing so, we can accept ourselves as we are, while also enjoying any level of competence that we do achieve. Being extremely competent in other areas, he also demonstrates that we should not expect ourselves to be competent in every area of life and that we should not judge ourselves or others through consideration of competence in one activity. This worker also enables us to model to the group that, in this community, we accept each other as we are and that people of all levels of competence are welcome in the group. It would be difficult for other members of the group, with higher levels of skill and experience, to offer the kind of reassurance that his presence in the group provides to some of our more anxious or hesitant members.

The group has become one of those rare situations in our field in which the benefits to all members are significant, and the costs are minimal. Yet, the longevity of the group, as well as its composition, seems to be unusual, both within wider society and within a residential child care context. Perhaps one of the reasons for this is that its longevity depends on a commitment to the group that might easily be derailed by other events, or by periods when interest in the group seems to be lower than usual. In our case, the reliable availability of the activity depends on at least one adult participating when they are not being paid to be there. This commitment, more than anything else, has enabled the group to persist through the inevitable difficult spells that have arisen over the course of more than two decades. In addition to its practical benefits, this commitment influences the perception of group members about why we, as adult workers and ex-workers, continue to be part of the group. We are there because we want to spend this time with the group enjoying this activity together. We come to play, not to supervise. Expanding the boundary of our contact with the group transforms the nature of our relationships with each other in ways that would not be possible if the basis of our contact was strictly on a paid-by-the-hour basis.

Most aspects of our game rely on our group culture being modelled by experienced group members and observed and copied by newer members. I have often been surprised, not only by the success of this approach, but by the speed with which it happens. Often, new players join the group and, without anyone explaining, quickly understand and adapt to its highly unusual culture. Even players who arrive speaking no English have little difficulty in quickly understanding the cultural norms therein. Two factors seem particularly important to this process. Firstly, workers model this consistently for others and are accepted by the group as role models. Secondly, additional culture carriers continually emerge within the group and model its cultural norms to others. Feedback also plays a role here. Positive feedback is even more likely to follow when players take actions that support the caring culture of the group than when they play successfully.

In addition to being accepted as role models, it is important that we are seen as 'safe people' by the group. There are two aspects to this. One is that the group can feel confident that nobody will come to harm or be treated badly through our behaviour. However, it is also important that we are seen as people who can act protectively to maintain the group as a community in which people feel safe with each other, as well as with us. This involves both setting the tone for acceptable behaviour towards each other and being accepted by the group as people who can gently but effectively manage very occasional difficulties when disagreements arise or tempers flare. Our success in achieving this has enabled us to welcome young people into the group who might otherwise feel fearful of being involved. It has also enabled us to safely and successfully bring people together into a group whom it may not have been wise to bring together in circumstances where safety had not been so successfully established.

It is worth thinking about the kinds of feedback that are useful in situations where people are mainly participating for enjoyment but will also gain satisfaction from developing competence. It is common for adult spectators who have brought a young person to the group to offer effusive and generalised 'praise' telling the young person they were 'fantastic'. This comes from a friendly place, but it is not the kind of feedback that is offered within the group. The message that we want to offer is not that people are fantastic, but that they do not need to be fantastic to belong here. For us, this is a message of acceptance that does not depend on performance. As Timothy Gallwey has pointed out, praise may be positive evaluation, but it is still evaluation. Gallwey argues that, above all, we should not tie performance to self-worth. Carl Rogers (1961) goes further, contrasting praise with acceptance, on the basis that acceptance does not rely on positive evaluation. Rogers suggests that acceptance (later described as unconditional positive regard) is a more powerful basis for positive change, due to the 'paradox of change' that 'when I accept myself as I am, then I can change' (Rogers, 1961, p. 17).

Having said that, feedback and acknowledgement are significant elements of our game, and, as with banter, are not hierarchical. As workers, from the beginning, we offered acknowledgement to each other, as well as to the young people. This modelling altered the meaning of feedback and the way it was given and received in our group.

Providing feedback that is specific and recognisable is important to us. Otherwise, we risk requiring people to choose between trusting their own perception of their experience or our effusive description of it. Focusing on something specific is also a good general guideline. Even better, matching the feedback to the person concerned seems worthwhile. When playing with a teammate who tends to hold onto the ball rather than pass it, I am more likely to acknowledge a good pass, rather than yet another shot. More importantly, feedback should not only be about performance. Some players contribute a lot to the activity by paying attention to connection, or encouraging the performance of others, especially younger players. This seems worth acknowledging too. I find acknowledgement a better fit for describing what we are trying to achieve than praise. I find Alfie Kohn’s (1999) suggestion that praise and blame are, like punishments and rewards, two sides of the same coin, useful. For me, praise often feels like conditional approval, which does not fit well with the message we want to send. Nevertheless, acknowledgement shows that the helpful contribution is noticed and appreciated.

Despite its potential downsides, football has the advantage that it is comparatively easy to persuade people to engage with, and to sustain their engagement over time. This repeated experience seems to be an important element in its success in offering feelings of both connection and competence, that are reinforced strongly enough to compete with, or at least coexist alongside, more negative messages about and perceptions of ourselves. Although there have been several female group members over the years, it must be acknowledged that most group members have been male. Due to this concern, we also started a badminton group. Female membership was proportionately higher in this group, but it did not have the same longevity as the football group, and, in general, engagement was lower. This may be a difficulty that is not easy to overcome. However, it seems likely that providing additional opportunities, rather than restricting this opportunity due to its shortcomings, is likely to produce the best results.

Our experience in this group suggests that positive developments, such as the success and longevity of this group, and the benefits it has offered participants, may not always come about in the ways that we expect successful endeavours to emerge, develop, and be sustained. The popularity of various versions of plan-do-review frameworks might suggest that it is always necessary to know what we are trying to achieve before beginning to develop something new. However, for us, the cycle of planning, implementation, and evaluation, or the idea of planning for long-term outcomes did not play a significant role. One of the reasons for this is that it would have been impossible, over 20 years ago, to foresee the long-term success of this group. It would also have been impossible to expect, and difficult even to ask for, the level of sustained commitment, often unpaid, that contributed to its success. Creating and maintaining an environment in which positive things might develop and flourish seems to have been more important than planning for specific outcomes, even if it was not possible to predict with certainty what these positive developments might be and how long they might last. In some activities, as Frankl (2004, p. xv) suggests, 'success, like happiness, cannot be pursued, it must ensue'.

When I ask myself why people continue to belong to this group, sometimes for years, it seems best to start with my own experience. Part of the reason for using my own experience is that the last thing I would want to do to this group is to turn it into a setting in which organisers set 'learning outcomes', and participants are asked to complete questionnaires about the benefits of participation. Instead, I have turned up over 1000 times to experience and witness these things first-hand.

I am not particularly good (or bad) at playing football, but I enjoy it. I enjoy trying to play well, but, for me, enjoyment is as important as winning, and winning is not just about the scoreline. I enjoy belonging to this group and offering a sense of belonging to others. I feel a sense of responsibility to this group, which I want others to feel too. I believe that this is also true for others, and that the personal commitments that we make to each other are more fundamental than simply enjoying playing a game of football together. It would be perfectly possible for me, and others, to enjoy a similar experience with other people, entirely separate from our work life and previous work commitments. However, the opportunity to create our own welcoming space in which we and others can grow and develop offers a much more rewarding experience, requiring little more of us than to turn up, be ourselves, and, perhaps, become more than the sum of our parts.

Looking back over the past 25 years, involvement in this group feels like a significant positive experience for me. I believe this has also been the case for many others. It has cost little and provided much, especially in terms of connection and relationships. It is a game with many winners and no losers. It's football, but not as we know it.

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About the author

Phil Coady has worked in various roles within and connected to residential child care, within the public, private, and third sectors, for most of the past 44 years. Having started by both living and working within a residential community, Phil developed an interest in the development of significant and enduring residential child care relationships and the active use of boundaries that can enable and support relationships. He has also had a long-term interest in the use of shared activities, including sports and outdoor activities, as opportunities for shared growth, learning, development, and connection as well as positive experiences of achievement and success.

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Ewan McKay, Andy Thorpe and I have been partners in this venture for over 25 years, alongside a cast of others, many of whom have played significant roles in the development of the group.

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Book Review

A Glasgow Gang Observed

By James Patrick

Publisher: Eyre Methuen

ISBN: 978-1-906000-39-4

Year of Publication: 1973, 2012, 2013.

Reviewed by: Ian Macfadyen
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I came across this book in the early '80s, working as an impressionable, unqualified, residential childcare officer in a List D school (formally known as an 'approved school')[4], just outside Glasgow. It was the first time I had read something which really chimed with my own work experience and, on reflection, it stands the test of time and remains an accurate and honest depiction of disaffected youth in late 1960s Scotland.

In October 1966, a young, middle-class teacher working at an approved school in Maryhill, Glasgow, decided to become a member of a Glasgow gang. He wanted to find out, first hand, what life was really like for the children he taught. 'It is a descriptive account […] my aim has been unashamedly exploratory to present a brief glimpse of the reality which engages Glasgow gang boys' (Patrick, 1973, p.xi). To achieve this, he joined one of his pupils when they went on home leave, in the guise of a 'friend'. Given his youthful looks and ability to mimic the behaviour of gang members, Patrick was accepted by the group, and this allowed him to carry out fieldwork and study the boys' behaviour at close quarters over a four-month period. Although written for the general reader, the book is based on research carried out for a higher degree, using the ethnographic methodology of a participant observer. The author acknowledges Stan Cohen for providing professional advice, which is not

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[4] 'Approved schools' and 'List D schools' were a form of residential school in Scotland for children and young people who had committed offences. They ceased operation through the 1980s.

surprising given the similarities in their approach. It is worth noting that Cohen carried out similar fieldwork for his own classic text, *Folk Devils and Moral Panics*, on the south coast of England, at the very same time as Patrick was carrying out his fieldwork in Glasgow (Cohen, 1972).

James Patrick is the pseudonym adopted by the author to protect his personal safety. Intriguingly, despite two republications, the identity of the author remains known only to a few. To avoid compromising members of the gang, their identities were also anonymised, and publication was delayed until 1973.

The book was eventually published to a clamour of media interest that would delight present-day researchers. Reviews were strongly polarised and readers seemed simultaneously fascinated and appalled by the graphic content. In London, the Evening News reported 'a sickening account of life at its most brutal and vicious. Its only redeeming feature is the loyalty shown by members of the gang to each other' (Wainwright, 1973, p.11). Owing to the great interest stimulated by the serialisation of the book in *The Observer*, the publisher brought the publication date forward by a month. Even the central figure, 'Tim', who befriended the author, was reported in a local Glasgow newspaper as responding angrily, saying, 'he conned me for a sucker. Most of what he has just written just isn't true' (Airs, 1973, p.15).

Eventually, Patrick aroused too much suspicion in the gang by never carrying a weapon and hanging back in fights. He left the gang claiming to be going to London.

Patrick recalls grappling with the ethical dilemmas that arose through becoming a participant observer. On reflection, I think perhaps he did rather underestimate the level of deception he had to employ in order to become an 'insider'. It's unlikely the research would meet the requirements of a current-day ethics committee.

Two small cameos described in the book vividly reminded me about what life was like in the List D setting. The first related to what I often thought was the most constructive experience for the boys: the extremely positive bond they were often able to develop with workshop instructors. These were often the members of staff that the boys would have liked to have had as their own fathers.

> The staffing problem was so acute that even people like myself, with irrelevant qualifications in classics were welcomed. The boys made it clear that neither the teachers nor the social welfare officers could act as role-models or objects of emulation because they considered our work a ‘doss’. They could only identify with members of staff like the farmer and the bricklayer who were seen to do a hard ‘manly’ job (Patrick, 1973, p.189).

The second memory replicates precisely my own painful experience, when I was asked to referee a game of football between staff and boys. I still smile uncomfortably at my dismal performance and inability to exert any control whatsoever:

> The game began with 22 players, and 22 referees. I had played both with and against Tim at the approved school and so was familiar with his inability to accept decisions given against him or his team. He brooked no criticism of his play or of his general conduct. Time after time at school he had attempted to dominate the field by intimidating opponents with crushing tackles or murmured threats and time after time he had been sent off for ungentlemanly conduct (Patrick, 1973, p.46).

Throughout the book there are abundant insights into the boys’ views about various aspects of ‘straight society’. Sometimes these are enlightening, often they are disturbing, but usually, they reveal a genuine understanding of how these boys feel about themselves and how they see others.

Fast forward to the present day and, given the radical changes in technology and culture that have affected youth crime since the ‘60s, direct comparisons and simple lessons learned are not neatly available. Flawed as some of the findings in this book inevitably are, it remains more than just an interesting historical account. Given the difficulty we face in obtaining the true experience of people who have lived lives like the boys in Patrick’s book, despite its imperfections, perhaps we still have something to learn from the participant observer. The rich narrative it provides can be a corrective to the prosaic evidence sometimes generated by the ‘co-production’ model.

Oh, I almost forgot. Recently, to my delight, I discovered the real identity of the author. However, in honour of the great man, I will continue to abide by the 'no grassing' rule.

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About the review author

The review author trained as a social worker in the 1980s. He spent most of his career in residential social work and youth justice. He is semi-retired and currently works with homeless young people.

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Book Review

Kids at the Door[1] & Kids at the Door Revisited[2]

By Bob Holman

Publisher: [1]Basil Blackwell, [2]Russell House Publishing

ISBN: [1]0631125876, [2]1898924589

Year of Publication: [1]1981, [2]2000

Reviewed by: Graham Connelly
Honorary senior research fellow, CELCIS, University of Strathclyde, g.connelly@strath.ac.uk

When James Anglin challenged the *SJRCC* community to contribute reviews of 'classic' books, I knew instantly that I would review a book by Bob Holman, or, as it turns out, two. Bob had such a prodigious output - of academic papers and research reports; books (on poverty, social welfare, Christianity, and an acclaimed biography of Keir Hardie); and journalism (particularly in *The Guardian* and *The [Glasgow] Herald*) – that it is hard to choose. I have selected *Kids at the Door*, and its follow-up volume, *Kids at the Door Revisited*, because these books encapsulate so well the values that Bob advocated, and lived, as a community social worker, and because they serve as a model of reflective practice in action.

Robert (Bob) Holman, 1936-2016, qualified as a social worker and worked as a child care officer for Hertfordshire Council in England, before holding academic appointments at the universities of Birmingham and Glasgow. He resigned his professorship at the University of Bath in 1975 – because, as he wrote, 'I believed that the affluence of a professor's life-style was inconsistent with Christian teaching on sharing' (1981, p.2) – to practise 'preventive social work' with young people in the peripheral housing estate of Southdown in Bath.

Kids at the Door is an account of the project which Bob carried out with fellow social worker Dave Wiles and student Sandie Lewis. Bob, his wife Annette, and children Ruth and David, had moved to a former doctor's house on the edge of the estate, which had large rooms suitable for groups. With no great plan, other than a conviction that helping begins with forming relationships, Bob 'began to linger in the shop, making contacts, picking up tips about the area' (p.6). The book is based on Bob's detailed diary entries, including ten case studies of young people which allow the reader to get a real sense of their everday concerns – relationships with parents, school attendance problems, and involvement with petty crime – and the power of being available to them, demonstrating understanding and warmth, offering practical help with homework and job applications, and providing activities and camping holidays to counter boredom. The project was underpinned not by any particular social theory but by four values: belief in the young people, even in the face of contrary evidence and their own low-esteem; belief in families, evidenced by avoiding becoming a barrier between children and their families; belief in the expression of honesty, for example, in asking young people to return stolen goods, including when these were brought with good intention for use by the project; and a belief in attending school, shown by developing good relations with teachers and offering practical support to encourage attendance.

One chapter includes four very detailed accounts of work with parents. While the circumstances of the 1970s may seem quite different from today's world, these accounts are worth reading I think for three reasons: the graphic portrayal of the difficulties faced by parents and children living in conditions of grinding poverty, by day and by night, which are timeless; the superb illustrations of non-judgemental interactions and practical support given; and Bob's ever-present positivity and humour. Describing a situation where a young mother asked him to drive her to meet her estranged husband in a fish and chip restaurant, and stay initially in case the man became violent, Bob writes: 'I couldn't understand why people had this belief that I could stop violence […] Perhaps the idea was that in the 30 seconds it took to hammer me the other victim could run away' (pp.114-115).

It was typical of Bob that he also included in the book a chapter written by a university student, whose research involved an evaluation of the project and interviews with those helped by it and who had come into contact with it, as well as extracts from the project's community newspaper of accounts written by local young people and adults. Reading these accounts took me back many years to a train journey during which

Bob encouraged me to write. Towards the end of the book, Bob reflected upon something that was a common thread in all his writing: his firm belief that the source of the problems faced by families lay in inequality – income inequality but also inequality before the law.

> I know a man with four small children and no money who broke into his meter to steal a few pounds. He was jailed for six months. By contrast, I read of an aristocrat receiving a suspended sentence after obtaining £13,000 by false pretences (p.200).

While *Kids at the Door* was written contemporaneously, in the rare quiet moments of the work, the follow-up volume, *Kids at the Door Revisited*, follows a more familiar research reporting style, though Bob shied away from calling it 'research' and was aware of the limitations of subjective reporting. It was written after Bob and Annette had moved away but had characteristically kept in touch with many people they had previously interacted with daily. It is also based on the diaries kept by Bob and Dave Wiles, but with the advantage of time for reflection, and follow-up interviews with 51 of those helped by the projects, including their own reflections on how their involvement had influenced their own life courses. In Bob's own words:

> Both the statistics and the interviews reveal a heartening picture. They show that young people who start life with the kind of disadvantages that could put them on the track for crime, unemployment and social distress can turn the tables. Those from broken families do not have to repeat the pattern. Those with parents who were unemployed do find work. Those who were juvenile delinquents can break the habit (p.38).

Why am I recommending these books, now decades old? Not to advocate making one's family life and home the centre of a community helping project, something I haven't done myself. But I think there is much to learn from the accounts of interactions with people in adversity that is timeless, like the descriptions of simple acts – such as accompanying a young person to court and speaking about their positive side, leading to a community order instead of custody – of making time to listen to people, of keeping the project administration light to maximise helping time, and of the value of keeping a diary.

I had my own copy of *Kids at the Door Revisited*, and tracked down a copy of the first volume in the University of Glasgow library. I had to rejoin the library after very many years' absence in order to borrow the book, and felt grateful to Bob for reuniting me with the familiar old book smell among the shelves. Then there was an unexpected delight in finding a dedication in Bob's own handwriting on the inside cover: 'To David: Hope you can stimulate a similar project in Glasgow'. The David referred to is the late David Donnison, professor emeritus of social policy at the University of Glasgow, and an ex libris in the book shows that Professor Donnison had gifted the book to the library. Bob himself later stimulated a project in Glasgow, which lives on after his death, but that is another story.

About the review author

Dr Graham Connelly has an honorary post in the Department of Social Work and Social Policy at the University of Strathclyde and CELCIS, is editor-in-chief of the *Scottish Journal of Residential Child Care* and a member of the editorial board of *Youth*. He wrote an obituary of Bob Holman which can be found on the CELCIS website here.

The review author was reviewing a library copy of *Kids at the Door* and his own copy of *Kids at the Door Revisited*.

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Book Review

Stuart: A Life Backwards

By Alexander Masters

Publisher: Harper Collins

ISBN: 978-0-00-720037-5

Year of Publication: 2005

Reviewed by: Emma Astra

Lived experience expert, emmaastraphd@gmail.com

I am not based in Scotland, I am based in England, and I am not currently practising as a social worker. So, you might reasonably ask why I am writing for a journal focused on residential child care. The answer lies in my journey through care practice, higher education, disability, and systems, and how one book shaped how I see them all.

I worked in social work for 20 years before ill health ended my career. I began at Caldecott Community (now Foundation) in Kent, a therapeutic children's home that was more than a training ground. I was not much older than the children living there and had no formal qualifications at the time. Later, while working, I returned to education, completing a degree, a master's in social work, and eventually a PhD.

During my master's, in a human development module, we were assigned *Stuart: A Life Backwards* (Masters, 2005). I felt relieved that it was not a textbook, but was a memoir, however, not in the traditional sense. Alexander Masters tells the story of his friend, Stuart's, life backwards, beginning with adulthood (homelessness, prison, addiction) and moving into childhood. Written by Masters, yet shaped through Stuart's voice, its structure challenged assumptions about how stories 'should' be told and demonstrated that lived experience can educate as powerfully as theory.

Ironically, I did not achieve a strong mark on the essay. We were required to align the book with prescribed developmental frameworks and assessment criteria. Looking back, I see how much emphasis was placed on conformity to format rather than depth of insight in this essay assignment. This raises difficult questions about decolonising the curriculum. Are Freud (1961[1923]), Winnicott (1953), Bowlby (1969), and Erikson (1993[1950]), who were white, male, middle-class theorists from another era, still the primary lenses through which we interpret childhood in 2026? It is worth considering that many developmental texts reflect privileged social contexts far removed from the communities we serve.

Although first published in 2005, *Stuart: A Life Backwards* feels more relevant than ever in the context of the cost-of-living crisis and ongoing reforms to special educational needs and welfare systems. It compels us to consider holistic childhood development within contemporary structural realities.

My own disability, beginning in 2016 after my original essay, eventually led me to leave social work and shaped my PhD. Using autoethnography, I examined the self within culture and systems, exploring disability, chronic illness, and class in higher education. ‘Auto’ means the self, ‘ethno’, culture and others, and ‘graphy’ means the way knowledge is presented over time. My central contribution focused on the *graphy*: challenging language, layout, and presentation. If lived experience is to be truly valued, it must reshape not only what we write, but how we write it. Knowledge should not be confined to stylistic codes that privilege certain voices.

In the original assignment, we were also required to engage with the bio-psycho-social model, where ‘bio’ refers to biological factors, ‘psycho’ to psychological processes, and ‘social’ to environmental influences. Disability journalist, John Pring (2024), has critically examined how such frameworks can individualise structural harm. With that lens, the essay felt increasingly constrained. During my PhD, I revisited earlier submissions and rewrote them, feeling liberated from constraints that had once seemed fixed.

If I felt constrained by academic systems, Stuart was constrained by far more powerful ones.

Stuart was homeless, frequently imprisoned, addicted to harmful substances, a survivor of abuse, care-experienced, and disabled. He had muscular dystrophy and attended a special school. However, in my original essay, I barely explored the impact of his disability. That omission now feels significant. His disability shaped how teachers, police, housing providers, and prison staff interpreted him. The way he walked or spoke was often misread as intoxication rather than impairment, reflective of systemic disability discrimination. Perhaps it is through my own lived experience that I now recognise this more clearly, given that lived experience sharpens what systems overlook (Astra, 2025).

Stuart's life illustrates cumulative failures across care, education, health, housing, and justice. Each system required adaptation from him, with none meaningfully adapting to him. Crucially, his story does not end with redemption. He died crossing a railway line. Although more stable at the time, the layering of disadvantage remained. Care leavers, particularly those who have experienced homelessness, imprisonment, and disability, face elevated early mortality risks (UK Research and Innovation, 2023). Stuart's ending resists the comforting narrative that systems ultimately repair what they damage. Revisiting the book years later, I question how many young men experience imprisonment and homelessness while their disabilities remain unrecognised or are themselves contributing factors in their marginalisation.

For residential child care practitioners, this is painfully relevant. Every child and family dynamic is different, yet institutions rely on standardisation. When does conformity become harm? When does assessment overlook structural inequality? When does disability go unrecognised because behaviour is easier to label?

Stuart: A Life Backwards is not simply a story of homelessness and addiction. It is a story of systemic misrecognition, disability and class marginalisation, and institutional rigidity. It showed me not only that memoirs are educational, but that they need not end neatly or follow institutional expectations of format or outcome. You can share your memoir in a way that makes sense to you. Moreover, when you do, others will follow.

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About the review author

Dr Emma Astra (PhD) is a lived experience expert, independent writer and researcher, and a former social worker. She is a director of Leicester Vaughan College and a council member of the Leicester Literary and Philosophical Society, all in a voluntary capacity. She is also establishing the Emma Astra Foundation, which aims to widen access to education, research and creative industries, including publishing, journalism, and AI technologies, particularly for people from disabled and working-class backgrounds.

The review author was reviewing their own copy of this book.

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Book Review

Somebody Else's Kids

By Torey Hayden

Publisher: Avon Books

ISBN: 0-380-59949-X

Year of Publication: 1981

Reviewed by: Leanne McIver
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I was first introduced to the work of educator and psychologist Torey Hayden in the mid-1990s, when I was still at high school and aspiring to a career in educational psychology. I didn't end up following that career path, but there was learning and perspective in Hayden's books which I've carried with me into my work with children and young people in schools, as a Guide leader, in education research, and as a parent. Much of her writing has strongly resonated with my more recent learning about trauma-informed practice and therapeutic parenting, despite being focused on a very different context: Hayden's experiences in the American education system of the 1970s and 1980s. Many of the themes explored and questions raised in Hayden's books parallel ongoing conversations in Scotland and beyond. Children's behaviour, especially in schools, and how to manage it; the presumption in favour of 'mainstream' education for most children; behaviour as communication; emotional regulation and co-regulation; and the importance of relationships all feature strongly in Hayden's writing about her practice and experiences.

This year marks the 45th anniversary of the publication of Hayden's second book, *Somebody Else's Kids*, first published in 1981. In contrast to her first book, *One Child* (1980), which is focused primarily on Hayden's experiences with a child she calls Sheila, *Somebody Else's Kids* explores in more depth Hayden's work with a small group of children in a 'special ed' class, which she describes as 'the class that created itself', comprising children for whom no other appropriate local education provision could be found. She approaches the children, and sets her expectations of them, according to their needs and capabilities rather than the standardised requirements of their grade in the US education system. An example is the child referred to as Lori, who has a brain injury affecting her ability to learn to read. Lori is desperate to meet adults' expectations for reading and compares herself to her twin sister who reads with ease. She becomes increasingly frustrated and upset by her lack of progress in that area, despite her very best efforts, and Hayden eventually decides against working with Lori on reading temporarily, focusing instead on building on Lori's strengths and supporting her self-esteem. As a result, Hayden is criticised by the more experienced teacher responsible for Lori's mainstream class, who tells her she is being 'too soft', as well as by senior leaders within the school who object that she is not teaching the set curriculum for Lori's grade.

Despite this example of Hayden's caring, individualised, and flexible approach to teaching, there are examples in the book of the wide range of behaviour management approaches used within Hayden's classroom, and within the educational context of the time and place. Describing a boy who has been aggressive and habitually disruptive and destructive in class, Hayden reflects:

> I simply did not have the wherewithal to force Tomaso to remain in a time-out space. There were few other courses [of action] available. I refused to consider sending him to the Principal for whacks. Beating him would hardly show him how to be less violent. Similarly, sending him home or to juvenile hall was not what I felt was dealing effectively with the problem. If ever a kid needed to be in school, it was Tomaso. (p.85)

This example illustrates practices, used by Hayden herself and by others, which would be severely frowned upon now, and may well have been frowned upon by some at that time. Approaches such as the hitting ('whacks') of children by adults in positions of power are now recognised in many countries, including the UK, to be unacceptable; but isolation as a behaviour management approach – arguably a more extreme version of 'time out' – is still common (e.g. Thornton et al., 2025). However, in apparent contrast to some of the other teachers, Hayden reflects on the practicality of such approaches, as well as on the extent to which they would address the *reasons* for the child's behaviour, rather than assuming that these are the only and correct methods to elicit improvements. She also recognises that the relational context of school is going to be important for this child.

In many ways, this is a book of its time. It is not clear the extent to which the characters and situations in the book are fictionalised or altered as a means of protecting the children involved; in the edition I have, at least, there is no clear statement about this, which in itself highlights the different context in which Hayden was writing, as compared to modern memoirs of this nature. In terms of language, too, the book is dated; much of the terminology could be considered inappropriate, if not offensive, to modern readers. In places, it is an extremely difficult book to read, describing as it does the feelings and experiences of the children in the class, as well as the attitudes, expectations and behaviours of adults towards 'different' children at that time. The book also shines a light on the US education system in the context of 'Public Law 94-142', known as 'the mainstreaming act', which had only recently come into force. Hayden describes this as a 'beautiful, idealistic law', and contrasts this with 'my kids and me, caught in reality' (p.8).

Hayden herself describes this book as an expression of her frustration with the inflexibility of the system she was working within. On her own website (Hayden, n.d.), she refers to it as the book which she feels least able to return to – she doesn't consider it well-written and believes it would have been a better book 'if I had been just a little less angry when I wrote it'. Perhaps her anger and frustration with the system, and with others' more behaviourist and less relationship-based approaches to teaching and working with children, are also themes which are recognisable to current readers.

What stands out to me, and what seems to underpin Hayden's whole philosophy of teaching, is the extent to which Hayden prioritises developing her own relationship with each child as an individual, and the relationships between the children, to create a sense of belonging and camaraderie, as a foundation for any academic learning which might then be achieved. She also makes a point of engaging with the children's parents and carers, and building relationships with them, where possible. Furthermore, she demonstrates the importance of looking beyond a child's overt behaviour, to try to understand the reasons for that behaviour, and the needs and feelings which underpin it. I see much of this reflected in current conversations about the use of trauma-informed and relational practice in schools, and the importance of creating a positive ethos and ‘promoting good behaviour’, as compared to more rigid, punitive, sanctions-based approaches.

Somebody Else’s Kids is a thought-provoking exploration of some of the challenges and tensions in the education systems and practices experienced in 1970s America by the author, and most importantly, by the children in her care. Many of these challenges and tensions will resonate with readers almost half a century later.

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About the review author

Leanne has over 20 years’ experience as a children’s services researcher, including more than a decade as a research associate at CELCIS. Her main research interests are around the education of care experienced learners, and support for adopted children and their families. She is also a recently qualified therapeutic parenting coach.

The review author was reviewing their own copy of this book.

Scottish Journal of Residential Child Care: An international journal of group and family care experience

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Book Review

Messy Social Work

By Richard Devine

Publisher: Jessica Kingsley

ISBN: 9781805010067

Year of Publication: 2025

Reviewed by: Euan Currie
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Messy Social Work, written by the practicing social worker and academic Richard Devine, provides an accessible insight into the realities of practice with children and families, emphasising throughout the importance of reflection and learning. Beginning with a candid examination of the author’s own childhood and early experiences which led him to join the social work profession, the book skilfully blends real-life practice stories with the theories and tools which Devine has used to support his learning and development as a social worker. The book is short yet densely packed with summaries of key texts and theories which have shaped Devine’s practice, chapters which tackle direct work, assessment and providing support, as well as an important section on the process of decision making about whether a child should live away from their family. A chapter on ‘myth busting’ is particularly enlightening in its willingness to grapple with what social work both is and is not, all underpinned by an understanding that rights and ethics should form the foundation of good practice, whatever the context.

A practical and useful guide

Amongst the most impactful moments in the book are those where Devine describes how dialogue and reflection have been crucial to helping him challenge his own assumptions and grow as a practitioner. In one example, Devine recounts how an interaction with his manager helped him shift his perspective about the impact of domestic abuse on children:

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> I had written that their young age protected them from the effects of domestic abuse, my manager asked me, 'What did you mean by this?'
>
> This feedback from my manager was a formative moment for me. I assumed that children were not affected by domestic abuse because they were too young. When my manager questioned me on this, I went on a journey to learn about the impact of early experiences on brain development. (pp.32-33)

Devine also writes lucidly about the value of tools such as chronologies and assessment processes in meaning-making and professional development. Whilst rooted in a child protection context, these messages will resonate across a range of professional experiences. In seeking to illuminate the transformative potential in what can be caricatured as bureaucratic processes, Devine encourages us to think critically about our practice and the role of relationships and dialogue in every aspect of social work:

> If I had not written down what I had thought, or if that assessment had not been read by my manager who subsequently provided excellent feedback, then my knowledge and analysis of risk would have been left unchecked […] After 13 years of writing dozens, if not hundreds, of assessments, I still consider it the most effective way to improve my knowledge and skills as a social worker. (p.101)

Ultimately, *Messy Social Work* is a useful book which demands to be taken seriously both as a guide to the profession for outsiders or newcomers and a prompt for reflection by those deep within it; in its honesty about human frailty and its frank examination of the author's own mistakes and learning along the way, it will be valuable regardless of experience or status. Devine's inclination to value and understand other people's points of view, even in the most challenging contexts, and his alertness to power dynamics within personal and professional relations, make this a rich and rewarding book for anyone in social work or with an interest in child protection.

About the review author

Euan Currie is a protecting children consultant at CELCIS, the Centre of Excellence for Children’s Care and Protection. He previously worked in local authorities in both frontline practice and strategic roles.

The publisher, Jessica Kingsley, supplied a copy of this book for review.

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Book Review

An Essential Guide to Surviving and Thriving in Residential Childcare: Lessons from the frontline on how you’ll laugh, love and cry… all before lunchtime

By Jane Dalgleish

Publisher: Pavilion Publishing

ISBN: 978-1-803884-97-4

Year of Publication: 2026

Reviewed by: Andrew Burns
Researcher, andrewpburns@me.com

An Essential Guide to Surviving and Thriving in Residential Childcare is explicitly aimed at residential childcare workers. As I am a researcher, not a residential childcare worker, it is legitimate to ask why I am reviewing this book. In my role I have been involved in numerous research projects that relate in one way or another to care experience, including two specifically focussed on residential childcare. One of these was an ethnography, where I spent a lot of time in one particular setting over the course of a year. I genuinely felt changed by relationships that I developed during that project, leaving with a deep respect for the young people and adults there and in residential childcare more broadly. So, when I read the title and summary of the book, I was intrigued to learn about the insights of a very experienced worker and to see where my own, more limited, understanding sat in relation that.

The title indicates two things about working in residential childcare: that it can be challenging (survival) and rewarding (thriving). The book does a good job at addressing these two aspects of the work, with much more emphasis on how to create the conditions that allow both young people and adults to thrive, while not shying away from challenges that arise from the experiences of young people, some working environments, and the wider systems and structural context within which residential childcare sits.

An Essential Guide to Surviving and Thriving in Residential Childcare is written in an informal, conversational style, and strikes me as a very personal book for the author, Jane Dalgleish, who introduces herself, her family, and many young people and adults that she has worked with over her 26-year career in this sector. It is, therefore, unsurprising that relationships are identified as the key idea in the introduction, which gives an outline of topics covered and is motivational in tone (as is much of the book).

Eleven chapters follow the introduction, starting with relationships (of course) and covering a wide range of themes, including culture, belonging, life story work, safety, trauma, education, and aspiration. There are some variations in the structure of chapters but all include subsections on specific topics relating to the theme of the chapter, such as 'what does this mean for us?' boxes that summarise messages for practice, and 'theories that help us understand' boxes that lightly introduce theoretical concepts to help workers think through what might be happening for both young people and themselves. Many include stories from practice and suggested tools or approaches. For example, in chapter 5, the author breaks down the journey through residential childcare in terms of how young people may be feeling at different points and how workers can develop relationships and intervene in different ways at different times. Later in the chapter she introduces specific life journey tools including timelining, memory boxes, river of life exercises, and digital storybooks.

In the introduction, Dalgleish paraphrases the words of a young person's testimonial to say, 'Young people don't need perfect; they need real' (p.7) and I think that applies to this book. It's not perfect, but it is real. Several key messages stood out to me, including the need for space and safety so that workers in residential childcare can reflect deeply on the work that they do. Joy is something I think about a lot in relation to my experiences of residential childcare (and is something I am currently writing about with a colleague), so I was pleased to see that it is discussed many times throughout the book.

Reading the book from start to finish in one go, I did find some of the structural choices disrupted the flow of reading. Lots of short subsections broke up the text and were not always very clearly linked to the overall theme of the chapter (e.g. the play section in chapter 3). The argument that safety is foundational to everything else (including relationship and intervention) was strong and convincing but made me wonder why it didn’t come up until chapter 6. However, busy residential childcare workers may well dip in and out of the book, such that this structure may work well for them.

Many theories are introduced throughout the book, and these are considered in a ‘light’ way. I think this is the right approach here because *An Essential Guide to Surviving and Thriving in Residential Childcare* is about practice and is not intended to be theory heavy. Moreover, theories are directly linked to practice examples, helping the reader to see how they can apply to their experiences. However, they are introduced uncritically, which potentially leaves room for the arguments based on them to be undermined. Even a short sentence or two about some of the limits or weaknesses of concepts and theories would let the reader know that these are acknowledged. For example, the use of attachment styles in chapter 4 appears to consider anxious and avoidant attachment styles on a par with the disorganised attachment style. In chapter 10, there is a discussion about the topic of dreams in the sense of having aspirations for the future, but it cites Freud’s work on dream interpretation, which is about the dreams we have while sleeping (and which has been subject to robust critiques from modern sleep scientists).

Overall, I think that this book will be of interest and use to those working in (or thinking about working in) residential childcare. I can easily see chapters and subsections being used to aid reflection and discussion in supervision, team meetings, and training and development work. Its value and authority come from its firsthand perspective and the ways in which the topics discussed are directly linked to practice using stories about young people and adults who have lived and worked in residential childcare. It has reminded me of the amazing work that goes on in this sector, and the challenges and opportunities that it presents for young people and adults alike.

About the review author

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Book Review

Glasgow Boys

By Margaret McDonald

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Reviewed by: Graham Connelly

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Glasgow Boys is the debut novel of Scottish writer Margaret McDonald. You know it must be good when the cover recommendation is provided by Andrew O'Hagan. And it doesn't disappoint.

The novel is structured around the developing storyline of the two main characters, Banjo and Finlay, revealed in interwoven chapters which move like scenes in a drama between their apparently separate lives. The storyline begins with Banjo moving to a new high school in East Kilbride, a town 30 minutes by train from Glasgow, while Finlay is beginning nursing degree studies at the University of Glasgow in the city's affluent west end. What they have in common is that both are adjusting to unfamiliar studying and living circumstances, and a nagging feeling that they don't belong.

What they also share is care experience. Banjo has moved in with a new foster family ('He's not even sure how much they get to pick – any child in need goes, it seems' [p.7]) and Finlay has recently 'left the safety net of social services' (p.13). Fiction and drama writers rarely hit the mark when dealing with care experience, very often perpetuating stereotypes like criminality supposedly being explained by early life in a harsh care system. McDonald's portrayal is different, intricately layered, and the main characters are not defined by their care experience. Banjo and Finlay are complex individuals, both exhibiting vulnerabilities rooted in their youth and the life events they have to face up to, and both displaying huge strength of character. Banjo is a talented athlete. Finlay has a way with the older people he looks after at his care home placement. Both display a capacity to love, Banjo for Alena Lekkas, Finlay for 'perfect boy' Akash Singh, but both are wary of receiving it.

The book's other characters are also authentic and portrayed refreshingly positively. Banjo's new foster carers, Paula and Henry, hover in the background, respecting boundaries, providing just the right amount of support. Alena's parents welcome Banjo in ways he's never experienced before. When Alena is hospitalised, he's included, 'cocooned in their warm wee circle' (p.243). When a combination of a pending assignment deadline, demanding placement, and an early morning job conspire to overwhelm Finlay, he withdraws from flatmates Derya and Jun. Derya sends a message: 'Hey Finlay, just wanted to let you know if you need us at all for anything we are here. Placement can be tough. Take your time. Love you' (p.262).

Selfishly, I willed the plot to include an adviser who helped Finlay with his rights to continuing care beyond 18 years old and to be supported by his local authority as specified in the Children and Young People (Scotland) Act 2014. It would have been great too if Finlay received the Care Experienced Bursary, as well as the discretionary scholarship he was getting from his university, so he wasn't having to do early shifts as a cleaner to pay his rent. But then I have to accept this is a work of fiction, and in any case real life is not perfect either, and I know too well that care experienced people don't always get their legal entitlements.

Glasgow Boys is categorised as 'young adult' fiction and its themes will resonate with young people, but it should also be enjoyed by a wider readership. The voice is very much west of Scotland dialect and while this may pose a challenge to unfamiliar readers, it is unlikely to be offputting, and in any case a glossary is provided. The book won the Saltire Medal for Writing 2025, the Branford Boase Award, the UKLA Book Award, the UKLA Shadower's Choice Award, and has been shortlisted for several other prizes. And no wonder.

About the review author

Dr Graham Connelly has an honorary post in the Department of Social Work and Social Policy at the University of Strathclyde and CELCIS, and is editor-in-chief of the *Scottish Journal of Residential Child Care* and a member of the editorial board of *Youth*.

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Public Lecture

23rd Kilbrandon Lecture: Why common-sense need not be complicated: Creating heartfelt, humble, and humanising responses to extra-familial harm

27th November 2025

Carlene Firmin
Durham University

Introduction

Good evening, everyone. It's a real honour and pleasure to be here with you all today to talk about contextual safeguarding and to focus in particular on the cultural reform that is needed to bring it to life. And before I start, while this lecture will predominantly focus on practices that try to build safety for children and young people, in order to do that, it will also include examples of harm that young people face from services, as well as from communities and in their interpersonal relationships. And so, if you do need to step out at any time, please feel free to do so. I won't take it personally or think that I'm boring you. Just take your time.

I also want to say, before I start, that there are a number of researchers who have informed what I'm about to share and have shaped my work over the last 15 years, including people like Jenny Pearce, Jahnine Davis, Claudia Bernard, Brid Featherstone, Anna Gupta and academics in my own team - Jenny Lloyd, Rachel Owens and Lauren Wroe - to mention a few.

When I was putting this lecture together, I was really conscious, having watched previous Kilbrandon lectures, that there really weren't many quotes from academics on my slides. I quickly hurried around thinking maybe I should add lots of quotes in from researchers that have informed me. And then I took a pause and thought, I'm not going to do that. Because while the ideas of these brilliant colleagues are absolutely evident in the approach that I take, the quotes I will use are largely from children and young people, families and practitioners. These are the people who directly inform my work and whose words best help me explain what we're trying to do. I wanted to get that off my chest first, so I didn't feel concerned the whole way through the remainder of this speech that I was not quoting multiple academics to explain my argument.

I also want to thank the University of Strathclyde for having me here today, and particularly Fiona Dyer for inviting me to deliver this lecture.

So, when it comes to protecting young people from exploitation and other harms they experience beyond their family homes, why is common sense complicated?

Well, over the past 15 years we've been trying to grapple with a very particular situation. In multiple countries around the world young people come to harm in extra-familial contexts and relationships. They come to harm in their friendship groups. They come to harm in public spaces, in school environments, from peers and adults unconnected to their caregivers (de Vries, 2025; Radford et al., 2015; United Nations, 2022). But the child protection systems that have been increasingly drawn upon to protect these young people were designed to intervene with children and their families, and not the peer group, schools, or public spaces where such harm occurs (Firmin, 2017; Fong & Cardoso, 2010; Victoria Government, 2017).

When I was reviewing cases during my PhD thesis, I read statements like this from Sara:

> …if you're rude to them then they'll beat you up and I've seen how they beat up people, how everyone's scared of them […] I said no for something very little I've been beaten up and bottled and I realised if I did say no what would happen […] I was pressurised and scared, I knew deep down I didn't want it cos I was still young but *I didn't have a choice.*

> (Sara, age 13, witness testimony, case file 4, review 2011-2014)

Sara was very clear about the situation she was in. It was a situation in which she was being exploited by a group of young people from her local community, and that exploitation was happening in her school. It was happening at bus stops. It was happening in fast-food restaurants. And she felt unable to gain any sense of safety. But the professionals who responded to Sara largely assessed her and her parents, and the capacity of her parents to keep her safe. And when her parent was assessed as doing all she could, Sara was closed to children's social work completely and then re-entered the system due to consequential offending behaviour she displayed later down the line. Then she was taken into care. Then she was placed into secure accommodation. All as a result of the issues that she was grappling with outside of the home. She was experiencing harm in extra-familial contexts, but it was her and her family who were the subject of social work intervention.

While I was doing this early work, there had been gradual calls for a paradigm shift in safeguarding responses to extra-familial harm. In the Hansen and Holmes *That Difficult Age* report (2014), and then later, as a result of the cases I had reviewed (Firmin, 2015, 2017) - both bodies of work identifying the need for fundamental transformation rather than incremental service redesign in response to extra-familial harm. And that was what led to the introduction of the Contextual Safeguarding framework (Firmin, 2016).

The Contextual Safeguarding framework

The Contextual Safeguarding framework recommends four things. Firstly, systems need to be capable of targeting the context where children are harmed. That's the kind of common-sense bit, but I'll go on to explain why that is quite complicated a little later. So according to this first part of the framework, if a child is abused in their family, that context would be the subject of the assessment and the plan. If a child is abused in their peer group, or in a park, or in school, that context needs to be the focus of the response (assessment and plan). This is not just about seeing a child in context; it is about working to change that context, so that it becomes safer for that child (and other children) to be there.

The second feature of the framework was its legislative basis, arguing that whether a child was abused within the family home or in an extra-familial context, they should always receive a child welfare and, where required, a child protection response. Whereas at the time in England, what we had was: if you were abused within your family home, you received a child protection response; if you were abused outside the family home the system that was leveraged to co-ordinate a response to that risk was largely the criminal justice system. Not just the response to you as a child; community safety partnerships also coordinated the disruption and dispersal of those who were harming you without a wider accompanying plan to safeguard your welfare.

The third part of the framework were the partnerships which brought it to life. So, contextual safeguarding is only feasible if it's delivered in partnership with young people, with parents and carers, wider communities, and those that have an influence over the places and spaces where harm occurs - like those that run hospitality, retail, parks and recreation, youth workers, those that run schools. They are all key partners in the delivery of a contextual safeguarding system.

And finally, the system needs to measure its impact contextually. So, we wouldn't want to only know if Sara was safer as a result of our intervention. We'd also want to know if the park where she was being assaulted was any safer, or had Sara been taken out of that situation and other children had taken their place because the harm remained there - which is exactly what did happen in the case of Sara. A couple of the girls witnessed her being assaulted and knew she had then been taken into care and moved away when she told professionals what had happened. When they were later assaulted by the same group of young people, it took them a very long time to speak up about that, because they didn't want to be taken into care, and they thought that if they did tell, they would have to leave too. So, we want to know that the situation has been made safe, and not just the individual child that has been impacted by that situation.

That, in essence, is contextual safeguarding: any response to extra-familial harm that targets the context where that harm occurs, utilising child protection and child welfare legislation to centre children's needs, in partnership with those that can influence those contexts, and where you measure your impact contextually. In very many ways, that feels like common sense. And whenever I speak to parents in particular about contextual safeguarding, or just the friends I made on maternity leave, or the guy that runs my local coffee shop, and they ask me what I do, they respond with, ‘don't we do that anyway?’ and ‘surely that's common sense’. If a child’s being harmed in a peer group, you'd respond to the peer group; if they’re being harmed in a park, you'd respond to the park. And I say, ‘yes, it does feel that way, but it's not how our system was designed’.

Contextual safeguarding requires you to target the context where this harm happens, but we're utilising systems designed to target young people and their families. Contextual safeguarding requires us to utilise child protection and child welfare legislation to co-ordinate those responses, when, actually, responses to public spaces are often underpinned by crime and disorder and wider community safety legislation. It requires us to work with people and organisations who are in the places and spaces where this harm occurs. Our system is designed to work with a key number of statutory partners, like social workers, police, health professionals, and educationalists. And contextual safeguarding requires that we measure change in context, and that we also measure individual change contextually; whereas our system is designed to measure change for individuals, abstracted from the contexts they are in.

To explain that: one young person who featured in a case I reviewed was truanting from school, and it was the only behaviour he displayed that suggested something was going wrong for him. The school had used sanctions to try to keep him in school, and those sanctions had been ineffective. So, children's services were contacted, and it turned out he had a sibling with a disability. It was believed that maybe things had got a bit chaotic at home, and that if more support was put into the family home, everyone would get out of home on time in the mornings and get to school on time; and this young man would be able to concentrate when he was there. The family said they didn't think that was an issue, but that was the plan that was put in place - and his behaviour didn't change. The school then threatened to fine his parents for not getting him into education, and within a couple of weeks he was in school on time every day and stayed in lessons when he was there.

If we're thinking about measuring impact individually, the most effective intervention was the threat to fine his parents, because before that he was truanting from school. And when that threat was made, he started to attend school. And the goal was a reduction in truancy, or increased attendance at school. I was later asked to review his case because when he started to attend school, he was sexually and physically assaulted by a group of young people who were at his school - although the assault happened in the community after school. And it then turned out he had been coming in late every day because he’d waited for everybody to be in classrooms before he came into the school building. And then he waited for teachers to be in those classrooms before he'd go into them. And then if he needed to use the toilets, he'd use them during the lesson time, because if he used the toilets in the break time, he was assaulted in the toilets. So, the moment his truancy went down, his risk actually went up.

A reduction in truancy, a reduction in going missing from home, even a reduction in offending, is not necessarily an indicator of safety. It's often an indicator of compliance. And that young man complied because he knew his parents couldn't afford a fine, not because he was safe to go to school. So even when we're measuring individual change in children, we have to understand that individual change contextually. But at the moment, our system is really designed to measure individual change in isolation from everything else. Services are often commissioned on the basis that they will reduce offending by this much, they will increase education by this much, they will reduce missing behaviours by this much, not that they will create the conditions in which that type of behaviour change is possible and safe.

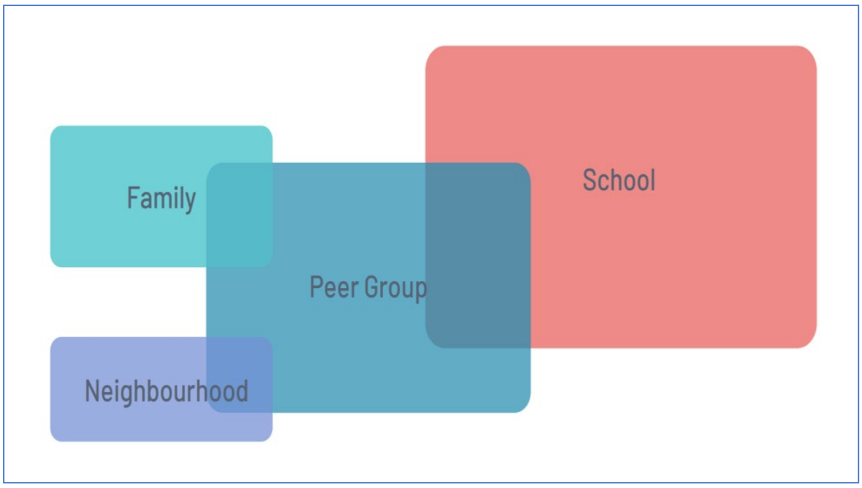
While contextual safeguarding feels like common sense, it's actually counter to the way our systems have been designed to operate. We observe this when working with organisations that start to implement the Contextual Safeguarding framework. These organisations often become stuck in a number of places when they experience the rub of a mismatch between the intention of the systems they use to respond to extra-familial harm (and how those systems were designed) and what contextual safeguarding is seeking to achieve.

The structural features of contextual safeguarding

Over the years, particularly the last ten years, we've worked with a number of local authorities, including local authorities in Scotland, to assist with structural redesigns to their systems that would make contextual safeguarding more feasible. These have included contextualising the individual work that already happens with children and young people. For example, introducing safety mapping activities to assessment processes that social workers and youth workers and others complete. Such activities support workers to identify: where young people feel safe or unsafe in their local community; what are young people's 'red zones' (where they feel unsafe), their 'green zones' (where they feel safe), and their 'amber zones' – where they might feel safe at 3 p.m., but not at 10 p.m. Practitioners can use the information (and associated understanding) they gather from safety mapping to develop a plan of support for that child; making sure practitioners are not requiring young people to attend an intervention that's based in a red zone, for example.

We've also seen the introduction of 'context weighting' into various safeguarding activities. Context weighing is the practice of weighing the influence that different contexts have on young people's safety. Using context weighting individual practitioners, or groups of multi-agency professionals, can ask themselves whether their proposed response to extra-familial harm is targeting the right things. For example, if an assessment identifies that, as in the image (Figure 1), the school is the most unsafe context for a young person, followed by their peer group, professionals can consider if the plan that they've put in place for the young person is targeting the school or the peer group. Or has the assessment told professionals that the school and their peer group are the contexts where this young person is most unsafe, but the plan they have developed is a parenting course for the young person's mum because that's the intervention that is available in their service? In such situations we can identify a mismatch between the services being offered and what a young person needs.

Figure 1: Example of context weighting



Structural redesign work has also included the introduction of safeguarding pathways for contexts themselves. Many local authorities can now accept a referral for a school environment, or a park where children and young people are unsafe, and social workers and youth workers will go into those contexts and assess them in order to identify what support is needed.

While this work has been underway in local authorities, we have worked in parallel to develop and shape policy reforms to facilitate and sustain that type of structural change. Contextual safeguarding went into the Scottish Child Protection Guidelines in 2021,[5] naming things like context weighting and the need to respond to contexts where harm was occurring in situations of extra-familial harm. Such policy changes have authorised local areas to move practice in the direction of contextual safeguarding.

This type of structural change has shown promise, and we continue to support it in local authorities across the UK, and increasingly internationally. But, in the wrong cultural context, such structural reforms have led to all sorts of practices that are not culturally aligned to contextual safeguarding. These have included: using dispersal orders to move children out of public spaces where they are unsafe; increased monitoring of children, particularly through the use of additional policing of those children or using CCTV to monitor where they are; mapping young people’s friendships and then disrupting them, including using bail

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[5] Updated in 2023.

conditions to stop young people from spending time with each other; excluding children from schools or using managed moves to take children out of unsafe school environments; designing public spaces so that young people don't want to spend time in them, like playing classical music (because apparently young people don't listen to classical music - I used to, but apparently some young people don't). In one local area we saw an attempt to take a roof off a bus stop that young people were congregating under, so they got wet when it rained, and then they'd move on. And switching off the internet in public spaces to leave children and young people with unmet needs, with the mindset of ‘they need the internet, they can't access it here, so they won't spend time here’. This has often been recommended to fast-food restaurants as a means of responding to what is considered antisocial behaviour.

None of these things are actually aligned to contextual safeguarding at all. What they represent are often interventions with individuals in contexts; they are not interventions *with contexts*, and, for the most part, they are not intended to produce safeguarding outcomes (instead they are measured in terms of reductions in crime or behaviour considered antisocial or problematic). For both of those reasons, they often don't align to contextual safeguarding.

To explain one of these examples in more detail let’s look at the example of switching off the internet in public places. Over the years we have seen a number of fast-food restaurants being advised to switch off their internet to stop young people congregating in them, particularly where there are concerns that those young people are being approached and groomed into criminal exploitation. When the internet was switched off young people did stop congregating at fast-food restaurants. However, on some occasions, as a result of this action, adults offered their flats to those young people to come and use the internet. They were then exploited by those adults in return for the internet; in return for their needs being met. Leaving children with unmet needs does not create safety. When the restaurants switched off their internet it looked like the intervention had been a success: ‘there had been lots of complaints about antisocial behaviour - we switched off the internet and now there's no complaints about antisocial behaviour’. Meanwhile the children who had been congregating in the restaurants were now being given internet by unsafe adults in private homes; out of sight of any professionals who were concerned for their welfare. Simply responding to individuals in extra-familial contexts is not contextual safeguarding. As we became aware that the approach was being interpreted in this way, we recognised a need to much better articulate the *cultural* change that is needed to adopt this type of approach, and not just the *structural* one.

From what to how: Needs, collective-capacity and context-orientated systems

In 2019, we would often go into local organisations and ask them very structurally focused questions. We would say things like: what's your pathway for referring and assessing friendship groups? What structures do you use to organise the services you provide for adolescents? What recording systems are you using to measure your impact on context? – and based on the answers to the questions we would work with organisations to co-produce very structural, procedural interventions to align their local systems with contextual safeguarding. Three years into this process across multiple areas, and we started to see varying levels of success (Firmin & Lloyd, 2022). Some local areas and organisations were really successful in aligning to contextual safeguarding, and in other areas progress was far slower; despite them all implementing similar structural reforms.

As a consequence, we started to change the questions we asked of organisations. and instead of asking '*what* is your process for assessing peers?' we asked '*how* do you involve young people in conversations about their friends in your work to assess peer relationships?' '*How* does your workforce even view adolescents?': a pretty fundamental question because many people don't actually like young people (an issue that is rarely named), which is a real challenge when you're trying to implement a contextual safeguarding approach. We hear professionals say, 'oh, don't give me a teenager, I don't want a teenager, just give me the babies'. We need to understand that attitude within the social work workforce, in terms of ensuring any organisation or team is a cultural fit to do this type of work.

And *how* do you measure your impact on contexts? Are you looking for evidence of safety or are you just measuring risk? Are you speaking to young people to understand impact or are you looking at crime data to reach conclusions? Because data on rates of crime and antisocial behaviour often reflects adults reporting young people for being antisocial, and less young people's experiences of harm (which often go unreported). If we want to know where children and young people are unsafe, we can't always rely on agency data. We have to go directly to children and young people to ask them.

To understand organisational cultures, and their alignment to contextual safeguarding, we've needed to move beyond asking *what* people are doing and move towards asking *how* they are doing it (Firmin, Peace & Wroe, 2026). When we begin to do this, we start to notice certain things that are integral to the culture of contextual safeguarding.

The first thing we see is that to be culturally aligned to contextual safeguarding organisations need to be orientated towards meeting children's *needs* rather than solely focusing on reducing *risk*; something that is really difficult in the space of extra-familial harm. Services are under pressure to reduce the risks that children face; something that is completely understandable. But when consideration of risk is not balanced appropriately with consideration of need, or when young people’s needs are not foregrounded, they are often left unmet (Firmin & Wroe, 2021; Wroe, 2025). When we look at what children and young people impacted by extra-familial harm actually need, we see things like time and space with people who care about them. They need safe access to education. They need housing. They need internet. They need food. They need to be able to take risks safely because they're teenagers and that's what teenagers often like to do. And they need some privacy. They also need a sense of psychological safety and wellbeing in terms of their mental health and emotional stability. These things are developmentally normal behaviours.

Yet, what we often see commissioned for these young people are 12-week knife crime awareness programmes, six-month healthy relationships programmes, or a one-year mentoring service: responses that may, to varying degrees, address risk, help them understand risk, see risk, and/or reduce unsafe, risky behaviours, but don't give young people any time with their friends, don't ensure they have a safe place to live, don't ensure they have food to eat, and don't give them internet access. Often, we restrict things young people need in situations of extra-familial harm: we restrict their phones, we restrict their privacy, we restrict their time with their friends. We don't want them to take any risks at all. We create the conditions in which a young person is left with multiple unmet needs, because a fixation on risk-reduction has overwhelmed our response to them. When an organisation’s cultures are aligned to contextual safeguarding, those operating in it can hold both need and risk; and you see that in this quote from a social worker who when writing to a young person said:

> …you have witnessed a significant assault on your best friend, whereby he was stabbed last year. There's been ongoing concerns for your safety since this time both in school and outside of school in the community. It is clear that everybody around you is finding it increasingly difficult to keep you safe from the risk of serious youth violence […] You were really open with me about how this is impacted on your mental health and how you were struggling to remain on track and not retaliate. (Excerpt from Young Person Assessment)

When young people see their needs being recognised, and see risk being held in a system rather than creating anxiety in the system, conditions are created for them to open up about what they need. What this young man needed was help with his mental health, and he needed the space to be able to say that before everyone panicked and sought to put restrictions on him, like securing him for example. He needed to be able to be open, and for the system to be able to hold that risk with him. His social worker, and the organisation they worked in, was capable of this, and that young man was able to access mental health support and remain at home with his family as a result.

When the cultural fit is right, we also see a move towards building our *collective capacity* to protect young people. We're not just thinking about *parents’ capacity*. Of course, that remains important, but we're also thinking about what we as a collective, all of us in this room and others around young people, can provide in terms of their safety. We all have different ways of influencing safety, different ways of meeting needs, different ways of influencing the contexts where young people spend their time.

So instead of focusing on what a parent’s capacity is to protect a child, we first have to ask whose capacity - or even capability, to utilise the work of Gupta et al. (2016) and Sen (1999, 2005) - whose capacity to protect is being undermined when a child is sexually abused by peers at school?

Who is unable to protect them? What is undermining their capability to do that? What is getting in the way? Because then when we respond, we try to build the capability of those that run the school, or run the high street, or run the fast-food restaurant, or utilise the park. We build their capability to be protective, rather than solely fixating on what an individual child or their parent can do to create safety in contexts that are way beyond their control. And parents experience this shift in culture, as we see from this quote from a parent who was supported via a Risk Outside of the Home child protection pathway in England (a child protection pathway developed as part of a contextual safeguarding approach):

> … I was really worried, I thought oh no, like we've got a social worker, that's what I'm […] you know, this is not what I wanted; what have I done wrong? […] but then as I was introduced to all of this, it sort of came to my attention that actually people really trust me as a parent and they're just looking at what's going on for my boys outside and how they can help. (Parent)

Considering our collective capacity to safeguard created the conditions in which this parent could come alongside professionals and work with them in partnership to build safety for her children.

And finally, when we see greater consideration of our collective capacity to safeguard young people, we can then move towards really focusing on how we create safe *contexts* and not solely focus on how we create safe *individuals.* To be culturally aligned to contextual safeguarding, efforts to create safe contexts have to move away from prioritising dispersal, disruption, invasion of privacy, and restrictive interventions. Instead, organisations create safe contexts by meeting the needs of young people in those contexts, building the collective capacity of the adults in those contexts to be protective - building their guardianship capacity - and addressing environmental factors that get in the way of safety. Such an approach is very similar to what we do in terms of a child and family social work assessment. We would normally assess what children need, assess the capacity of their families to meet those needs, and identify environmental factors that undermine the family. And you may recognise this as very similar to Getting it Right for Every Child in terms of the

Scottish framework.[6] The only difference being that in contextual safeguarding we apply this framework to an extra-familial context and not just to an individual young person and their family.

And when we apply that lens to extra-familial contexts, we see that shift from restriction to welfare, as illustrated in this quote from a social worker who said:

> …everyone was having strategy meetings about how do we disperse this group? And the assessment helped us understand what that friendship group meant to each other. They all have shared lived experiences […] These are friends. These are people who see each other as family. Their core need is to be loved, to be needed, to be wanted, to belong [...] Peer mapping before that had been very much, let's share intelligence. And this was all about risk. But we started changing the conversation to what strength does this group bring to young people? (Social worker)

Adopting a culture of contextual safeguarding enabled this social worker to develop a collaborative plan about a friendship group *with* the young people affected, rather than without them.

Contextual safeguarding using a care-ethic: Humanising, heartfelt, and humble practice

When we respond to extra-familial harm in a way aligned to the culture of contextual safeguarding, we are foregrounding an ethic of care in our practice over and above an ethic of justice. Gilligan's (2023, p.106) work to develop care ethics has been transformational to me in naming the relational, contextual, philosophy that is too often absent from our responses to extra-familial harm, as she says:

> I gather up what I have come to know. The different voice (a voice of care ethics) is a human voice. The betrayal of relationship is a betrayal of what's right. The ethic of care is an ethic of resistance to moral injury.

I really like what Gilligan is saying here. Contextual safeguarding feels like common sense because it brings a human voice into systems that too

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[6] See: https://www.gov.scot/policies/girfec/

often dehumanise children and young people: that describe young people as a risk-rating, or a colour (red, amber, or green), or a high, medium, low ranking, or a number on a ‘cohort sheet’, or as a ‘nominal’ – any terminology we can use apart from ‘child’; and this is particularly true for those impacted by extra-familial harm. And what an ethic of care does is bring humanisation back. When talking about contextual safeguarding, people often say to me that once you see it you can't unsee it. You think, ‘oh gosh, yeah, I wouldn't have noticed that. But now I'm noticing that. And now that I'm noticing that I can't tolerate what we are doing’. That's why this idea about moral injury in Gilligan’s quote is so important. Too often our systems require practitioners to do things that they know are not right for that child, family, or community, but are right in terms of being in accordance with the framework against which they are measured or inspected. And that creates moral injury for a workforce and for the communities who that workforce serves.

Central to a care ethic is the argument that we need to think about things in context and in relationship; to recognise the interdependence that we have on each other, and the contexts in which we spend our time. These need to be front and centre in the grounding and the cultural development of our practice. When we apply this to organisations who are culturally aligned to contextual safeguarding, we see this alignment expressed through practises that are *humanising* of children and families, *heartfelt*, and *humble*.

In terms of humanising practice, which I have outlined previously, we really have seen this, and I've learned a lot about this, from practice in Scotland. From observing professionals like Nicole Savage from North Lanarkshire, who I know is in the audience today, chairing meetings in a humanising way. To develop and understand contextual safeguarding I've observed hundreds of meetings, including multi-agency panels, in which plans to safeguard young people impacted by extra-familial harm are agreed. This is because these panels are a structure people have come to associate with responses to extra-familial harm: ‘we've identified an issue, we’ll get a panel together, and that will build some structure into our response, and we'll develop a plan using this panel’. Five years ago I would observe these types of meeting and the chair would introduce a child by saying ‘okay, we're here to talk about Carlene, she's currently scoring a 26 out of 30’, or ‘she's currently a red, which is a high risk, she's been missing this many times in the last three months, she's committed this many offences, what are we going to do for her?’. And yet no one knows Carlene. No-one knows what I'm worried about, what keeps me up at night, the fact I really care about my brothers, I used to have a really good relationship with my mum, but it's falling apart and that scares me, I used to be into art, but I haven't got the headspace for it; no-one in that panel knows that about me. So, the plan is then all about the missing episodes and the offending. Not about the art, not about my mum, not about my brothers. I'm not a human anymore: I'm a set of figures, risks and statistics. Whereas, in the last 24 months or so we’ve been observing meetings where I am hearing Carlene introduced and chairs are saying ‘we're here to talk about Carlene’, and then talking about what matters to me and who matters to me. This in turn changes the nature of the plans that are being produced - they are more needs-orientated.

To take this more humanising approach, we really have to be heartfelt. We have to love and care for our children. And I definitely noticed that in Scotland. Obviously, it helps that you actually use the word ‘love’ in some of your policies, like in The Promise.[7] But I also have questions about how things like racial inequality may or may not impact the capacity of professionals to care for young people impacted by extra-familial harm. In some services we often see distance between professionals and the young people they are supporting, when they don't all come from the same place. And often when we interview social workers in Scotland, they're often Scottish, and they know the communities that they serve; they're close to them. Whereas when we interview professionals who are trying to support children who are seeking asylum in the UK, and in that context there is cultural distance, the commitment to love and social justice is still there, but it takes more work by professionals (and active work to be anti-racist in practice), to demonstrate love to young people who feel more distant (Firmin et al., 2024). We see this play out in lots of different ways beyond extra-familial harm. As a society we often get really upset when there's a natural disaster in a country that feels closer to us, but we struggle to connect to that same level of disaster in a country that feels further away. In terms of extra-familial harm, we see that same pattern in practice, and it's something to really watch for and address to truly display heartfelt approaches to support.

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[7] See: https://thepromise.scot

Finally, contextual safeguarding requires a good dose of humility; but it is hard to be humble when everyone is under pressure to know what to do. In safeguarding systems, you can't possibly say you don't know what to do when faced with a really dangerous situation; you must have a plan. But in reality, sometimes it is really hard to know what to do in response to extra-familial harm, as was exemplified in the earlier quote from a social worker who stated everyone was 'finding it increasingly difficult' to safeguard a young person. In this way, being humble means acknowledging when we are finding things difficult rather than entering a situation with a certainty that is not real. It requires us to work in a way that reflects the reality of the situation a child, family, their community, or professional network has been confronted with. Humility also requires that we recognise where things have gone wrong, and where services have made things worse, rather than assuming the only harm children encounter is interpersonal. Some of the harm they encounter comes from services, comes from systems, historically and presently. Humility needs to be there to hold that tension if we're going to provide authentic support to children and families impacted by extra-familial harm.

This quote from the social work manager, who we were working with to develop alternative child protection pathways for extra-familial harm, really reflects that posture of humility:

> Difficulties in really trying to change people's thinking about how you [understand] context […] and when I say change people thinking we put ourselves in that group as well cos it's really pushed our way of thinking. It's pushed us massively outside of our comfort zone because I think your child protection stuff, you- you kind of had a really clear pathway, don't you? You don't deviate from that because it protects the children we think. It protects you as a worker, so it's really trying to come out of that comfort zone and think a little bit differently and it's left us feeling quite vulnerable at times. (Social work manager)

When I read this quote I thought – 'Good. You should feel vulnerable in those situations because how can you be certain in situations that are so uncertain, that change so dynamically, that present so much pressure on children and families?' This feeling of vulnerability demonstrated a healthy engagement with the complexity of what this manager was working with. Whereas presenting with certainty in responses to extra-familial harm suggests, for me, that something is being oversimplified in terms of what the children and young people who are impacted need from services.

The cultures of contextual safeguarding and Kilbrandon

I couldn't close this lecture without reflecting on Kilbrandon. In preparation of this lecture, it was a real pleasure to go back to the Kilbrandon report - and it's a real honour to have Lord Kilbrandon's family representatives here in the room today - because so much of what contextual safeguarding calls for is aligned to the principles first introduced through the Kilbrandon report. Contextual safeguarding is a mechanism for both embedding those principles and extending them; and there are three ways I'd like to reflect this.

First, in Kilbrandon, we move away from a justice lens towards a care lens when we view young people. This lens applies to young people in conflict with the law and those who need support. Achieving this shift in Scotland places you further ahead than approaches taken in many other countries. However, over the ten years of implementing contextual safeguarding we've come to learn that taking children who were in a justice system and putting them into a welfare-orientated system doesn't magically create needs-focused practice. Many of those welfare-orientated systems are dominated by risk: risk management, risk dispersal, and risk disruption (Featherstone et al., 2018). I naively thought that if you switched extra-familial harm from criminal justice into child protection systems all would be well; when in reality it has meant that we have stopped criminalising some young people but are seeking to control them in a different way. Control is often still prioritised over care; and this is a consequence of risk-reduction being the primary focus of child protection systems, and need being over-shadowed. So even when paperwork directs practitioners to consider need and then risk, in reality their approach will consider risk and latterly need, if at all.

For contextual safeguarding to be the guiding approach to responding to extra-familial harm risk needs to be in the background of a child welfare response, still there but pushed back a bit, and context needs to be foregrounded. In this sense we require an extension of the Kilbrandon principles. A lot of the focus in children's hearing systems,[8] for example, is on the individual child's needs and the extent to which their parents understand what is required, not on the context in which that child is coming to harm. To extend those Kilbrandon principles for children impacted by extra-familial harm, in way that enables a contextual safeguarding approach, we need intentional mitigation of how risk-orientated child welfare systems have become, and an intentional attempt to foreground context in the responses such systems offer.

In doing so, therefore, we also need to not only recognise the child in their family, but also recognise them in their friendship groups and wider communities. We cannot protect children from extra-familial harm by intervening with them and their families in isolation from the other contexts where they spend their time. We will only reach a certain number of young people in need of support if we seek to identify them one at a time; and every time we take a child out of an unsafe extra-familial context, we potentially create a victim vacuum that other children fill. We need to, of course, respond to individual need, but we need to have the capacity to move beyond solely seeing children in a family context, and consider them in *every* context in which they are spending their time.

And the other thing we need to be able to move beyond is black and white thinking. There's no better example, I don't think, than children impacted by extra-familial harm, to demonstrate why our binaries are unhelpful: our binary of victim and perpetrator, protector and harmer. They do not work for children impacted by extra-familial harm. This is not even just about recognising an overlap in who we identify as ‘victims’ and ‘perpetrators’. To make sense of either we have to recognise the way they bleed into, and characterise, one another. You can't understand a young person’s victimisation without understanding the offending, and you can't understand the offending without understanding the victimisation. They are one and the other. It's not about understanding them both. It's understanding how they impact each other. For children who are being exploited into drug distribution, for example, or who are being sexually exploited, many of them will represent a bleeding of those identities while being responded to by systems that still try to pull those identities apart. Kilbrandon provides space for us to recognise that intersection by creating

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[8] See: https://www.chscotland.gov.uk

a process for children who are both in need of care and support, and children who are in conflict with the law. And we need to think far more about how we work in that grey.

So ultimately, I think that going back to the Kilbrandon principles enables us to think about how far we've come, to develop responses to extra-familial harm that are built on care, rather than built on risk or justice. I would say for the most part, in most countries I've visited, we still have a (criminal) justice-orientated response to these children and young people that we've tried to make a bit kinder. So, these systems will still try to control young people; restrict them; but practitioners in those systems will be kinder in how they describe those young people or how they attempt to engage them in support. Whereas what we need is a care-orientated system in which (criminal) justice plays its part, where justice slots into a caring system rather than overwhelms it. I think this quote from a parent really exemplifies that for me, and I often get a bit tearful when I read this quote, because this is a mother who experienced a child protection response to extra-familial harm and then experienced a contextual safeguarding one.

> They were saying: We want to make this work so you can have the best life. We're not here to take you away […] not […] telling us how stupid she is or what horrible mistakes she's making. And it's all her fault, and she should know better. We haven't had any of that this time. It's been very understanding, very calm. (Parent)

There is a lot in that one quote; you could do a whole lecture just on it. But the thing that stands out to me the most is 'it's been very understanding, very calm'. This parent has not experienced a response that has been panicked, risk driven, or overwhelming; where professionals chuck every resource they possibly could at a family (all the interventions that they have not asked for) so that if something goes wrong they can demonstrate they did something. Where they take her away from a family who loves her, and secure her, because they're panicking. These professionals did not just want the bare minimum for her daughter. They did not just want her to survive. They wanted her to have 'the best life'. They wanted her to thrive.

This approach to support meant their response was going to go beyond interventions to help her daughter understand what a healthy relationship is. I’ve interviewed tens of young women in custody over the years and they could all tell me exactly what a healthy relationship was; they had done all the programmes. But not one of those young women had access to a healthy relationship. The contexts they were in were unsafe. You can't teach someone into finding a healthy relationship. Sure, as a result of the interventions they had received, they could then recognise they were in a really difficult situation; but being able to recognise a bad situation did not change that situation for them. So, when this mother explains how professionals had broader ambitions for her daughter to live a full life, we can see how important that is.

Conclusion

So that's really why common sense is so complicated. To adopt a contextual safeguarding approach we have to like young people, and we often respond to extra-familial harm using systems that don’t.

The three-H’s introduced in this paper provide a way out of this quagmire of complication. Foregrounding ways of working that are heartfelt, humble, and humanising just might be a way to make common sense that little less complicated; in short, reframing *how* we respond to extra-familial harm rather than simply introducing another policy, process, or partnership into an already cluttered landscape.

To achieve this, we have to challenge a preoccupation with risk, which is really difficult when we're under pressure to demonstrate action.

We have to look beyond interpersonal harms to recognise system harm and structural harm and contextual harm in systems that literally isolate harm to being things that happen just between individual people or groups of people.

We have to be willing to give up our binaries. We have to be willing to work without the safety that binaries often provide: you put the victims over here and the perpetrators over here, the protective responses here and the harmful people over there. You have to be willing to move beyond these binaries, even though that feels destabilising, and respond instead to what people need.

And we have to believe that all of that is actually possible. We have to be hopeful in a pretty cynical world. So, I'm not really surprised that contextual safeguarding is complicated and the common sense of it all feels hard. But I do want to know if you're ready to join me. Thank you.

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About the Kilbrandon Lecturer

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Short Article

Relational practice, professional identity, and lifelong commitment to care: A Scottish perspective

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Abstract:

Identity and belonging are central to the experiences of children living in residential care and to the professional lives of those who care for them. Drawing on practice experience, Scotland's national commitment through *The Promise*, and a personal journey that began in 1986, this paper explores how relationships shape lifelong outcomes for children and determine whether residential child care becomes a meaningful, sustainable profession. It argues that organisations, leaders, inspectors, and commissioners must intentionally create the conditions in which relational practice, professional identity, and belonging can flourish. When these conditions are present, residential care is not only a place of safety and support; it is a relational community capable of sustaining commitment, hope, and purpose across a working life. Reflective vignettes* shared throughout the paper, illustrate the enduring impact of ordinary, everyday relationships.

Introduction

Recently a young woman, Toni, contacted me after a break of 34 years. She had lived with us for three years in a residential house I was working in, in the late 1980s. Her message was filled with details I had not realised she still carried so vividly; she described that time as affirming and life-changing. Then she asked a simple question that held extraordinary power: 'Do you still sing *New York, New York*?' In an instant I was back in 1988 - an ordinary evening of music and laughter that cut through uncertainty and said, 'you belong here'.

What Toni remembered was not a programme, a plan, or a form. She remembered relationship; the ordinary, everyday interactions that helped her feel seen. And I carry her too. Practitioners often hold children in mind long after direct care ends; it would be untrue to suggest those children do not also carry something of us. This mutual holding is the quiet evidence that relational practice matters and lasts.

Residential child care in Scotland has long understood that relationships matter, but the depth of their significance - how they shape identity, belonging, and the very architecture of a child's inner world - has not always received the attention it deserves. Compliance, procedure, and risk management too readily eclipse the relational labour that children remember, and that practitioners experience as the heart of the work. At the centre of residential care lie two profoundly human needs: identity, our sense of who we are, and belonging, our felt experience of being valued, held in mind, and remembered. For children whose early lives may have been marked by trauma, loss, and unpredictability, these needs become acute. For caregivers, meeting those needs becomes both a professional task and a source of meaning.

My own journey into residential care began in 1986. As a young worker I met children who had been asked, implicitly or explicitly, to fight for everything: for dignity, for recognition, for their right to be seen without stigma or the gravity of low expectations. Those early encounters revealed a simple but demanding truth, residential care at its best is not a system or a set of processes; it is a practice of turning up, with integrity and consistency, for children who have had to battle for belonging. This paper offers a practice-grounded argument for centring relational work across organisations and systems, supported by reflective vignettes that evidence its lifelong impact.

'You matter here': Identity and belonging in residential care

Emerging from Scotland's Independent Care Review, *The Promise* calls for a care system in which children grow up loved, safe, and respected. Beyond policy aspiration, it is a relational imperative: the quality of relationships - attunement, consistency, curiosity, and hope - constitutes the primary mechanism through which children experience safety and develop a coherent sense of self. Within this frame, residential homes are not only placements but communities of recognition, where everyday interactions communicate dignity and possibility.

I am reminded of a young person I worked with in a previous organisation who told me she had lived in more than 30 care placements before coming to live with us. She was weary of repeated attempts to fit her into families that were neither her own nor of her choosing. At one point she described herself as 'a potato in a field of raspberries' - fundamentally different, always noticeable, never quite belonging. She spoke openly about how living in a family setting often felt forced, whereas living alongside other children who were not the birth children of the carers felt simpler and more honest. Relationships were easier to form, expectations felt clearer, and belonging emerged without pretence. What stayed with me was her clarity: identity and belonging could not be imposed through good intentions; they had to be experienced as authentic, chosen, and relationally safe.

Children make sense of themselves in and through relationships. How adults speak to them, remember them, and hold hope for them are internalised as messages about worth and place in the world. When placements have been multiple, histories complex, and trust compromised, belonging is built through the ordinary: shared routines, reliable boundaries, everyday rituals, and moments of joy that say, 'you matter here'. Relational practice is therefore not an adjunct to technical interventions; it is the ground upon which all meaningful help rests.

Why people stay: Identity, emotion, and commitment in care

Residential care is emotionally demanding, intimate work. Over time, practitioners carry children in mind, often long after shifts end, because the work does not simply use professional skills; it draws upon the self. This ongoing 'carrying' is not a sign of poor boundaries; it is evidence of authentic connection. For that very reason, organisations must create intentional spaces for reflection and sense-making, such that emotional labour is transformed into learning rather than accumulated as unspoken weight. Where staff are supported to integrate experience, professional identity deepens, relational capacity widens, and commitment is sustained.

My own practice identity was shaped by those early years. I learned that children notice who turns up, and who keeps turning up for them, especially when life is messy. I also learned that the small things - humour, music, shared meals, predictable routines - often become the memory-carriers of belonging. I describe this as the power of the everyday.

In recent years, my own practice and leadership have been profoundly reshaped by two developments. The first was engaging Dr Shona Quin as a reflective supervisor between 2018 and 2024. Her multi-layered approach to reflective practice provided a level of containment, inquiry, and support that was transformative, not only for me, but for the wider organisation. Her offer of reflective supervision has been nothing short of a lifeline: a protected space where complexity can be understood, emotions can be metabolised, and leadership can be exercised with greater clarity and compassion. For leaders in residential child care - who routinely hold organisational risk, moral responsibility, and the emotional weight of children's lives - such spaces are not a luxury but a necessity. Without intentional opportunities to reflect, leaders risk becoming reactive or procedurally driven, inadvertently reproducing the very conditions of instability we seek to protect children from. This relational container strengthened my ability to stay present, to think rather than merely respond, and to lead in alignment with the values we ask of our staff.

The second development was our decision, while at Aberlour, to bring the residential leadership team together to co-create a shared vision for our services. The vision we agreed was simple yet demanding: *to provide warm, loving homes where everyone laughs, learns, grows into their future, and is treasured always*. That shared vision became a practical compass for decision-making at every level. Most significantly, it created the conditions in which the use of physical restraint ceased, not because of policy change, external pressure, or a procedural mandate, but because the people who lived and worked in those houses collectively agreed that restraint had no place in the vision they held for children or for themselves.

More recently, at St Mary's Kenmure, we have undertaken similar vision-creating work with both children and adults. Together, they articulated a shared aspiration that St Mary's Kenmure will be *a place where people are valued, inspired, and thrive*. What has been most important in this process is that the vision was explicitly held for both children and adults; not for one at the expense of the other. In residential care, cultures flourish when the wellbeing, dignity, and growth of staff and children are understood to be interdependent. A vision that belongs to everyone creates the relational conditions in which care is not simply delivered but lived.

These two developments, reflective supervision as containment, and co-created vision as alignment, have changed me as a practitioner and as a leader. They have strengthened my conviction that relationships are not only what we offer to children, but what must be cultivated within the adults who care for them. They are, in many ways, the deep structural supports that allow relational practice to flourish.

When organisations make relationships possible

At Aberlour we faced persistent challenges in recruiting experienced and suitably qualified house managers. Rather than lowering expectations or relying solely on external recruitment, we made a deliberate decision to *grow our own* leaders. Creating space for relational practice to flourish allowed us to recruit confidently based on values, knowing that in reality none of us are ever the finished article. By prioritising relational capacity, curiosity, and integrity over technical completeness, a context of excellence began to emerge. We regularly took time away together as a leadership team, often annually, not to work through lengthy agendas, but to nurture the leadership community itself. What developed was a culture in which people cared deeply for one another, and from that relational depth came excellence in care for children. Even when circumstances were difficult, we protected time for reflection and growth, recognising that connection, not instruction, was often where the most meaningful change occurred. There was rarely a need for a long agenda; the relationships themselves were where change happened. I recall one-to-one reflective work with a colleague where we consciously challenged phrases such as ’it is what it is’, recognising how such language prematurely closes down curiosity and brings important conversations to an end. Over time, those same colleagues grew into leaders who could hold reflective space for others and speak with confidence at conferences. When I see this demonstrated now, I do so with a deep sense of pride, not because of individual achievement alone, but because we have travelled the same developmental journey. I see that same pattern emerging again at St Mary’s Kenmure, where creating space for reflection, connection, and shared learning continues to shape leaders who are grounded, relational, and aligned with the values of the organisation.

‘We help each other to be great’: Relational leadership in practice

One of the most formative lessons in relational leadership I encountered came during my time at Aberlour, where I was fortunate to work alongside one of the most relational leaders I have ever known. I owe a great deal to Jim Wallace for his mentorship. His influence on how I understand leadership, supervision, and organisational culture has been profound and enduring.

Jim’s mantra was simple but powerful: ‘hard on the issues, soft on the people’. This was never an excuse to avoid difficult conversations or shy away from accountability, with tough issues being addressed directly and clearly. What I learned, however, was the importance of being *beside* people while doing so. Another phrase Jim often used was, ‘be on their side, not on their backs’. At the time, this felt like wisdom I had not previously encountered. It challenged assumptions about power and authority, and reframed leadership as something grounded in solidarity, trust, and shared purpose.

I remember preparing for supervision with great care, arriving with meticulously structured notes and a clear agenda. On one occasion, I was working through these notes in what felt like a focused and engaged conversation. Jim appeared attentive, even captivated. Then, unexpectedly, he raised his hand and said simply, ‘stop’. I assumed he wanted to explore one of the agenda items in greater depth.

Instead, he turned his laptop towards me. On the screen was the Netflix logo.

He explained that he wanted to show me something and began to take me through a short slide deck on Netflix’s organisational culture. He paused on a single slide that read: ‘We help each other to be great’. No explanation followed and no commentary was offered. The moment was allowed to speak for itself.

That moment has stayed with me ever since. It was my *Netflix moment*—and it is one I have never turned back from.

In that silence something fundamental shifted in how I experienced leadership. I felt safe, I felt trusted, and I felt I had permission to be at my very best. It was not a permission granted through words or instruction, but through relational presence and intent. That experience awakened a new understanding of leadership for me, one rooted in psychological safety, belief in others, and the deliberate creation of space for people to flourish.

From that point onwards a different way of working became possible. It created the conditions in which vision could be genuinely co-created, restraint reduction could be pursued with confidence and integrity, and Aberlour's residential child care portfolio could grow and develop in ways that had not previously been achieved. None of this was driven by command or compliance. It emerged from an organisational culture where people were actively helped, explicitly and implicitly, to be great.

This experience illustrates why relational practice cannot be sustained through values statements alone. It depends on leaders who model relational intent through everyday actions; who create safety through presence; and who use power to enable rather than constrain. When organisations invest in these conditions, relational practice ceases to be fragile or individualised. It becomes cultural, durable, and transformative - for children, practitioners, and systems alike.

I would encourage leaders at every level to create the space, safety, and permission for their people to be great. In doing so, we do not weaken accountability or leaders' authority. We strengthen commitment, unlock potential, and create organisations capable of growth, integrity, and lasting impact.

Relational consistency across leadership, inspection, and commissioning

Leadership, inspection, and commissioning shape what residential care becomes in practice. Leaders signal priorities through presence and behaviour; inspection frameworks reinforce what counts by what they attend to; and commissioners determine what is resourced. Funding reflective practice, workforce development, and stable staffing is not a luxury but a preventative investment. High turnover and fragmented relationships carry moral and financial costs that far exceed the investment required to protect relational continuity. How we treat caregivers - with respect to trust, recognition, and support - directly shapes how children experience care.

Having worked across leadership and inspection roles, I am often struck by how frequently consistency is called for across systems, and how challenging that aspiration can be in practice. We all bring different lenses, experiences, and responsibilities to the same situation, and from my own time working as an inspector I know that two people can witness the same moment and understand it very differently. The task, for me, was never to dilute safeguarding or responsibility, but to create sufficient relational space for understanding and context to emerge alongside professional judgement. This is where relationships matter - not to soften scrutiny, but to strengthen it. *The Promise* calls for systems that are relational, trusting, and grounded in shared values, and this requires leaders, inspectors, and commissioners to work in ways that are both rigorous and humane. Where respectful relationships exist across these roles, there is greater opportunity for alignment: clarity of purpose, proportionality in decision-making, and a shared understanding of how values are lived in complex environments. The skills I developed as an inspector - curiosity, careful listening, and the ability to hold multiple truths at once - have profoundly shaped my leadership practice. Equally, my experience as a leader has reinforced the importance of inspection and commissioning approaches that recognise context without compromising accountability, understanding that consistency is not achieved through uniformity, but through shared values, trust, and ongoing dialogue.

Counting what endures

It was the moments when relationships guided our work, when reflection was protected, and when stable, values-aligned teams focused on what truly mattered, that shaped the deepest change.

I am reminded again of the same young woman who once described herself as ‘a potato in a field of raspberries’. Years later, she passed her driving test. She came to collect me so she could show off her new car, and there I was, sitting in the passenger seat, being driven along the road by a child I had once looked after, feeling an enormous and unexpected sense of pride. It was the kind of pride I had felt with my own son - quiet, affirming, and deeply human.

Moments like this rarely find their way into reports or inspection frameworks, yet they matter profoundly. Who knows, perhaps in 30 years' time she will remember that day: the laughter, the shared nervousness, the way I told her to slow down, then speed up. I often think of the children I have cared for as always being children, even as their lives move forward. What endures are not the interventions or the paperwork, but the relationships that held them.

These are the things we should be counting. Not simply whether a policy was followed to the letter, or whether staff can recite, with poetic precision, the required temperature of a cooked sausage in case someone asks them. Safeguarding matters, and accountability matters, but they are not the sum total of care. The bedrock of children's lives is built in moments of connection, pride, shared laughter, and recognition. It is in these ordinary, relational experiences that identity and belonging take root - and it is these moments that sustain children long after they leave our care.

A moment of choice: Leadership and the future of care

At a recent event I spoke about the opportunity we have in Scotland not simply to be led into the future of residential child care, but to *shape it*. That distinction matters. In 1992, Angus Skinner, in *Another Kind of Home*, spoke of residential child care as a *placement of first choice*. More than three decades later, we are still returning to that aspiration. The question, perhaps, is not why it has taken so long, but what will finally allow us to realise it.

My experience tells me that the answer lies not primarily in structures or strategies, but in people and culture. When organisations invest intentionally in the adults, when they create cultures of reflection, trust, and relational safety, something powerful happens. Children experience greater consistency, deeper belonging, and more hopeful futures. The workforce grows in confidence, identity, and purpose. Practice becomes more humane, more courageous, and more sustainable.

I am proud to be part of a moment in Scotland where residential child care is beginning to claim its identity with confidence. We are increasingly showing what is possible when leadership is built on what truly matters: relationships, values, and shared responsibility. This is leadership that is not performative, but relational; not imposed, but grown.

If we continue to invest in models of culture development, if we genuinely hold the hands of those who hold the hands of children, by creating reflective spaces where people feel safe enough to think, to feel, and to grow - then who knows what we might yet see? Perhaps then Scotland’s residential child care sector will not only fulfil Skinner’s long-held vision but will rightly take its place as world-leading. Not because of what we say, but because of how children and those who care for them experience belonging, dignity, and hope in everyday life.

**Note:* The vignettes were anonymised and shared with respect for privacy; identifying details have been altered.

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About the author

John Ryan is a qualified social worker and seasoned leader in residential child care, with a career spanning Scotland and Ireland since 1986. He holds a postgraduate certificate in social services leadership and has worked across frontline practice, senior leadership, and the regulation of care services, including five years in regulatory roles that strengthened his commitment to high-quality, compassionate care. Since June 2024, John has served as director of services at St Mary’s Kenmure, one of Scotland’s four secure care children’s centres, where he continues to shape safe, relational, and therapeutic approaches to care. He has also chaired Social Work Scotland’s residential child care sub-group since 2017 and mentors leaders across the sector, supporting reflective and confident practice. During his tenure with Aberlour Child Care Trust, John led a transformative programme of change that eliminated the use of physical restraint—an approach that was independently evaluated and later trialled by other organisations. He is a strong advocate for psychologically informed, relational leadership as a driver of meaningful and lasting improvement in care environments. Alongside his professional work, John serves as a trustee with Covey Befriending, a Lanarkshire-based charity supporting vulnerable young people and families.