

Scottish Journal of Residential Child Care



WWW.CELCIS.ORG/SJRCC

VOLUME 23.2



Editorial	2
Experiences of parents in 'The Village,' an online support network for care-experienced parents: A thematic analysis	6
A home away from home for adolescents: Narratives on residential care life in eThekweni, KwaZulu-Natal, South Africa.....	21
Drill music: The experience and beliefs of carers supporting looked after children in residential care	46
Against the use of rewards in residential child care	66
Non-compulsory care for children and young people: Learning from research on Section 25 arrangements. What is next for Scotland?.....	73
Keeping The Promise in regulation: Our revised approach to how we regulate and inspect services for children and young people.....	86
Advocacy for adult survivors of childhood abuse: Towards an evidence-based service.....	94
Adjusting the volume: Reflections on engagement with autistic young people living in secure care	104
Practitioner enquiry: Does Forest school education have a positive impact on young people's wellbeing?	117
Free Loaves on Fridays: The care system as told by people who actually get it	130
Foster	133
The Enlightened Social Worker: An Introduction to Rights-Focused Practice	135
The State of It: Stories from the Frontline of a Broken Care System	137
Frank Ainsworth	140



Received: 05/11/2024

Accepted: 07/11/2024

DOI:

<https://doi.org/10.17868/strath.0091001>

Editorial

Graham Connelly & Sarah Deeley

Editors

Welcome to the Autumn 2024 issue of the Scottish Journal of Residential Care.

Welcome to the autumn 2024 issue of the *Scottish Journal of Residential Child Care* (SJRCC). We introduce this issue by saying a big 'thank you' from the editorial team to our readers, at home and, increasingly, internationally. It is clear that being recently listed in the Directory of Open Access Journals (DOAJ) is already bringing our small, Scotland-based journal to a much wider world audience, and, in turn, authors from more countries are entrusting us with their precious research and commentary by submitting articles for review. While on the theme of 'thanks', we also record our appreciation of the members of our international editorial board, and other volunteers, who give their time and expertise to review articles and offer advice to authors.

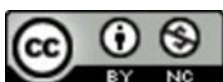
A sobering statistic caught our eye recently in the UNICEF (2024) annual report: the agency provided services to children during 2023 caught up in 412 emergencies in 107 countries. Threats to children's rights to basic necessities, to love, and to education, are ever-present, particularly where there is conflict, natural disasters or those caused by climate change, and poverty. It is easy to be disheartened by metrics which go in the wrong direction – such as the recent increase in the number of children not in school – but as journal editors we never fail to be impressed by the innovative work of child and youth workers, represented in the research outlined in the articles we receive for review.

As we go to press (in November 2024), the editorial team will be meeting delegates at the Transforming Lives conference hosted by Kibble Education and Care Centre in our home city of Glasgow. Journal work is inevitably mostly desk-bound, so we are pleased to have the opportunity to network and to advocate for the continuing relevance of research reports, review articles and book reviews to support the child and youth care community.

Long form articles

This issue includes three full-length peer-reviewed papers, from authors in South Africa, England, and Scotland.

Sydney Guinchard from The Why Not? Trust for care experienced young people discusses the barriers care experienced parents can face when accessing support



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

and the rationale behind the development of 'The Village', an online community for care experienced parents in Scotland. Based on a thematic analysis of the experiences of 22 parents supported by The Village, Sydney identifies the usefulness of the model and highlights benefits within key themes of relationships, parenting and entitlements.

Xolani Shabangu, Raisuyah Bhagwan and Fathima Dewan from Durban University of Technology explore the daily life experiences of adolescents at a residential care setting in the eThekweni region of KwaZulu-Natal, in South Africa. Using qualitative research methodology, involving 26 participants, the authors identified the emotions associated with growing up in care, and the young people's satisfactions and dissatisfactions with their care, reflecting on the implications for improvement of child care facilities and the wellbeing of children and young people in South Africa.

Sarah Elgie, Alexandra Cometson, Frances Sales and Katherine Proudman from the Keys Group, providers of residential care based in England, consider residential home carers' experiences of drill music being listened to by young people. This genre of music has attracted controversy, with concerns identified in focus groups of carers in 11 residential homes, including concerns about the promotion of gang culture. The authors highlight the attractions of this genre of music to many young people, for example by 'understanding ... why the lyrics often speak to children in care' and make recommendations for safer use guidance and suggestions for services that can best support children and young people engaged with drill music.

Short articles

We also publish six short papers, many of which this time have a Scotland practice focus.

Maddie Howley, a residential practitioner in a local authority children's home in Yorkshire, England, considers the use of rewards and rewards systems connected to behavioural targets for children and young people in residential child care and outlines the difficulties associated with incentives and rewards systems in these settings.

Brandi Lee Lough Dennell, Robert Porter and Micky Anderson, researchers at CELCIS, the Centre for Excellence for Children's Care and Protection, at the University of Strathclyde in Scotland, present the key issues arising for social work practice, challenges and suggested next steps, following their 30-month mixed-methods study of the use of Section 25 of the Children (Scotland) Act 1995, the statute which governs how children in need of care and protection are cared for on a non-compulsory basis. Crucially, the research team found that the use of Section 25 arrangements was even higher than previously understood. They call for a new shared vision of the role and purpose of Section 25 arrangements in Scotland.



Mary Morris and Anthony O'Malley from The Care Inspectorate, the body responsible for inspecting and regulating care establishments in Scotland, outline the organisation's revised approach to assessing services and the rationale underpinning this. The authors outline the main changes made to the framework concerned with assessing how well services support children and young people's wellbeing, and the influence of feedback on these changes. The changes focused on aiming to make the process of inspection more transparent for services.

Rachel Stewart of Wellbeing Scotland, a charity which supports individuals who have been affected by childhood abuse, explores existing research on advocacy services and other effective services for adult survivors of childhood abuse. Rachel outlines identified effective service responses, and she proposes implications for practice, including the importance of empowering survivors of child abuse to make informed decisions.

Charlotte Wilson, also of The Care Inspectorate in Scotland, reflects on the complexities and unexpected challenges experienced with engagement during a doctoral research project focused on the impact of Scottish secure care experience on the identity constructions of autistic young people. Charlotte shares learning from each aspect of the experience, both specific to engagement with autistic or neurodiverse young people, and to the secure sector and residential child care more broadly.

Angela Macauley, a teacher at Glasgow Virtual School, a support service for care experienced school students in Scotland, writes about her evaluation of the experience of a small number of students participating in outdoor education through Forest School. She reports positive impact on the young people's wellbeing, resilience and self-confidence.

Book reviews

We believe that our book review section is much appreciated, but we invite our readers to let us know what they think of book reviews, how they use them – and of course, we'd love you to suggest books we should review, particularly books which may not be on our radar where we are based in Scotland. Normally, we provide reviews of new books, but it has previously been suggested we should review 'classic' texts. Please do let us have your suggestions.

In this issue, we publish reviews of four books, and we record our particular thanks to the reviewers.

'Free Loaves on Fridays: The Care System as told by people who actually get it', edited by Rebekah Pierre (Unbound, 2024), is reviewed by Jim Goddard, Chair of The Care Leavers Association.



'Foster', by Claire Keegan (Faber & Faber, 2022) is reviewed by Samantha Fiander, Communications and Engagement Lead at CELCIS.

'The Enlightened Social Worker: An Introduction to Rights-Focused Practice', by Donald Forrester (Bristol University Press, 2024), is reviewed by Aleksandra Jadwiszczok, Justice Social Worker at North Lanarkshire Council.

'The State of It: Stories from the Frontline of a Broken Care System', by Chris Wild (John Blake Publishing Ltd, 2021), is reviewed by Khutso Ranato-Dunbar, Doctoral Researcher at the University of Strathclyde.

Obituary

It is with great sadness that we record the passing of a titan of the child and youth care sector - and reader of and contributor to - this journal, Frank Ainsworth. Our colleague and editorial board member, Leon Fulcher, has contributed a lovely obituary of his friend and collaborator. We miss you too Frank.

Next issue

We will be back with the spring 2025 issue. If you are engaged in research which would be of interest to our readership, please consider submitting a paper. If you have an idea for a short article, or a book that should be reviewed, we will also be delighted to hear from you at sjrcc@strath.ac.uk.

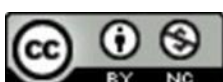
References

United Nations Children's Fund (2024). *UNICEF annual report 2023*.
<https://www.unicef.org/reports/unicef-annual-report-2023#download>

About the authors

Dr Graham Connelly is editor-in chief of SJRCC, and an honorary senior research fellow at CELCIS and in the department of social work and social policy at the University of Strathclyde.

Sarah Deeley is editor of SJRCC and residential child care lead in CELCIS at the University of Strathclyde.



Received: 16/08/2024

Accepted: 10/10/2024

Keywords:

Care-experience,
transition, parenting,
informal support,
social networks

DOI:

<https://doi.org/10.17868/strath.00091002>

Original Research Article

Experiences of parents in 'The Village,' an online support network for care-experienced parents: A thematic analysis

Sydney Guinchard

The Why Not Trust for Care-Experienced Young People

Abstract:

Becoming a parent is a time of major shifts in identity and social relationships. A strong social network is crucial for positive parent and child outcomes, but for care-experienced parents, this network is likely to be reduced due to the care system itself putting them at a disadvantage when transitioning to parenthood. Research typically focuses on the negative outcomes for care-experienced parents, but little attention is given to those for whom parenting is a positive and transformational experience if provided with proper support. This article discusses barriers to care-experienced parents accessing support and the rationale behind 'The Village,' an online community for care-experienced parents in Scotland that offers emotional, parenting, practical, and social support. Twenty-two care-experienced parents supported by The Village shared their experiences of being part of The Village and the impact this has had on their wellbeing and parenting. A thematic analysis identified benefits across the following key themes: relationships, parenting, and entitlements. Suggestions for improvement and future directions are also discussed.

Introduction

It is estimated that every year, 500 babies are born to parents with care-experience in Scotland (McTier et al., 2023). Parents with experience of care are likely to face challenges beyond those that affect all new parents. Due to family breakdown, and likely frequent moves while growing up, care-experienced parents tend to lack adequate social and family support, as well as experiencing difficulty sustaining supportive relationships. This is in part caused by barriers put in place by the care system itself, that will continue to have an impact on the



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

social networks of care-experienced people long after they move on from care (Teer, 2021; Tzouvara et al., 2023).

Those who have experience of care typically exhibit poorer mental health and lower self-esteem than their peers (Cummings & Shelton, 2024; Parsons et al., 2024; Sanders, 2023). Evidence suggests that young people with experience of care are more likely to become parents early, have poor health outcomes, and attain a lower level of education, training, and employment, especially without proper support (Roberts et al., 2017). Care-experienced parents are also more prone to facing financial difficulties and housing instability, both of which can negatively impact their parenting experience (Parsons et al., 2024).

Barriers for care-experienced parents

The transition to parenthood is a major identity shift for any new parent, and this process may be even more stressful for those who are care-experienced. Isolation, low self-esteem, poor parenting role models, stigma, and negative biases held by services and professionals are all potential barriers for those with care-experience who are trying to succeed as parents (Care Journeys, 2022; Purtell et al., 2022; Roberts et al., 2019; Targosz et al., 2003).

Care-experienced parents are more likely to view professionals as judgemental rather than supportive and may avoid going to professionals with questions and concerns for fear it will make them look like a 'bad parent,' or worse, result in their children being removed (Care Journeys, 2022). Care-experienced parents have reported that they feel professionals are constantly looking for evidence of child maltreatment rather than working to help them improve their skills (Roberts et al., 2017).

While it is important to always prioritise the safety of the child, there is evidence of what Purtell et al. (2022) refer to as 'surveillance bias,' in which services are more likely to make negative assumptions about a person's ability to parent if they are care experienced. A study in Wales found that although less than 1% of children in Wales are in care at any time, over 25% of mothers and 20% of fathers whose children have been adopted were care-experienced themselves (Roberts et al., 2017). The researchers studied a sample of parents whose children had been removed and placed for adoption and found that for 58% of care-experienced parents it was their first child who had been removed, compared to only 18% of their non-care-experienced peers. However, there were no significant differences in crime involvement or substance misuse between parents who were and were not care-experienced. These findings suggest a hypervigilance of child protection services towards care-experienced parents, validating the fears that many care-experienced parents have when engaging with services.



Parents with care-experience are constantly expected to prove themselves to professionals, despite often not being given the necessary support or being shown how to be effective parents. Care-experienced parents typically have good intentions and the drive to become good parents for their children, with many reporting that having a child of their own is their opportunity to 'break the cycle' (Either, 2022). Parsons et al., (2024) examined the long-term outcomes of care-leavers who became parents and their children, using data from the 1970 British Cohort Study and the 2000/02 Millennium Cohort Study, both of which included information on health, educational, and socioeconomic circumstances. The evidence shows us that while mothers who had experienced out-of-home care (OHC) had a lower socioeconomic status, less psychosocial resources available to them, and typically did not perceive themselves as good parents, there was no significant difference between care-experienced mothers and controls regarding their ability to provide a safe and stable home for their children. No significant differences were found between OHC and non-OHC mothers regarding the following measures of parenting suitability: using drugs or drinking alcohol frequently, living in an overcrowded or messy home, having a regular schedule for their child, attendance at antenatal classes, being unhappy about becoming pregnant, or having a baby with low birthweight. This tells us that care-experienced parents overwhelmingly have the desire to give their children a safe and nurturing home but may require extra support to be at their best.

What care-experienced parents need

When young people leave care, they are often referred on to several services that do not coordinate with each other, creating barriers and increasing anxiety, which may cause the young person to disengage altogether from formal services providing income, housing, education, and employment support (Purtell et al., 2022). This, combined with distrust of services stemming from experiences of the care system as a whole, means that what parents *do not* need is more professionals in their lives. Both research and care-experienced parents themselves tell us that what they need most is more informal social support. Having supportive social relationships is a crucial protective factor for parents and their children, helping to prevent negative outcomes and increase parental self-efficacy (Either, 2022).

A study by Leahy-Warren et al., (2009) found that informal social support had a positive, significant effect on self-efficacy in new mothers, which in turn was significantly correlated with lower levels of postnatal depressive symptoms. This correlation was not significant, however, with respect to professional support. Mothers benefitted from four types of support – emotional, informational, appraisal (i.e. reassurance and encouragement), and instrumental (i.e. practical support with parenting responsibilities). For most mothers, partners, their own mother, and friends offered all four types of support. Further, another study, by Nunes et al. (2020), found that a parent's support network consisted of, on



average, nine people. For care-experienced parents, this support network is likely to be much smaller, which impacts negatively on emotional wellbeing, self-efficacy, and ease of meeting the demands of parenthood.

In a study by Roberts et al., (2019), in which the researchers heard input from professionals who work with care-experienced parents, one team manager reported finding it hard to see “the lack of moral support. [Parents] having kind of no trustworthy adult about to kind of guide them through things and to, to be a crutch or a shoulder to cry on” (p. 15). Care-experienced parents have also noted feeling that they do not have others in their support network who understand their unique experience as parents with experience of care. Parents have said that they sometimes have trouble connecting fully with those in typical parent and child groups, and that there is a need for support networks that provide a safe space specifically for care-experienced parents (Care Journeys, 2022).

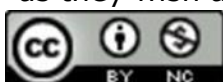
Introducing ‘The Village’

The Village is an online support network for care-experienced parents in Scotland. The Village was created with a focus on relationships and the impact they can have on care-experienced people who are transitioning to and navigating parenthood. Through this community, parents can link in with team members for informal, yet informed, one-to-one support or connect with other parents and offer support to each other. Parents also have the option of becoming involved in the peer mentoring programme, in which mentees can meaningfully connect with someone who has had similar parenting experiences to them, while mentors can continue to build their confidence and develop their skillset.

The Village operates almost fully online through whichever means is most accessible for the parents themselves, whether this be through Facebook, Instagram, Twitter, or WhatsApp. This allows us, for one, to support those in geographical areas where resources can be limited. Further, it is known that many parents rely on the internet for information and social support, and may even be more likely to turn to it than to their own families for parenting information and advice (Doty & Dworkin, 2014). Online communities provide parents with the benefit of immediate advice and reassurance, where they can feel validated through sharing and storytelling with other parents who are having similar experiences (Doty & Dworkin, 2014; Haslam et al., 2017). One study found that parents consistently preferred informal information and advice from other parents over expert sources, because they viewed lived experience as more valuable (Doty & Dworkin, 2014).

Team member support

The parents, or ‘villagers,’ can interact with team members as much or as little as they wish and choose for themselves what support they want to receive.



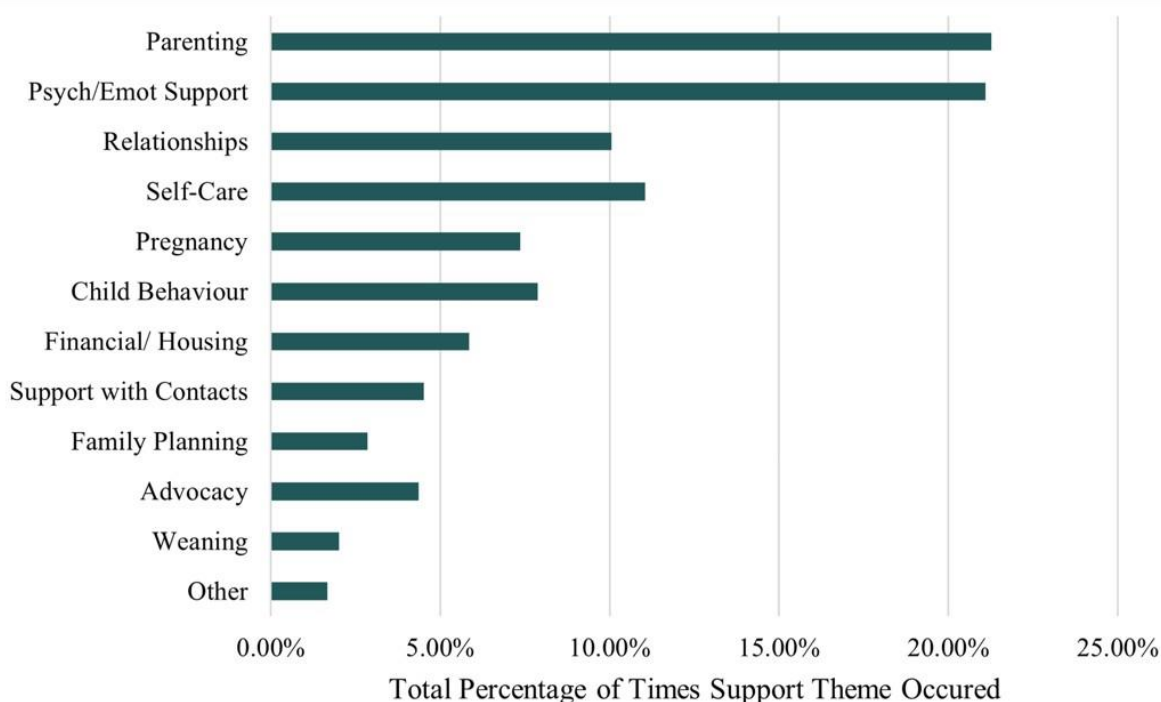
This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Team members provide one-to-one support through calls and messages, and support received by villagers encompasses all four previously mentioned types (emotional, informational, appraisal, and instrumental). Villagers have benefitted from parenting advice and tips, emotional and psychological support, and help navigating systems such as government entitlements, social services, and housing. **Figure 1** illustrates the most common support themes, as reported by team members weekly between January and July 2024.

Figure 1: Weekly Support Themes of Villagers Linking with Team Members for 2024



It is worth noting that, as The Village is a community and not a service, all conversations with team members are fully confidential, and records on parents are never shared unless there is a serious safeguarding concern. This allows the team to build trusting relationships with parents and ensure that support is fully centred around their needs.

Peer mentoring

In addition to support from team members, parents have the option of engaging with the peer mentoring programme. This resulted from a consultation with care-experienced parents who told The Village team that they would benefit from having someone who could relate more closely to their experiences whilst still being unbiased and maintains confidentiality. Peer mentoring has been found to improve outcomes relating to babies and children, increase self-efficacy in mothers, and reduce depressive symptoms (Law et al., 2022; McLeish & Redshaw, 2017). In a qualitative study by Law et al. (2022) on a 'mummy



buddy' programme in Australia, mothers reflected on the benefits of having a peer mentor, stating that both family and friends, as well as professionals, can carry stigma and have an 'agenda' when providing support. Peer mentoring, alternatively, is informal but still contains some boundaries, where mothers can have someone to open up to without worrying about judgement from those in their personal network. Through the peer mentoring programme, care-experienced parents can become a mentor or be mentored themselves, depending on their needs, goals, and confidence.

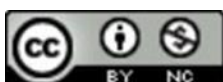
Experiences of parents in The Village

In the remainder of this paper, I explore the experiences of parents who currently receive support from The Village and identify what they believe the largest impacts of this support have been. The main research questions identified before starting the study were: do parents find the support they receive from The Village useful? What effects has being part of The Village had on their perceived confidence in parenting, emotional wellbeing, and social support? However, with this being an exploratory study of parent experiences, the additional theme of impact was welcomed.

Method

Participants

All villagers had the opportunity to respond to surveys and/or participate in one-to-one interviews with the author to talk about their experience of being in The Village, what benefits they have seen, and what they would like to see improved. Parents were recruited by the author, their team members, or through social media. Twenty-two parents participated – about 30% of the total number of villagers. Despite being a self-selected sample, proportions of gender and minority status were exactly equal to the villager population as a whole. Age groups of parents in the study and those in the wider Village community were near equal, although skewed slightly younger proportionally, as at the time only two villagers were under the age of 18, one of whom participated in this study. A demographic summary of those who participated in surveys and/or interviews is shown in **Table 1**.



	N = 22	%
Gender		
Male	2	9.09%
Female	20	90.91%
Ethnicity		
White UK	21	95.45%
Asian	1	4.55%
Age		
16 - 17	1	4.55%
18 - 25	11	50.0%
26+	10	45.45%
Employment Status		
Unemployed	16	72.73%
In education or training	1	4.55%
Working part-time	4	18.18%
Working full-time	1	4.54%
Relationship Status		
Single	11	50.0%
In relationship (with someone who shares parenting responsibilities)	11	50.0%
Number of Children		
0 (miscarried)	1	4.55%
1	10	45.45%
2	7	31.82%
3+	4	18.18%
Ages of Children		
	N = 39	
Pregnant or Under 1	7	17.95%
1 - 3	13	33.33%
3 - 5	5	12.82%
5+	14	35.90%

Table 1: Demographics of Parent Sample

Procedure

Twenty parents completed a survey and five participated in a one-to-one interview, with three parents doing both. All participants consented to having their anonymised data and feedback included in reports. Those who completed interviews received a £15 voucher for their time.

The survey included open-ended questions, asking what parents have found most beneficial about being part of The Village, and what more they would like to see offered. Interviews were semi-structured and lasted up to 30 minutes. Questions centred around parents' experiences in joining The Village, any overall impacts on their wellbeing, and suggestions for further improvement of the community. Questions were intentionally left broad and open-ended to allow for all possible types of impact to come up in discussion, especially as The Village offers such a breadth of personalised support.

The surveys were administered, and interviews conducted by a researcher who had not been involved in supporting parents, and therefore had no prior knowledge of any of the participants. All feedback was anonymised prior to



being shared with anyone else in The Village team, in order to maintain confidentiality. All the parents who participated in interviews were linked in with a dedicated team member for support. Therefore, if parents found sharing their experiences to be triggering or distressing, they could readily access support to further process this.

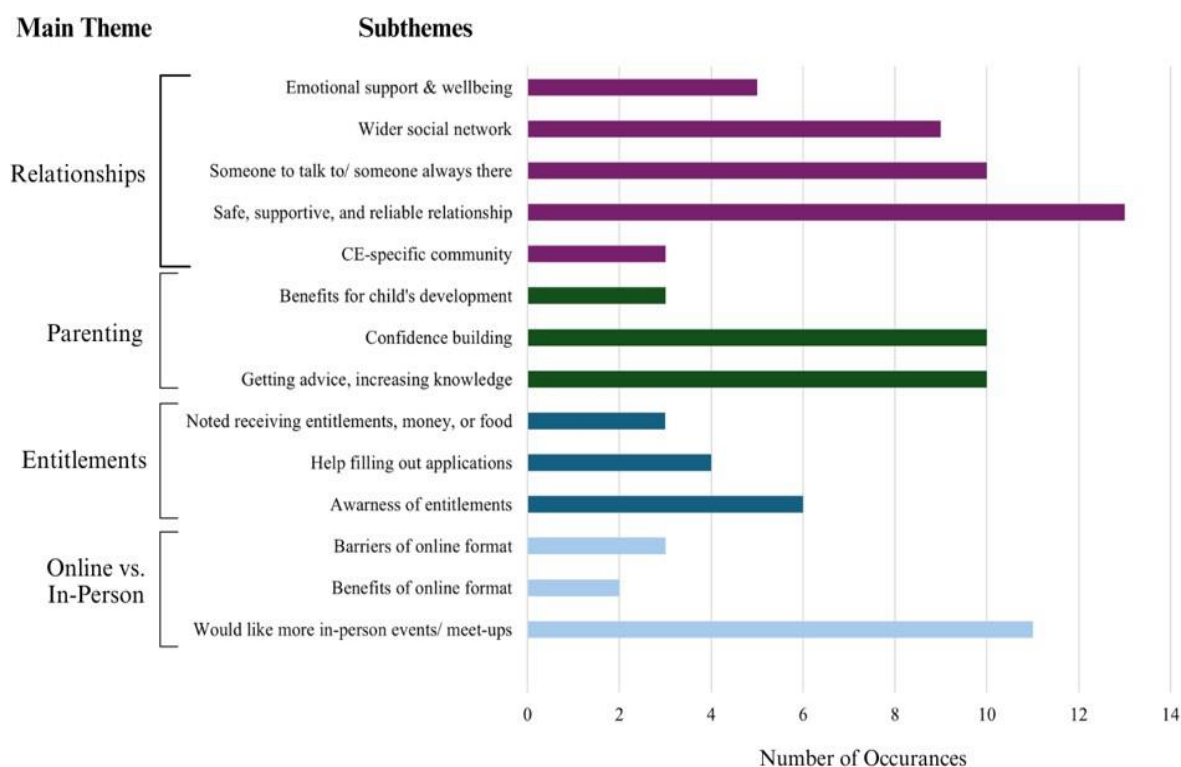
Analysis

A thematic analysis was completed for both written survey responses and individual interviews. Interviews were recorded and transcribed verbatim, then broken down into individual lines to be analysed alongside written survey responses. For parents who completed both a survey and an interview, repeated information was omitted from analysis. The author followed Braun and Clarke’s (2006) six steps of thematic analysis: familiarising self with data, generating codes, finding themes, reviewing themes, defining and naming themes, and analysing findings.

Findings

The following key themes regarding what parents benefitted from most were identified through the analysis: relationships, parenting, and entitlements. In terms of suggestions for improvement, the theme of wanting more in-person opportunities to connect with other parents was the only one identified. A summary of main themes and subthemes is shown in **Figure 2**.

Figure 2: Summary of themes generated by parent feedback on surveys and interviews



Relationships and social network

The most frequently generated subthemes fell under the main theme of one's relationships and social networks. Parents often commented on how important it is to them that they can have a safe and supportive relationship with their team member, and that the relationship is a reliable one. Villagers appreciate having someone checking in on them regularly as well as someone that they can trust to confide in about any issues they are having. Many used the phrase 'having someone to talk to,' implying that sometimes it is enough to know that someone is always there on the other end of the phone if they need it.

Just having someone else that you can have a normal relationship with over the phone or that you can call and be like 'I don't know how to do that, help.' I think the relationship just with, like, [team member] has been really helpful because I can just message her and be like, can we meet up for a coffee or something or can I have a rant to you.

My daughter had to go through surgery on her eyes, and even [team members] were checking in. It was dead nice to have people from the Village checking in to make sure she was okay.

For some villagers, they felt that having this consistent and trusted relationship in their lives positively impacted their emotional wellbeing. For many, having an unbiased person there to vent to and share their struggles with is indispensable.

I think that's therapy in itself and a stress reliever, you can just message and be like, 'this happened today, can I get this off my chest' or whatever. It means you're not keeping stuff pent up and you're getting it off your shoulders and not just dwelling on stuff.

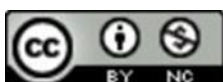
One parent had suffered a miscarriage, and noted the benefit of the support she got from her team member following this, saying:

Speaking with [team member] about it has helped my emotional wellbeing a lot. I'm feeling a lot better within myself because I've had that person to speak to about everything that's going on. It still hurts, but I feel a lot better than I did before.

Some parents also mentioned having a wider social network as a result of joining The Village. Parents reflected on connections they have formed with other parents, for example through meetups or the free baby massage classes that The Village provides in one local authority. Parents talked about how it feels to have a supportive, like-minded community around them.

I feel like I have an amazing support system that helps me grow within myself and as a parent, without judgement.

A few parents noted that they appreciated being part of a community that is specifically for care-experienced parents. One parent reflected on how



meaningful it is to know there are other parents out there who have had a similar experience due to being care-experienced.

It is really helpful having a safe space to turn to as a care-experienced parent. I don't have family support other than from my husband. As fortunate as I am to have a loving husband, I do feel quite alone sometimes. It can be isolating being a care-experienced parent because it is hard connecting with other parents who don't have that shared experience.

Parenting

Themes around parenting mostly centred around parents being able to access advice and enhance their parenting knowledge. Some felt that this, in turn, increased their confidence in their ability to be good parents.

When [child] was a bit younger, so in terms of like teething and weaning, I would message them and ask for advice and they would give me advice and a lot of times their advice worked, which I was grateful for.

They've been really good in helping me build my confidence. I have a seven year age difference between my two children so when I had my second one I was a bit like, oh gosh, I don't know what I'm doing even though I've done this before. So just having them there to speak to about that kind of stuff was really good.

For some, all they needed was that extra bit of reassurance that they are doing well as parents to their children.

Just the reassurance that you're doing things right, or even just people saying that you're doing a good job, that's nice to hear. It does give you confidence in your parenting.

Some also mentioned seeing benefits for their child's development. Those taking the baby massage classes in particular could see a difference in their babies' behaviour after participating. One parent told us that the team member who leads the classes has taught her a lot about child development, and she has learned techniques that she is able to implement at home.

Entitlements

A major theme for parents is that of receiving practical support through applying for and being granted benefits and financial support. This is crucial for many villagers who may be struggling to cover the costs of food, utilities, or childcare. Parents told us that through The Village's online pages and team members, they often became aware of funding and opportunities that they would not have known of otherwise.

I'm getting support with things I didn't know existed, and with applications and getting proof that I'm care experienced.



Others mentioned that their team member was instrumental in navigating different services and filling out applications. Some received direct support from The Village, through food vouchers or packs.

Doing the process here with the nurseries and the forms, I've had to message them a couple times and ask 'what do I do?' and they get back to me as soon as they can which is always pretty fast. And recently they came to me and asked if I have prepaid meters in the house because they could apply for some funding to get some vouchers for your gas or electricity. So, we were lucky enough to get some vouchers for our gas as well.

Barriers and facilitators of online community

Parents consistently told the author that what they would like to see improved by The Village is creating more opportunities for parents to meet and socialise in-person. This was the only change that parents discussed wanting to see across survey responses and interview conversations.

The parents who asked for more in-person meetups noted that the predominantly online format of The Village can be a barrier to making those connections with other parents that can turn into friendships. One parent, who has been to one of The Village meetups in the past and noted it was a very positive experience, said that the in-person interactions are needed, especially at the beginning, to build trust and a sense of community.

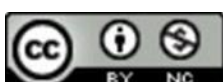
The only thing I'd like to see improved is just to meet up more. In terms of like, out to the park, places that are free and things like that. Meeting up where there's a big group of you and you all feel safe and you know everybody is looking out for each other.

Some parents agreed that the in-person meetups are important so that they can feel comfortable taking that extra step to turn the connections they make into friendships and to communicate independently.

I've only met [other villagers] twice in person so I don't think I'd be confident to be like 'oh add me on Facebook'. I think there would have to be a couple more meetups for that.

Despite this, parents also acknowledged that The Village's online modality has its benefits. Parents mentioned immediacy of support and feeling more comfortable talking with team members as the main facilitators due to being able to communicate online.

I think that's the good thing about it that it can just be through the phone, just a message, so it's not as if they phone or things like that. It's more comfortable just being able to send a wee text message here and there.



For a couple of parents, the online format is ideal due to mental health concerns, such as anxiety, making it more difficult for them to get out and connect with others in-person.

I can't really get out of the house much because of my anxiety, so just the concept of having it all online is really good.

Discussion

The findings of the analysis highlight that there is a largely unmet need for informal, social support for parents with experience of care. Those who do receive such support report benefitting greatly from it, as they are able to get the additional help they need in a context that is non-stigmatising and without the fear that their support needs will be used against them.

The themes brought up by parents in The Village strongly reflect those that Leahy-Warren et al. (2009) observed the majority of non-care-experienced parents get from their existing social network of family and friends. As some villagers discussed themselves, care-experienced parents typically do not have access to the same breadth of people to include in their 'village.' Therefore, it cannot be assumed that care-experienced parents have someone to talk to about their struggles, or somewhere to get the everyday, lived experience advice that the average parent may take for granted. This is how informal support networks like The Village can make a difference, as team members, peer mentors, and other parents fill these necessary roles.

In addition to having someone to talk to and ask questions of, parents further benefitted from tangible supports that, without access to, parents would find meeting the basic needs of their family much more difficult. The impact of financial support cannot be understated, especially for parents with experience of care who may not have been given the best start in their transition to adulthood. Many parents talked about struggling with money, and how small contributions like food or fuel vouchers, or larger savings like council tax refunds and free childcare, made a profound difference in reducing their stress and having the space to focus fully on their children. In Scotland, many entitlements and benefits exist for care-experienced parents, but many do not know what options are available to them. Again, this is when having a trusted relationship with someone who can help to navigate complex systems is a major help to parents.

The one, overwhelming request for improvement of The Village that the majority of parents we spoke to asked for, as mentioned above, was to have more in-person opportunities to spend time with other parents in the community. Generated themes told us that while the online-dominant modality has its benefits, an online social network often does not replace the strength of connections made with others in-person. Since completing surveys and interviews, this suggestion has been taken forward, with The Village team



arranging regular meetups in local communities for groups of villagers. For example, one parent suggested 'walk and talks' in a local park that run every two weeks, and these have been taken up by a number of parents. Parents who have met through these meetups have taken their friendships further, supporting each other independently of Village team member mediation. This is ultimately the goal in working with care-experienced parents – to build a network of other care-experienced parents where they can share their experiences and learning and offer each other help.

Limitations

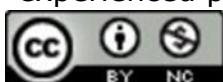
There are some limitations of this study that must be considered. For one, the sample was self-selected, and therefore it is possible that the most engaged parents were the ones who volunteered to participate, with their higher level of engagement possibly meaning they are more likely to have positive experiences, which could bias results. However, as The Village does not require anyone to share their story and parents can volunteer as little or as much information as they choose, it is reasonable to assume that the experiences that were shared by participants in this study were representative of how they genuinely felt about the support received. Further, the small sample size decreases the representativeness of this sample and may mean findings cannot be generalised to all parents who engage with The Village.

Another limitation is that there was some overlap between those who completed surveys and interviews, as it was decided that the interviews would be held after the surveys had already circulated. The author attempted to correct for this by removing any pairs of matching lines that were written and said by the same person in their survey and interview. Further, because surveys and interviews were analysed together, and fewer people participated in interviews but contributed a greater volume of feedback, the responses of those five participants may hold more weight in the analysis than of those who only completed surveys.

Finally, this study did not use a control group or include care-experienced parents outside of those in The Village. There is, however, a benefit to having a built-in group of parents for this study through The Village. The author, having worked alongside The Village team, is aware of the types and quality of support provided to parents on an ongoing basis, and thus which outcomes were most likely to have been facilitated specifically by The Village.

Conclusion

This paper highlights the need for informal, nonjudgemental, and comprehensive support for care-experienced parents. The feedback given to us by parents supported by The Village demonstrates that The Village provides a useful model for how such support networks can function. Those who work with care-experienced parents should be guided by what support the parents tell them



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

they need, providing this with a focus on helping the parent grow and develop their skills. Overall, the end goal should be the facilitation of care-experienced parents forming trusted relationships with each other, so that they can get much of their required support without intervention from professionals.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

<https://doi.org/10.1191/1478088706qp063oa>

Cummings, A., & Shelton, K. (2024). The prevalence of mental health disorders amongst care-experienced young people in the UK: A systematic review. *Children and Youth Services Review*, 156.

<https://doi.org/10.1016/j.childyouth.2023.107367>

Doty, J., & Dworkin, J. (2014). Online social support for parents: A critical review. *Marriage and Family Review*, 50, 174–198.

<https://doi.org/10.1080/01494929.2013.834027>

Either, K. (2022). Relationships to self, baby, others, and system: A narrative analysis of the transition to parenthood for young mothers in foster care. *Child and Adolescent Social Work Journal*, 39, 711–734.

<https://link.springer.com/article/10.1007/s10560-022-00846-4>

Haslam, D.M., Tee, A., & Baker, S. (2017). The use of social media as a mechanism of social support in parents. *Journal of Child and Family Studies*, 26, 2026–2037. <https://doi.org/10.1007/s10826-017-0716-6>

Law, K. H., Jackson, B., Tan, X. H., Teague, S., Krause, A., Putter, K., Du'cane, M., Gibson, L., Bulles, K. F., & Barkin, J. (2022). Strengthening peer mentoring relationships for new mothers: A qualitative analysis. *Journal of Clinical Medicine*, 11(6009), 1–14. <https://doi.org/10.3390%2Fjcm11206009>

Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2009). First-time mothers: Social support, maternal parental self-efficacy, and postnatal depression. *Journal of Clinical Nursing*, 21, 388–397.

<https://doi.org/10.1111/j.13652702.2011.03701.x>

McLeish, J., & Redshaw, M. (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: A qualitative study. *BMC Pregnancy and Childbirth*, 17(21), 1–14.

<https://doi.org/10.1186/s12884-017-1220-0>

Nunes, C., Martins, C., Ayala-Nunes, L., Matos, F., Costa, E., & Goncalves, A. (2020). Parents' perceived social support and children's psychological adjustment. *Journal of Social Work*, 21(3) 1-16.

<https://doi.org/10.1177/1468017320911614>



Parsons, S., Schoon, I., & Fitzsimons, E. (2024). Long-term outcomes for care-leavers who became parents and experiences of their children: Evidence on the intergenerational transmission of disadvantage in two British cohort studies (pp. 1–69) [Research Report]. Nuffield Foundation. Centre for Longitudinal Studies. <https://www.nuffieldfoundation.org/wp-content/uploads/2021/07/Children-of-care-leavers-research-report.pdf>

Purtell, J., Mendes, P., Saunders, B. J., & Baidawi, S. (2022). Healing trauma and loss and increasing social connections: Transitions from care and early parenting. *Child and Adolescent Social Work Journal*, 39, 735-747. <https://doi.org/10.1007/s10560-022-00860-6>

Roberts, L., Maxwell, N., & Elliot, M. (2019). When young people in and leaving state care become parents: What happens and why? *Children and Youth Services Review*, 104. <https://doi.org/10.1016/j.childyouth.2019.104387>

Roberts, L., Meakings, S., Smith, A., Forrester, D., & Shelton, K. (2017). Care-leavers and their children placed for adoption. *Children and Youth Services Review*, 79, 355-361. <https://doi.org/10.1016/j.childyouth.2017.06.030>

Sanders, R. (2020). Care-experienced children and young people's mental health. Iriss. <https://www.iriss.org.uk/resources/outlines/care-experienced-children-and-young-peoples-mental-health>

Teer, P. (2021). The role of informal networks in the lives of young people transitioning from care: A review of the literature. *Scottish Journal of Residential Child Care*, 20, 1-21. <https://doi.org/10.17868/strath.00084171>

Tzouvara, V., Kupdere, P., Wilson, K., Matthews, L., Simpson, A., & Foye, U. (2023). Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature. *Child Abuse & Neglect*, 139, 1-57. <https://doi.org/10.1016/j.chiabu.2023.106092>

About the author

Sydney Guinchard is the research and development team member at The Why Not Trust, responsible for the evaluation of the charity's various support networks and projects for care-experienced parents, students, and justice-involved young people. Sydney studied psychology and music at the City University of New York prior to completing an MSc in Clinical Health Psychology at the University of Strathclyde. She has experience working in care, homelessness services, and youth work, and as a researcher is primarily interested in community mental health, early intervention, trauma, and the social determinants of mental health and wellbeing.



Received: 10/06/2024

Accepted: 09/10/2024

Keywords:

Adolescents, residential care, child and youth care workers, looked after children, South Africa

DOI:

<https://doi.org/10.17868/strath.0090994>

Original Research Article

A home away from home for adolescents: Narratives on residential care life in eThekweni, KwaZulu-Natal, South Africa

Xolani Shabangu, Raisuyah Bhagwan, Fathima Dewan

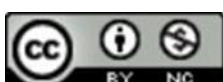
Durban University of Technology

Abstract:

Residential care facilities play a significant role in accommodating orphaned and vulnerable children both in South Africa and internationally. However, there is scant information about the experiences adolescents have of residential care life in South Africa. This study explores the experiences of adolescents at a residential care setting, in the eThekweni region of KwaZulu-Natal, in South Africa. The study was conducted using a qualitative research methodology. Twenty-six participants were recruited using non-probability purposive sampling methods. Findings indicate that children in residential care have both positive and negative experiences of residential care. The findings that were significant highlighted adolescents' emotions related to growing up in a residential care setting and key issues around the experiences of support and care within these settings. Two core themes were identified using thematic analysis. Firstly, the daily life experiences of growing up in the residential care facility, and secondly, their experiences of support and care therein. These findings are relevant to improving child care services at residential care facilities in South Africa and enabling the wellbeing of adolescents.

Introduction

From 1994 to 2005 South Africa introduced various policies and legislative frameworks to protect children against abuse. These included the Children's Act (no. 38) of 2005 (Malatji & Dube, 2017). Despite these initiatives, the need for children to be cared for in residential care facilities emerged from the growing



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

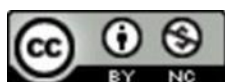
celcis.org

population of vulnerable and orphaned children in the South African context. The breakdown of traditional family dynamics and the various social issues that children are confronted with contributed to the placement of children in residential care facilities (Berridge *et al.*, 2012; Borg *et al.* 2023). Child protection services play an important role in the South African context, irrespective of the socio-economic status of the society, to enforce equality and the development of all young people (Hendricks & Tanga, 2019). As a result of adverse circumstances, which include the misuse of substances, poverty, abandonment, domestic violence and parents who have passed on, children are moved from their actual home environment to residential care facilities for care and safety reasons (Chimange & Bond, 2020; Santos *et al.*, 2023).

Placing children in residential care facilities as alternative care is practiced across the world. In the South African context, a residential care setting is described as a facility that provides out-of-home care for more than six children (Children's Act, 2005). Child protection services serve an important role in catering for children and adolescents who are from disadvantaged backgrounds, to enforce equality and their holistic development (Hendricks & Tanga, 2019). In South Africa Residential care facilities were established to cater for children and adolescents who cannot be supported by their biological parents or raised in the environments of their origin (Foster *et al.*, 1995). Some children are placed in residential care facilities due to behavioural problems.

Residential care facilities have been described as 'environments where children from various challenging family backgrounds reside, such as orphanages, children's homes, and institutional care' (Roche, 2019, p. 1). In South Africa both children and adolescents are placed in residential care settings following a court order. The children are looked after by child and youth care professionals who are registered with the South African Council for Social Service Professions (SACSSP) and range from age three to 18 years. The children and adolescents are accommodated in different cottages according to their age and gender. Each child and youth care worker is responsible for one to 10 children/adolescents per cottage. A residential care facility accommodates children/adolescents who stay in one setting and share similar spaces and activities (Mazzone *et al.*, 2019). It is acknowledged that there is literature on children and adolescents in residential care in South Africa (Malatji & Dube, 2017), but there seems to be a paucity of research that focuses on the experiences of residential care life for children and adolescents in the South African context

The purpose of the study was to explore the experiences of adolescents cared for in residential care facilities, including their perceptions of the care and support they received whilst in the facility. Despite the complexities of residential care, it remains a needed service, which demands that the care of vulnerable children is optimal. The researchers intentionally focused on adolescents given that they would be more articulate during interviews. Hence younger children were excluded. Research studies related to the experiences of



adolescents in residential care facilities are scant (Montserrat *et al.*, 2021), and the current study sought to fill this gap. No prior study related to this research problem has been conducted in the eThekweni region in the Province of KwaZulu-Natal, South Africa. Therefore, this study was valuable in helping those who work with children and adolescents in residential settings in the eThekweni vicinity to reflect on their interventions and services with children and adolescents and to improve them where necessary.

It was hoped that the study would contribute to existing knowledge and enhance the intervention strategies used by various social service professionals working with vulnerable adolescents in residential care facilities. Also, the study has the potential to inform social policy development and programmatic interventions by non-governmental organisations (NGOs) involved in residential care work (Malatji & Dube, 2017). Furthermore, it was envisaged that the study would stimulate further research in this field that could consequently assist policy makers in improving adolescents' experiences of residential care in South Africa and other countries.

Study aim

The aim of the study was to understand the residential care life experiences of adolescents and their related challenges in eThekweni region. The eThekweni region is located on the east coast of South Africa in the Province of KwaZulu-Natal. The region covers a geographical area of about 2,297km² (StatsSA, 2011). The population of eThekweni region is approximately 3.44 million people, 73.8 per cent of whom are Black African, 16.7 percent Indian/Asian, 6.6 percent White, 2.5 percent Coloured, and 0.4 percent undefined. About 30.2 percent are economically active but unemployed (StatsSA, 2011). The region has a high rate of HIV among adults ranging from 15 to 49 years of age (Rajagopaul & Naidoo, 2021). There are also high rates of unemployment, poverty, crime, alcohol and drug abuse, child abandonment, maltreatment, and domestic violence. All these social issues have influenced the need for children and adolescents to be placed in residential care settings.

Methodology

This study was guided by qualitative research methodology. Levitt *et al.* (2017) have described qualitative research methodology as one that is 'inductive in nature', with the researcher generally exploring meanings and insights in a given situation. It thus refers to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews. Purposive sampling is a form of non-probability sampling in which the researcher can rely on their own judgement, when deciding which participants of the population should take part in their study (Alchemer, 2021). Therefore, in this study the researchers selected individuals who could guide them in reaching the desired study objectives. After ethical approval was obtained from the institutional



research ethics committee of the Durban University of Technology data collection commenced.

Permission was obtained from the Director of the residential care facility through the submission of a gatekeeper's letter. The actual sample size selected was 26 (13 girls and 13 boys), ranging from 14 years to 18 years. Moreover, only participants who had been in the care facility for more than two years were selected to participate. The researchers specifically selected adolescents instead of children because they felt that adolescents would provide enough data and would understand the aim of the study better than younger children. After suitable participants were selected, the researchers informed the potential participants of the purpose of the study.

A respectful approach allowed participants the chance to decide if they wanted to participate in the study or not. An informal screening interview was carried out with each participant who was willing to contribute to the research study to determine whether the selected participants were willing to participate. Each potential participant was given a letter of information and letter of consent to sign. The letters emphasised the importance of voluntary participation and the right to withdraw from the study. The participants were also assured of confidentiality and anonymity, as they would be given pseudonyms, and that no harm would be caused to them through participation, in the study. Participants were informed that the interview would be held at the facility in a quiet room. They were additionally informed that if they were not comfortable with the time of the interview it would be rescheduled.

Semi-structured interviews consist of a dialogue between the researcher and participant, and are guided by a flexible interview protocol, involving both open- and closed-ended questions. This enabled follow-up probing to allow for clarification or more in-depth understanding (Dejonckheere & Vaughn, 2019). In this study semi-structured interviews were used to acquire views directly from the participants being interviewed. The researcher utilised open-ended questions that were regulated by an interview guide for each participant.

Study sample

Twenty-six adolescents at the identified facility were recruited as the study participants. The sample was recruited using purposive sampling techniques.

Study setting

This study was conducted in CYCC#3 (pseudonym), a residential care facility that is in eThekwin region, in the Province of KwaZulu-Natal, of South Africa



Data analysis

Data analysis was guided by thematic analysis. Thematic analysis is 'a method for identifying, analysing, and interpreting patterns of meaning (themes) within qualitative data' (Castleberry & Nolen, 2018, p. 808). In thematic analysis, themes are seen as latent content. This means that the researcher must identify, categorise and look at the reality behind data, and subsequently interpret its overall meaning (Vaismoradi & Snelgrove, 2019). All interviews were audio-recorded and later transcribed by the researcher. Following completion of all transcripts, a list of similar topics was compiled to understand the emerging topics and their sub-themes using thematic analysis. The researcher read the transcriptions multiple times to ensure familiarity with the content. Each transcript was then examined carefully for phrases, sentences, paragraphs, or participant quotes that stood out as central to the broader area of interest. The collected information was analysed qualitatively with the use of thematic coding techniques, and the field notes were also coded and categorised. Thematic evaluation consisted of the organisation and clarification of field notes, interview transcriptions, audio recordings, and documents to make meaning of the material (Creswell & Poth, 2018). Finally, a literature review was carried out to contextualise the findings of the study within the present literature.

Issues of trustworthiness

Fourie and Van der Merwe (2014) wrote that trustworthiness can be ensured when well-established techniques in a qualitative study such as the collection of information, information evaluation and intervention methods are applied. Trustworthiness is a vital element of qualitative research because the findings need to clearly reflect the experiences of participants from their perspective (Harilal, 2017). According to Malatji and Dube (2017) confirmability, dependability, credibility and transferability are important standards that speak to the trustworthiness of qualitative findings.

To maintain trustworthiness, the researcher used well-established research methods to ensure that the findings were legitimate and impartial. Research cannot add value to child and youth care practice if there is inaccuracy and misinterpretation of findings. The researcher gave an in-depth description of the methodology to ensure transferability, credibility, dependability and confirmability, as outlined above (Chimange, 2019). Furthermore, to ensure trustworthiness in this study, four criteria were adopted and used. Interviews were recorded by the researcher and transcribed verbatim. The transcribed data was coded according to themes and scrutinised verbatim by the researcher. In addition, trustworthiness was also ensured by using purposive sampling and reflexivity (Chimange & Bond, 2020). The interviews were conducted in a room provided by the residential care director in the facility, with the researcher



utilising the same interview schedule with each participant to ensure consistency and reflexivity.

Results and discussions

Theme 1: Daily life experiences of growing up in the residential care facility

The first theme reflected the feelings participants experienced in relation to being placed in a residential care facility. Two sub-themes emerged relating to the adolescents' feelings with respect to their placement, namely: (i) mixed feelings about being in a residential care facility; and (ii) inadequate consideration of children's rights by staff members.

Subtheme 1: Mixed feelings about being in a residential care facility

The first sub-theme derived from the data was concerned with participants' feelings about being in a residential care facility. For some, a residential care facility was the best place to be, while for others it was a challenging experience. Hence the participants had both positive and negative experiences, as evidenced in the narratives that follow:

Positive experience

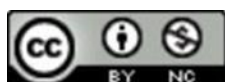
I feel so happy to grow in a children's home because I'm exposed to many opportunities that other children who stay in their real home do not get (Child D).

I feel so happy to grow in this place because everything is provided to us; there's always enough food to eat (Child B).

Daily experience of this place [residential care facility] is not bad; I [am thankful] that I have a roof over my head, I can sleep, I have food to eat, and I have clothes to wear and attend school (Child G).

Several participants shared that the residential care facility had successfully provided them with their basic needs, including proper shelter, food and clothes. The participants highlighted that being raised in a residential care facility was a much better experience than growing up in their actual home. The residential care facility provided them with everything they needed to grow up like any other children, and they were given opportunities such as schooling.

Children who have been placed in residential care facilities seem to understand the reasons behind their placement and acknowledge the realities of residential care setting life (Nsabimana *et al.*, 2021). Children also acknowledge the resources that are made available to them while in the residential care facility (Haffejee & Levine, 2020).



Children in care also share that they have enough food and access to items that their families could not afford (Montserrat et al., 2019). Delgado *et al.* (2020) stated that most of the children in residential care are eager to use the opportunity that is given to them to change their lives and escape from their challenging family backgrounds.

Negative experiences

The following excerpts reflect the negative experiences of participants at the residential care facility. They said:

For me, it's not easy to wake up in the morning thinking that I'm staying in the children's home because we don't have all the privileges that children living with their families have (Child P).

Staying in the children's home can be sometimes good and bad, some of the rules that exist in a children's home make no sense. For an example, we must all wake up early in the morning, even if we are not going to school, and we have to spend the whole day in the home; we don't get a chance to go out of the home, so for me, it feels like we are in jail (Child E).

I don't like it when the aunties and uncles [child and youth care workers and social workers] come to attend our school meetings wearing their t-shirts that are written [with] the name of the children's home because that when the other children at school start noticing that we are from staying in a children's home. They start saying something like, 'this child does not have experience of a family figure' and they start noticing lot of things, like maybe she can't do this and that because she doesn't have a family she stays in a children's home (Child P).

The children who had negative experiences growing up in a residential care facility pointed out specific issues. They shared that living in a residential care facility made them feel like they were not getting the same privileges that other children who were growing up in normal family settings were getting. Some participants expressed that the rules that existed in the facility sometimes made them feel like they were in prison, as they had to wake up early in the morning even if they were not going to attend school. The children spent the whole day on the premises and had no outings, compared to children being raised in their home environments. The adolescents did not get a chance to go shopping like those growing up in normal home environments. Some of the children expressed that staying in a residential care setting negatively impacted their relationships with their families, as their families did not come to visit them whilst at the facility.

Four of the participants shared their dissatisfaction with the residential care staff members who attended their school meetings wearing their branded t-shirts. The participants felt embarrassed as it became obvious to their peers at school



that they were staying at a care facility, and they would direct negative comments towards them as a result.

Delgado *et al.* (2017) and Mukushi *et al.* (2019) similarly reported from their studies that most of the children placed in residential care facilities were not satisfied with growing up in this environment. The children in residential care felt that living there offered less freedom, as compared to living with their actual families. The children therefore preferred to be with their families (Montserrat *et al.*, 2021).

Research by Montserrat *et al.* (2021) and Mukushi *et al.* (2019) affirmed that young people growing up in a residential care facility face victimisation from their peers at school, primarily due to their disadvantaged family backgrounds and being raised in a residential care facility. Most of the children who grow up in a facility are ashamed to tell their friends at school about it (Montserrat *et al.*, 2021). Mukushi *et al.* (2019) stated that the provocative comments made by peers at school and within the residential care facility to other children resulted in low self-esteem and ultimately a loss of self-confidence. The negative comments made towards the children at residential care facilities had a monumental effect on their social development as they minimised their cooperation with other children, both within the facility and at school (Mukushi *et al.*, 2019).

Subtheme 2: Inadequate consideration of the children's rights by staff members in the residential care facility

This sub-theme emerged from concerns related to the rights of children not being considered by those responsible for planning their care. This included (i) participation in decision-making, (ii) poor provision of necessities, and (iii) lack of privacy. The participants' views are reflected in the following excerpts:

Participation in decision-making

Participants commented on their participation in decision-making saying:

The activities that we do in this home are boring; we are not included when they plan the activities like outdoors and indoors activities, and we therefore find the activities boring (Child L).

I was admitted to prevocational school, and I was not given time to decide on that, I tried to speak with the social worker that I don't like the school I want to attend a normal school, but the decision was already made, and they never listened to my voice (Child C).

I feel like I was not fully involved in the discussion of enrolling me to the prevocational school. It was discussed with me, but I feel like they had already taken the decision when they explained to me that they going to move me to prevocational school. I had no clear understanding what kind of a school I was admitted to until I attended the first day, I tried to plead



with them to deregister me from that school and take me to normal school they refused and influenced me that the school is good for me (Child E).

Most of the participants expressed their dissatisfaction with regards to the activities being offered at the residential care facility, including both outdoor and indoor activities. The participants shared their concerns that they were not included when the activities were planned and that they did not find them interesting. Two participants expressed their dissatisfaction with their admission to prevocational schools without their consent. The participants wanted to attend mainstream schools, but the social workers decided on their behalf that they should attend prevocational instead. Two participants also indicated that they attempted to communicate their dissatisfaction with the prevocational school they were enrolled in. However, the social workers did not heed their views, as they had already made the decision on behalf of the participants. Hence, the participants were excluded from being actively involved in important discussions pertaining to their lives.

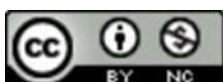
According to studies done by Montserrat *et al.* (2021), van Bijleveld *et al.*, (2019), and Collins and Stockton (2018), children are not regarded as full members in terms of participating in decision-making and their voices are either not heard or not taken seriously in residential care. Collins and Stockton (2018) further argued that even though children are invited to participate, their participation does not always entail active engagement; hence, participation must evolve from tokenistic to meaningful engagement. The only way of ensuring that children are protected within the residential care facility is to ensure that they are actively engaged in all discussions about their lives (Kosher & Ben-Arieh, 2020). It is the fundamental right of children to be involved and to be listened to at residential care facilities when decisions are being made about the world around them (Gonzalez *et al.*, 2015).

When the voices of young people are listened to in residential care settings, 'it is more likely to be a positive and safe experience for them' (Moore *et al.*, 2018). Involving young people in decision-making is closely linked to their wellbeing, as it enables them to play a role in transforming their own lives (Rodrigues & Barbosa-Ducharne, 2017).

Lack of necessities

The participants shared their struggles with regards to a lack of necessities within the residential care facility. The participants' views were expressed in the following excerpts:

Whenever you need something from the storeroom, they always give excuses like we don't have enough money to buy that, no ... this is too much, we don't have this, ... we will try but at the end I don't get it (Child E).



Sometimes we run out of cosmetics then when we go to request them in the storeroom the aunties that are working in the storeroom would tell us that it is finished (Child P).

The home is failing to provide us with clothes to wear, we always depend on donors for old clothes and sometimes you won't find your size on the donated clothes (Child B).

Almost the entire sample expressed their concern about a shortage of clothes and cosmetics in the storeroom at their facility. They shared that when they asked for cosmetics, they were told that it was finished. The participants also shared that the people who worked in the storeroom often made empty promises to the children that they would get them whatever they need, but did not fulfil these promises. One participant stated that they were dependent on donated clothes, which at times did not fit properly. Consequently, the children had to share their clothes with others within the residential care facility. The participants did not just share clothes, but also cosmetics, including toothpaste and bath soap, as the storeroom personnel did not provide them with enough personal grooming items.

Gibson *et al.* (2018) echoed these findings, stating that residential care facilities are ill-equipped to meet the looked-after children's complex developmental needs. A study done by Montserrat *et al.* (2021) argued that children in residential care facilities also complained about having insufficient clothes to wear. The studies done by Mhizha & Nhedzi (2023), and Abdullaha *et al.* (2018) reported that when child and youth care workers were making a requisition for the basic items needed by children the management would take time to respond, which consequently hindered effective provision of necessities and optimal care for the looked-after children.

Lack of privacy

Participants also commented on the lack of privacy, saying:

Staying in a children's home is different than staying at your own home, here we don't have privacy as we share rooms. Sometimes when you come from school you find that some of your stuff is missing, and you don't know who to ask because you are sharing the room (Child R).

The aunties [child and youth care workers] invade our privacy when we are from school, we find our stuff in a different position. I remember one day I was sick, and I asked the medication from the nurse and the auntie [child and youth care workers] responded and say, 'there's medication in your locker why don't you go and take it'. I was wondering how she saw the medication because it was under my clothes inside my locker, so to me it's like she searches our lockers when we are at school (Child Y).



Privacy in child and youth care centres was lacking, as evidenced above. The participants stated that they shared bedrooms and had no privacy at all. They shared that when they returned from school, they would find their belongings in different positions, and they would sometimes find their belongings to be missing. The participants do not know who to ask about their missing belongings, as they share rooms. One participant pointed out that she felt strongly that the child and youth care workers searched their belongings, while they were at school, as sometimes they found their belongings in different positions from where they left them.

Montserrat *et al.* (2021) have argued that children in residential care do not have privacy and a protected space to keep their belongings safe. At the adolescent stage privacy is very important to young people and is a major need. The privacy issue is discussed within the context of children's rights as prescribed by Article 16 of the United Nations Convention on the Rights of the Child (1989) (UNCRC). Article 16 states that 'No child shall be subjected to arbitrary or unlawful interference with his or her privacy nor to unlawful attacks on his or her honour and reputation'. Puttall and Hawkes (2023) concurred that Article 16 of the UNCRC underscores the ethical considerations related to children's privacy and dignity.

Theme 2: Experience of support and care within the residential care centre

The second theme reflected the experiences of support from both formal and informal support systems. The experience of living in a residential care facility varies from child to child. Some children find it better to stay in a residential care facility than within their actual family settings, while others yearn to be with their families. Three sub-themes emerged under this theme: (i) mixed experiences of support and care from child and youth care workers and social workers, (ii) mixed experiences of peer support within the residential care facility, and (iii) varied support from family while in the residential care facility.

Subtheme 1: Mixed experience of support and care from child and youth care workers and social workers

When participants were asked for their views on experiences of support and care from child and youth care workers and social workers, the participants had both positive and negative experiences. Those who had positive experiences of support and care from child and youth care workers said:

The aunties [child and youth care workers] are very much supportive of us; I take them as life coaches. Whenever there's something troubling me, I feel free to go to the aunties and tell them about everything that is bothering me. I don't see any need to call my mom to tell her about the things that stresses me. The aunties can listen and guide me as my mom



would; whenever I need to talk to someone older, the aunties are the reliable adults to talk to (Child X).

Ever since I have been in this place, I feel supported, especially by the house parents [child and youth care workers]. They treat us like their own children; the warmth and support that our own parents did not give us, the house parents are giving us. They make us feel free to talk to them about anything that bothers us, and they guide and support us (Child T).

The aunties and uncles [child and youth care workers] show us love and they give support as children; they always ask if I'm fine, and if I'm not, they talk to me trying to make me feel good. For an example, whenever I have personal problems, I'm able to talk to the uncles about it and they tell me what to do and my issue go away (Child E).

Most of the participants also shared positive experiences of the care and support they received from the child and youth care workers. The participants who had positive experiences said that they felt supported all the time, that the child and youth care workers were nice to them and showed interest in them, and that they were always available when they needed them. The children in the residential care setting had never experienced love from an adult figure, so to them the feeling of being around a caring and loving adult was meaningful. These participants did not feel the need to stress their mothers outside the home about things that they were going through. Several participants disclosed that they were able to resolve whatever issues they faced with the child and youth care workers because they treated them as their mothers, and the workers treated them as their own children.

Child and youth care workers in residential care facilities are mandated to ensure a stable and consistent milieu that is built on supportive relationships that enable the child's traumatic experiences to be discussed (Haffejee & Levine, 2020; Mhizha, 2020). Nurcombe-Thorne *et al.* (2018) found that children in residential care facilities felt supported in many spheres where they experienced the child and youth care workers being very supportive towards them.

In another study, most of the children in residential care settings, especially the boys, described the child and youth care workers as 'angels' or 'good people', emphasising the practitioners' patience, concern about them, their love and affection, and how they make them feel loved and worthy (Montserrat *et al.*, 2021). Seventy percent (70%) of those interviewed, particularly the adolescent boys, were so satisfied with the treatment they received from child and youth care workers, that they mentioned that the love they received enabled them to love them back (Cote & Clement, 2020).

Those participants who had negative experiences of support and care from child and youth care workers said:



I cannot say staying in a children's home, [it] is not nice, but I feel like the people who are supposed to give us better experience of staying in the children's home are the ones who makes our lives worse. The house parents [child and youth care workers] will punish you for no reason or for small mistake just because you're not their favourite child (Child P).

Sometimes the house parents [child and youth care workers] are not fair to us, they don't treat us the same. When we made mistakes, we won't get the same discipline, to others the discipline is not tough but if you're not their favourite child the discipline become harsh (Child J).

Just a few of the participants were not happy with the treatment they received from child and youth care workers. One participant stated that she strongly felt that the workers made their lives very difficult. The participants shared that they would be unnecessarily punished by the child and youth care workers. Additionally, participants stated that they felt like there was no equal treatment of children by the child and youth care workers. Consequently, the children experienced unequal treatment in terms of discipline. This inequity was perceived as unfair, as those who were favoured by workers received lenient forms of discipline, while those who were not favoured faced more stringent measures. Additionally, the participants stated that those who were less favoured by workers were prone to being punished for small mistakes.

The child and youth care workers' ill-treatment of children and young people within the residential care facility is in violation of ethical child and youth care practice. The Children's Act 38 of 2005 was adopted to mitigate against child maltreatment within residential care facilities and to promote the best interests of the child (Malatji & Dube, 2017). Good child and youth care practice seeks to enable the healing of children from their past traumatic experiences and ensures that the residential care facility is warm, welcoming, enables socialisation and provides a therapeutic space for all the young people within it (Mhizha, 2020). Additionally, good child and youth care practices always seek to ensure the holistic growth of young people through identification and nurturing of their strengths (Teodurczuk *et al.*, 2019). Montserrat *et al.* (2021) found in their study that regardless of residential care being a place where children are being helped and cared for, some of the children continued to experience hostile attitudes from staff members. Child and youth care workers were described as 'being rude, shouting a lot and punishing the young people for little things'. Studies conducted by Delgate *et al.* (2017) and Delgate *et al.* (2019) stated that some of the adolescents placed in residential care facilities did not feel safe, listened to, or loved by the staff members (Mukushi *et al.*, 2019). Some child and youth care workers may act in a way that encourages children's hostility and leads to violence, or they may act passively and withdraw (Slaatoo *et al.*, 2022).

The child and youth care workers' punitive behaviours towards children resulted in the children failing to develop a sense of reliance on adults when faced with



stressful events (Cote & Clement, 2020). Mhizha & Nhezi (2023), and Warf *et al.* (2020) stated that the job of a child and youth care worker is to guide children and young people through their daily routines as well as to carry out their own day-to-day services; they focus mainly on the children's needs and successes. It is also the child and youth care worker's role to assist children to effectively deal with issues of identity such as gender identity, sexual identity and adoptive identity, and not to judge (Warf *et al.*, 2020).

Child and youth care workers must always maintain a supportive stance and establish ample opportunities for children and young people to meet their needs (Warf *et al.*, 2020). However, lack of support and less recognition of the child and youth care worker's role within the sector results in diminished dedication to meeting the needs of children and young people. Abraham *et al.* (2022) opined that child and youth care workers are working long demanding hours which are tiring and emotionally draining. They spend some days away from their families and this might result in them taking out their frustration on the children in their care. In cases of incidents occurring sometimes the care workers had to spend sleepless nights attending to these and were expected to continue with their normal shift the next morning, which is filled with the emotional load of caring for the children and administrative demands (Abraham *et al.*, 2022). Future studies must pay attention to this aspect of the role.

The following excerpts include concerns about the negative experiences of support and care from social workers. The participants shared the following:

To be honest we only get the attention from the social worker when we have done something wrong. When things are going right the social worker does not even check on how we are doing (Child L).

No emotional support is being given by the social workers; they only call you to the office when you do something wrong, and it feels like we are not being noticed by the social workers when we behave well, only when we behave bad that they take notice (Child P).

I cannot say much about support I receive from social workers because I usually don't go there to the office because they are always busy, and they always have excuses (Child E).

I don't feel supported by the social workers because there was a time where I wanted to change my school because it's a prevocational school, but the social worker refused (Child C).

The participants who had negative experiences of care and support from social workers shared that they did not receive any attention from the social workers at the residential care facility. Almost half of the participants stated that they were afforded attention by the social workers only when they did something wrong. One participant stated that she never received any emotional support from the social worker. Five of the participants shared that they felt like the



social workers had a lot of work to do, as they would sometimes be told to come back some other time when they needed to see them. The unavailability of social workers resulted in participants not consulting them.

Social service providers play an important role in the lives of the children in residential care facilities; the children's perceptions of the care they receive are significantly influenced by how social workers engage with them (Slaatto *et al.*, 2022). Due to challenges faced by social workers at residential care facilities, they frequently fail to complete tasks, which includes meeting deadlines for court and casework, not managing caseloads properly, and failing to see cases through to their conclusion (Strydom *et al.*, 2017). Nurcombe-Thorne *et al.* (2018) stated that the turnover of social workers was also a hindrance with respect to children building relationships with the social workers. Children whose past is characterised by abandonment exhibit insecure attachment to elders (Baxter, 2001; Doubell, 2014), such that social workers in residential care facilities must provide therapeutic services, including psychosocial, psychological and emotional support (Nurcombe-Thorne *et al.*, 2018).

Social workers should always maintain effective communication with young people (Koprowska, 2020; Montgomery, 2023; Reith-Hall, 2020). Moreover, social workers must ensure that the voices of young people are taken into consideration and that they are part of decision-making about their own lives (Johannisen *et al.*, 2021).

Not all the participants had negative experiences of care and support from social workers. When participants were asked about their experiences of care and support, those who had positive experiences shared their views as follows:

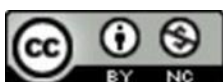
To be honest the social workers are always so encouraging, and they give good advice. Whenever I need them, they always make time for us, and they are always available to give us emotional support (Child Y).

The social workers in this home are so supportive to me, they give me emotional support and they encourage me to do good at school so that I can be a better person in future (Child T).

I feel supported by the social workers because there was a time where I was abused by another child within this home and the matter ended up in the social workers' office and I was happy about how they handled it (Child W).

The social worker assisted me to find my mother, I knew where she stays and told the social worker. She assisted me to find her, and I have recently found out that I have three sisters younger than me (Child I).

Some participants indicated that social workers were very efficient in responding to their emotional needs. One participant shared that his social worker had played a tremendous role in helping him find his mother, and he got the chance



to meet his three sisters, whom he never knew existed before. Six participants who felt supported by their social worker explained that the social worker kept contact with them, updated them about their case improvement and assisted them in maintaining contact with their families. One participant shared that she was a victim of bullying at the residence, but the social worker supported her, and the matter was resolved amicably.

Other researchers have reported that children placed in residential care facilities expressed their happiness about the positive relationships that they had with social workers, which helped them feel at home (Johannisen et al., 2019). Kam (2020) and Tanner (2019) posited that the children who received help from social workers appreciated that they were friendly, sympathetic, courteous, good listeners and displayed compassion and understanding. The children within residential care facilities alluded to the fact that the social workers played a crucial role in advocating for their voices to be taken seriously when decisions were being made (Johannisen *et al.*, 2021).

Subtheme 2: Mixed experiences of peer support within the residential care facility

The following excerpts show evidence of participants' experiences of peer support within the residential care centre.

Not all of my peers in this home are supportive, but some of them are supportive (Child O).

The people in this home pretend to be your friends only when you have something nice from your family. After your goodies [are] finished, they start to gossip about you (Child Y).

I prefer my outside friends than the other children in this home because my outside friends support me; they are not like the other children in this home (Child P).

Participants shared different experiences of support from their peers at the residential care facility; some showed them support, while others did not. four participants stated that some children pretended to be their friends only when they wanted to benefit from something, including the goodies their family would bring for them. Two participants stressed that they preferred friends from outside of the residential setting as they gave them genuine support, they did not gossip about them, and they did not ostracise them for living in a residential care facility.

The young people in the residential care facility enjoyed the company of their outside peers more than that of their peers within the facility (Montserrat et al., 2021). Malatji and Dube (2017) concurred that children in residential care facilities wanted to interact with people from outside because they felt lonely within the facility.



Those who had positive experiences of peer support within the residential care facility shared their views in the following excerpts:

I do receive support from my peers within this home, such as advice; maybe I need advice on schoolwork or maybe I got a girlfriend somewhere (Child C).

As peers, we do support each other in this home; we treat each other as brothers and sisters. We can talk about things that trouble us and give advice to each other (Child T).

Most of the participants in the residential care facility stated that they received support from their peers. One participant emphasised that her peers had assisted her with schoolwork and other age-related matters, such as giving advice with regards to girlfriends. Another participant shared that within the residential care setting, they treated each other as siblings, meaning they were free to share things that were troubling them and relied on each other for support and advice. Almost the entire sample also expressed that the residential care setting felt like a family-like milieu to them, as they had peers whom they treated as their biological brothers and sisters. This could have been influenced by the child and youth care workers who work tirelessly to make the residential care setting feel like a family-like environment for the children placed within it.

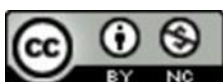
Montserrat *et al.* (2021) found that young people expressed happiness about their relationships with other children within and outside of the residential care facility. According to Witnish (2017), supportive peer relationships within the residential care facility play a key role in assisting children in forming relationships with other people in the outside world when they leave the facility, as this provides them with opportunities to learn social skills. Most of the young people preferred peer relationships when needing support (Goodwin-Smith, 2017).

Subtheme 3: Varied support from family while in the residential care facility

When the children were asked about their views on the support they received from their families while in the residential care facility, they shared positive and negative experiences. The following excerpts reflect some participants' sentiments:

My family is so supportive; they do come and visit me during weekends and bring me nice things; also, during school holidays, I go to visit them, and they buy me new clothes and other stuff that I need (Child Y).

My family supports me; they call me to check how I am doing, and I also call them. Sometimes they come to visit me and during school holidays I also go to visit them (Child L).



A few of the participants shared that they received much-needed support from their families. Some participants stated that they received support and visits from their families, and they also had a chance to visit their families during school breaks. Some participants received phone calls from their families to check how they were doing within the facility. Montserrat *et al.* (2021) argued that children placed in residential care facilities are overjoyed when contact with their real families is made; and would appreciate this being a regular occurrence. Other researchers reported that the adolescents in residential care facilities stated that relatives were one of their major support sources whilst in residential care (van Breda & Hlungwani, 2019).

Children who encountered unsatisfactory support from their families whilst in the residential care facility reported the diminished connection experienced with their families. These participants' views are expressed in the following excerpts:

I don't receive any support from my family; ever since I came [to] this place, no one is checking on me and my mom don't even call to check how I'm doing in this place (Child T).

To be honest, I've lost the connection with my family; they don't call me, and I don't call them too. Even during school holidays, I don't go to visit them, and they don't come to check on me (Child O).

Some participants expected their families to be supportive of them while they were in the residential care facility, but instead were met with rejection. One participant shared that ever since she was admitted to the residential care facility, no one from her family contacted her or checked how she was doing within the facility. Another participant stated that she did not visit her family even during school holidays and they never visited her at the residential care facility either.

According to Montserrat *et al.* (2021) children have a family visiting agreement with their families that is authorised by the protection team; however, if the visit subjects the child to any form of danger, the agreement can be restricted. However, most children in residential care 'expressed their concern for their families who may have rejected them' (Haffejee & Levine, 2020). In some cases, it is the child's preference not to have any contact with their family members (Montserrat *et al.*, 2021). For some of the looked-after children, being separated from their families was the worst experience ever (Montserrat *et al.*, 2021). Thus, residential care facilities should emphasise the necessity for looked-after children to establish and sustain connections with their biological families (Miranda & Unanue, 2019).

Conclusion and limitations

This paper highlighted the daily life experiences of adolescents in a residential care facility, in eThewini, KwaZulu-Natal, South Africa. The study revealed



positive experiences of care together with dissatisfactions with regards to the care provided at their facility. The adolescents' satisfactions were closely linked to the residential care facility's ability to successfully meet their fundamental needs, including providing shelter, food and basic education. The findings also revealed that some of the adolescents were not satisfied with being in the residential care facility, which stemmed from the rules therein which led them to experience the residential care setting as punitive. Some of the adolescents' dissatisfaction stemmed from ill treatment by staff members, including unnecessary punishment and unequal treatment of the children in their care. The study findings will assist policy makers and management in the Department of Social Development in reviewing the effectiveness of the residential care facility framework and policy and making amendments where needed for children to have better experiences of living in a residential care facility.

Although this study offers important findings it does have a few limitations. This study focussed on one residential care facility. Although data was collected to saturation, research with similar groups in other residential care facilities will be beneficial. Studies in different residential care facilities with a similar sample group will provide greater support for the shared experience of residential care life for adolescents in the eThekweni region. Examining samples from different organisations in the eThekweni region would also have allowed for the exploration of different perceptions of residential care life in the region.

References

- Abdullaha, A., Cudjoe, E., & Manfula, E. (2018). Barriers to childcare in children's homes in Ghana: Caregivers' solutions. *Children and Youth Services Review*, 88(20), 450-456. <https://doi.org/10.1016/j.childyouth.2018.03.045>
- Abraham, L., Elgie, S., Soares, V., Beale, C., & Hiller, R. (2022). A qualitative study of the views and experiences of those working in residential children's homes. *Scottish Journal of Residential Child Care*, 21(2). <https://doi.org/10.17868/strath.00084160>
- Baxter, C. (2001). Understanding adoption: A developmental approach. *Paediatrics & Child Health*, 6(5), 281-291. <https://doi.org/10.1093%2Fpch%2F6.5.281>
- Berridge, D., Biehal, N., & Henry, L. (2012). Living in children's residential homes. *Department for Education*. <https://assets.publishing.service.gov.uk/media/5a750f34e5274a3cb286954d/DFE-RR201.pdf>
- Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6), 807-815. <https://doi.org/10.1016/j.cptl.2018.03.019>



Chimange, M. (2019). *An exploration of child and youth care workers' experiences of developing attachments and belonging in children placed in child and youth care centres in Tshwane* (M. SW).

<https://hdl.handle.net/10210/294834>

Chimange, M., & Bond, S. (2020). Strategies used by child and youth care workers in to develop belonging and foster healthy attachments with young people in care in child and youth care centers in Tshwane, South Africa. *Children and Youth Services Review*, 118, 105373.

<https://doi.org/10.1016/j.childyouth.2020.105373>

Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17, 1-10.

<https://doi.org/10.1177/1609406918797475>

Côté, C., & Clément, M. È. (2022). Let's talk about love: Perceptions of children in residential care. *Children and Youth Services Review*, 140, 106584.

<https://doi.org/10.1016/j.childyouth.2022.106584>

Dejonckheere, M., & Vaughn, L. M. (2019). Semi structured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(2). <https://doi.org/10.1136/fmch-2018-000057>

Delgado, P., Carvalho, J. M. S., Montserrat, C., & Liosada-Gistau, J. (2020). The subjective well-being of Portuguese children in foster care, residential care and children living with their families: Vhallenges and implications of a childcare system still focused on institutionalization. *Child Indicators Research*, 13, 67-84.

<https://doi.org/10.1007/s12187-019-09652-4>

Delgado, P., Calvalho, J, M. S., Pinto, V., & Oliveira, J. (2017). Carers' and professionals' perspectives on foster care outcomes: The role of contact. *Journal of Social Service Research*, 43(5), 33-46.

<http://dx.doi.org/10.1080/01488376.2017.1340392>

Doubell, L. S. (2014). Views of social workers on trans-racial adoptions of abandoned children. M.SW., University of Stellenbosch.

<https://core.ac.uk/reader/37436800>

Fourie, A., & van der Merwe, M. (2014). The views of professionals on family play therapy in the context of child sexual abuse in South Africa. *Southern African Journal of Social Work and Social Development*, 26(2), 214-240.

<http://dx.doi.org/10.25159/2415-5829/2248>

Gibson, K., Samuels, G., & Pryce, J. (2018). Authors of accountability: Paperwork and social work in contemporary child welfare practice. *Children and Youth Services Review*, 85(C), 43-52.

<https://doi.org/10.1016/j.childyouth.2017.12.010>



Gonzalez, M., Gras, E., Malo, S., Navarro, D., Casas, F., & Aligue, M. (2015). Adolescents' perspective on their participation in the family context and its relationship with their subjective wellbeing. *Child Indicators Research*, 8, 93-109. <http://dx.doi.org/10.1007/s12187-014-9281-3>

Haffejee, S., & Levine, D. T. (2020). 'When will I be free?': Lessons from COVID-19 for child protection in South Africa. *Child Abuse & Neglect*, 110, 104715. <https://doi.org/10.1016/j.chiabu.2020.104715>

Harilal, S. (2017). *An exploratory study of mindfulness meditation as a healing tool with abused adolescents at the Durban Child Care Centre* (M.Msc.) https://openscholar.dut.ac.za/bitstream/10321/2532/1/HARILALS_2017.pdf

Hendricks, E. A., & Tanga, P. T. (2019). Effectiveness of child protection services rendered to children in need of care and protection: A study of Childline South Africa. *Ubuntu: Journal of Conflict and Social Transformation*, 8(2), 31-52. <http://dx.doi.org/10.31920/2050-4950/2019/8n2a2>

Johannisen, J. C., Van Wyk, C., & Yates, H. (2021). Facilitating children's participation within multidisciplinary meetings: Guiding principles for child and youth care centres. *Social Work*, 57(3), 376-392. <http://dx.doi.org/10.15270/57-3-953>

Johannisen, J. C., Yates, H., & Van Wyk, C. (2019). Multidisciplinary meetings: Listening to the experiences of children in a child and youth care centre. *HTS Teologiese Studies/Theological Studies*, 75(1). <https://hts.org.za/index.php/hts/article/view/5493/14375>

Kam, P. K. (2020). Social work is not just a job: The qualities of social workers from the perspective of the users. *Journal of Social Work*, 20(6), 775-796. <https://doi.org/10.1177/1468017319848109>

Koprowska, J. (2020). *Communication and Interpersonal Skills in Social Work*. Learning Matters: Exeter. <http://ndl.ethernet.edu.et/bitstream/123456789/50023/1/21.Juliet%20Koprowska.pdf>

Kosher, K., & Ben-Arien, A. (2020). Children's participation: A new role for children in the field of child maltreatment. *Child Abuse and Neglect*, 110(104429), 1-6. <https://doi.org/10.1016/j.chiabu.2020.104429>

Malatji, H., & Dube, N. (2017). Experiences and challenges related to residential care and the expression of cultural identity of adolescent boys at a child and youth care centre (CYCC) in Johannesburg. *Article in Social Work*, 53(1), 109-126. https://www.researchgate.net/publication/315909659_Experiences_and_challenges_related_to_residential_care_and_the_expression_of_cultural_identity_of_adolescent_boys_at_a_Child_and_Youth_Care_Centre_CYCC_in_Johannesburg



Mazzone, A., Nocentini, A., & Menesini, E. (2019). Bullying in residential care for children: Qualitative findings from five European countries. *Children and Youth Services Review*, 100, 451-460.

<http://dx.doi.org/10.1016/j.childyouth.2019.03.025>

Mhizha, R. (2020). Child and youth care workers' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in child and youth care centres: Suggestions for social work support. M.SW.

<https://api.core.ac.uk/oai/oai:uir.unisa.ac.za:10500/26829>

Mhizha, R., & Nhedzi, A. (2023). Challenges experienced by child and youth care workers in child and youth care centres working with children. *Social Work/Maatskaplike Werk* 9(3), 171-190.

<http://dx.doi.org/10.15270/59-3-1133>

Miranda, R., & Unanue, J. (2019). Bullying victimisation at school and subjective well-being in early and late Peruvian adolescents in residential care: The contribution of satisfaction with microsystem domains. *Child and Youth Service Review*, 109(104685), 1.

<https://doi.org/10.1016/j.childyouth.2019.104685>

Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1), 23-48.

<https://mpr.aub.uni-muenchen.de/85654/>

Montserrat, C., Delgado, P., Garcia-Molsosa, M., Carvalho, J. M., & Liosada-Gistau, J. (2021). Young teenagers' views regarding residential care in Portugal and Spain: A qualitative study. *Social Science*, 10(2), 1-15.

<https://doi.org/10.3390/socsci10020066>

Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2018). Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care. *Child and Youth Service Review*, 87, 68-75.

<https://doi.org/10.1016/j.childyouth.2017.10.043>

Mukushi, A. T., Makhubele, J. C., Mabvurira, V., & Matlakala, F. K. (2019). Psychosocial challenges faced by children in residential care facilities. *Southern African Journal of Social Work & Social Development*, 31(2), 9-11.

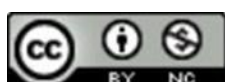
<http://dx.doi.org/10.25159/2415-5829/2892>

Nsabimana, E., Rutembesa, E., Gishoma, D., Uwineza, J., Fasseur, F., Herczog, M., & Martin-Soelch, C. (2021). Does residential care system orphanize children? Perceived pathways to self-adjustment following institutionalization in Rwanda. *Children and Youth Services Review*, 12(2), 105-870.

<https://doi.org/10.1016/j.childyouth.2020.105870>

Nurcombe-Thome, A. (2018). Experiences of 'I' and 'we' among former looked-after children in South Africa, *Child and Family Social Work*, 23(4), 640-648.

https://www.academia.edu/36812026/Nurcombe_Thorne_A_Nadesan_V_S_and_Van_Breda_A_D_2018_Experiences_of_I_and_we_among_former_looked_after_children_in_South_Africa_Child_and_Family_Social_Work_23_4_640_648



Purtell, J., & Hawkes, M. (2023). Privacy and dignity in recordkeeping for out of home care: A discussion. *Scottish Journal of Residential Child Care*, 22(2). <https://doi.org/10.17868/strath.00087198>

Rajagopaul, A., & Naidoo, M. (2021). Prevalence of diabetes mellitus and hypertension amongst the HIV-positive population at a district hospital in eThekweni, South Africa. *African Journal of Primary Health Care & Family Medicine*, 13(1), 2766. <https://doi.org/10.4102/phcfm.v13i1.2766>

Reith-Hall, E. (2020). Using creativity, co-production and the common third in a communication skills module to identify and mend gaps between the stakeholders of social work education. *International Journal of Social Pedagogy*, 9(3), 1-12. <https://doi.org/10.14324/111.444.ijsp.2020.v9.x.003>

Roche, S. (2019). A scoping review of children's experiences of residential care settings in the global South. *Children and Youth Services Review*, 105, 104448. <https://doi.org/10.1016/j.childyouth.2019.104448>

Rodrigues, S., & Barbosa-Ducharne, M. (2017). Residential child and youth care in Portugal: Current challenges and the need for quality care assessment. In Islam, T., & Fulcher, L., (eds) *Residential Child and Youth Care in a Developing World: European Perspectives* (pp. 356-366). Cape Town: CYC-Net Press.

Santos, L., Miguel, R. R., do Rosário Pinheiro, M., & Rijo, D. (2023). Fostering emotional and mental health in residential youth care facilities: A systematic review of programs targeted to care workers. *Children and Youth Services Review*, 106839. <https://doi.org/10.1016/j.childyouth.2023.106839>

Slaatto, A., Kleppe, L. C., Mellblom, A. V., & Baugerud, G. A. (2023). Youth in residential facilities: 'Am I safe?' 'Do I matter?' and 'Do you care?' *Residential Treatment for Children & Youth*, 40(1), 87-108. <https://doi.org/10.1080/0886571X.2022.2082628>

Statistics South Africa. (2011). *Labour Market Dynamics in South Africa 2010*, Pretoria: Statistics South Africa. <https://www.statssa.gov.za/publications/Report-02-11-02/Report-02-11-022011.pdf>

Strydom, M., Spolander, G., Engelbrecht, L., & Martin, L. (2017). South African child and family welfare services: Changing times or business as usual? *Social Work/Matskaplike Werk*, 53(2), 145-164. <https://doi.org/10.15270/53-2-563>

Tanner, D. (2020). 'The love that dare not speak its name': The role of compassion in social work practice. *The British Journal of Social Work*, 50(6), 1688-1705. <https://doi.org/10.1093/bjsw/bcz127>

Teodurczuk, K., Guse, T., & Plessis, A. G. (2019). The effect of positive psychology interventions on hope and wellbeing of adolescents living in child and youth care centre. *British Journal of Guidance and Counselling*, 45(2), 234-245. <http://dx.doi.org/10.1080/03069885.2018.1504880>



United Nations Convention on the Rights of the Child. (1989).

<https://www.ohchr.org/en>

Vaismoradi, M., & Snelgrove, S. (2019). Theme in qualitative content analysis and thematic analysis, *Forum: Qualitative Social Research*, 20(3), 1-14.

<https://nordopen.nord.no/nord-xmlui/bitstream/handle/11250/2627867/Vaismoradi.pdf?sequence=4>

van Bijleveld, G. G., Bunders-Aelen, J. F. G., & Dedding, C. W. M. (2019). Exploring the essence of enabling child participation within child protection services. *Child & Family Social Work*, 25(2), 286-293.

<https://doi.org/10.1111/cfs.12684>

Van Breda, A. D., & Hlungwani, J. (2019). Journey towards independent living: Resilience processes of women leaving residential care in South Africa. *Journal of Youth Studies*, 22(5), 604-622.

<http://dx.doi.org/10.1080/13676261.2018.1523541>

Warf, C., Gharabaghi, K., Charles, G., & Ginsburg, K. (2020). Interviewing homeless adolescents in the context of clinical care: Creating connections, building on strengths, fostering resilience, and improving outcomes. *Clinical Care for Homeless, Runaway and Refugee Youth*. In: Warf, C., Charles, G., (eds) *Clinical Care for Homeless, Runaway, and Refugee Youth*. Cham: Springer.

http://dx.doi.org/10.1007/978-3-030-40675-2_3

Witnish, B. (2017). *Young Care Leavers: The Need for Peer Support*. Youth Affairs Council, Victoria. <https://www.yacvic.org.au/assets/Uploads/Young-Care-Leavers-The-need-for-peer-support-Brittany-Witnish-YACVic-YTiR-Nov-2018.pdf>

Funding statement

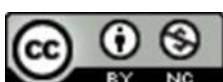
This research received no funding.

Institutional review board statement

Research ethics clearance was obtained from the Durban University of Technology, Research Ethics Committee (IREC), ethics clearance number:(IREC 260/22) received on 7 January 2023.

About the authors

Xolani Shabangu, is a master's student in the child and youth care programme, in the department of community health studies, at Durban University of Technology. Shabangu hold a bachelor's degree in child and Youth Care Programme obtained from the Durban University of Technology. He has experience of working in different children's residential care settings around Durban, South Africa. He is also passionate about the holistic developmental growth and wellbeing of children and young people.



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Raisuyah Bhagwan is a full professor in the department of community health studies, at Durban University of Technology. She is also a National Research Foundation C2 rated researcher. She is passionate about issues of social justice, community development, spirituality and indigenous knowledge systems and has published extensively on these topics. She is on the editorial board of the International Journal of Religion and Spirituality in Social Work and Social Work Practitioner-Researcher. Professor Bhagwan was a recipient of the NRF Community Engagement Grant 2015. She was also a recipient of the CHE-HELTASA National Excellence in Teaching Award in 2018.

Fathima Dewan is a lecturer in the child and youth care programme, department of community health studies, Durban University of Technology, South Africa. Dewan holds a National Diploma in Residential Care obtained from Technikon Natal, BTech: Child and Youth Development from the Durban University of Technology, MEd (Higher Education) from the University of Kwa-Zulu Natal, and a DPhil: Public Administration (Peace Studies) from the Durban University of Technology. She has been a lecturer in the child and youth care programme for the last twenty years. In addition to teaching on the undergraduate program she supervises a number of master's students. She is passionate about the development, care and protection of vulnerable children and youth as well as the education of child and youth care workers. She is an active contributor in the development and advocacy of the child and youth care field in South Africa.



Received: 24/06/2024

Accepted: 10/10/2024

Keywords:

Carers, children's residential care, drill music, looked after children, UK

DOI:

<https://doi.org/10.17868/strath.0090999>

Original Research Article

Drill music: The experience and beliefs of carers supporting looked after children in residential care

Sarah Elgie, Alexandra Cometson, Frances Sales & Katherine Proudman

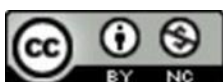
Keys Group Ltd.

Abstract:

The research sought to understand carers in residential children's homes experiences of drill music; a genre of music that has attracted controversy and been linked by professionals and agencies to both youth violence and criminal exploitation. Twenty-one carers from 11 different residential homes took part in focus groups, and thematic analysis identified seven core themes. Carers expressed concerns that drill music promotes gang culture and identities, and children need scaffolding around their relationship with the music, but nevertheless stated that drill music provides opportunities to build connections with young people in care, and can help them process and understand their early adverse childhood experiences. The authors make recommendations around safer use guidance so carers have the confidence and knowledge to support children engaged with drill music, in addition to providers offering mandatory training and developing youth culture champions to promote BAME diversity, and ensure carers keep abreast of ever-evolving youth culture.

Introduction

The focus of this research project is understanding the experiences, attitudes and beliefs of residential carers who support looked after children, and gaining an insight into their perspectives on drill music. Drill music can be defined as a form of contemporary rap, often with dark content, first introduced in Chicago, then moving to Brixton, London in 2012, before slowly gaining traction and interest from young people across the UK. The Safer Lives Survey, by the Youth Violence Commission (Irwin-Rogers et al., 2020), found that just under half of all young people aged between eight and 27 listened to music with violent lyrics at least once a day. Whilst the Safer Lives Survey did not specifically look at the



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

prevalence of drill music in everyday youth culture, this does highlight how commonplace it is for children and young adults to listen to music with violent content.

Drill music elicits controversial and divided opinions amongst professionals, organisations and agencies alike. For some, drill music is strongly associated with gang violence, particularly in South London, and the Metropolitan Police have consequently sought to criminalise lyrics, videos, and performances with the potential to incite violence (Andell, 2019; Refaart, 2021). However, for others, drill music represents an opportunity to express the realities of young people's lives in a relatable way, whilst providing a means of escape from these realities. It gives voice to a group of individuals who feel unheard and misunderstood, and readily feel disempowered in society (Cobbett, 2019; Hilditch, 2019). Indeed, music has always been used as a form of expression and storytelling, often laced with symbolic and emotive language. Drill is designed to shock and to evoke a strong reaction. For many artists, it is a platform to reflect upon their lived experience in a meaningful and accessible way (Hall et al., 2022; Refaart, 2021).

The tendency to criminalise drill often results from a fear of violence, and a desire to prevent it. However, in moving towards the criminalisation or demonisation of an artform, some have argued we risk disempowering an already marginalised and vulnerable community. This may serve to further exacerbate cycles of violence associated with feeling marginalised and unheard (Hilditch, 2019). The misunderstanding and misreading of drill music in the criminal justice system could thus risk criminalising already disadvantaged urban youth and their lyrical expression, while failing to understand the content being rapped about and why (Caluori & Olajide, 2022). It is imperative to focus on and connect to the stories, adversities and traumas that underpin drill music. Furthermore, Ian (2020) identified that video removals and restrictions on performances have been shown to be counterproductive from a crime-reduction perspective. As such, any censorship of drill music is unlikely to reduce gang violence.

The poor outcomes experienced by children who have been in care when compared to their peers are well documented. Children living in care fare worse in terms of educational achievement, employment status, contact with the criminal justice system, mental health, experiences of homelessness, and substance misuse (Murray et al., 2020; Schlechter et al., 2023). The factors contributing to these poor outcomes are complex and reflect looked after children's pre-care and care experiences, as well as their personal needs. Music-making has been identified, in both government and other published evidence, as having a role to play in meeting these young people's needs (Dillon, 2010), and the therapeutic effect of drill music has been established in music therapy (Smith-Sands, 2022). Drill music could be seen as an accessible form of music for some vulnerable young people, and its benefits should not automatically be



discounted. Furthermore, to demonise drill music could create a lack of connection between young people in care and safe adults seeking to develop validating and accepting relationships (Cobbett, 2009).

There is not an abundance of academic literature to help professionals with their interpretation of drill music. The rapid expansion of online street culture is a relatively new phenomenon, and academic research is at an early stage (Ilan, 2020). This research project seeks to understand the views and opinions of residential care staff looking after children in the care system, and to consider them in the context of the variety of narratives portrayed within the public domain. It is important to understand potentially controversial viewpoints, so services know how and where to develop policies and produce training that is both balanced and therapeutic.

Method

Sample and procedure

All residential care staff working at residential children's homes with a large private provider in the UK were approached and invited to take part in the research project by the in-house clinical team. The project was completed as a service improvement study, to learn about carers' experiences of drill music, as part of a broader goal to develop service policy and strategies with regards to exploitation and county lines. The project was approved by the company's internal ethics committee.

Carers typically looked after children in the care system aged between eight and 18 years. A flyer was used to advertise the study and was circulated via email. Twenty-one participants from eleven different homes in England and Wales agreed to take part in focus groups, all of which took place over Microsoft Teams and lasted no more than 90 minutes. Between three and five participants took part in a total of five focus groups. All participants were made aware that their contributions to the focus group would remain confidential and anonymised, and participation was entirely voluntary.

Prior to attending the focus groups, all participants were asked to complete a demographic form and provided consent by signing the consent form. The demographic form asked questions relating to age, gender, years of experience in residential care, and relevant training previously attended in relation to gangs/county lines, criminal exploitation and drill music.

The focus group was led by a clinical psychologist with one of two potential assistant psychologists observing to assist with future thematic analysis. All focus groups were recorded to enable transcription.

The focus groups used a semi-structured interview format with eight core questions, each having between two and four probes. The aim of the questions



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

was to capture information about (1) general opinions on drill music, (2) direct experience of drill music, (3) the origins of young people's interest in drill music, (4) the impact of drill music on carers and young people alike, (5) ways to support young people interested in drill music, and (6) support or training carers would find useful on the subject.

Transcribing and coding

All focus groups were transcribed verbatim. Braun and Clarke's (2006, 2021) six stage reflexive thematic analysis procedure was then used to analyse the transcripts. Firstly, the coder (an assistant psychologist) became familiar with the data through immersion in each of the transcripts. Initial 'open codes' were then generated, and subsequently sorted into preliminary themes. This process was repeated by another coder (another assistant psychologist) to increase the accuracy and objectivity of the analysis and to ensure salient codes/themes were not missed.

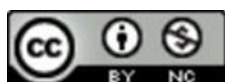
The research team then met to review, modify and develop these preliminary themes further, using a collaborative and reflexive approach, which aimed to achieve richer interpretation of meaning (Braun & Clarke, 2021). The research team included a clinical psychologist and a specialist advisor on child exploitation, in addition to the two assistant psychologists involved in the coding. In the final stage, key themes and sub-themes were defined. During the thematic analysis, an inductive approach was used to allow for salient codes and themes to emerge from the data, without the coders analysing the transcripts with pre-conceived ideas (Braun & Clarke, 2006).

Results

Descriptive information

The sample of participants who took part in the focus groups included slightly more females than males, and two non-binary individuals. The majority of participants were aged 25 to 44 years and had a diverse length of experience in the sector. Only two participants were new to the sector, and six participants had considerable experience (greater than 10 years working in children's residential care). In terms of specialist training that may have related to the subject matter included within the focus groups, just over half the participants had attended an in-house training session on gangs, county lines and exploitation. Four of these participants had completed more specific training on drill music or music therapy. Three of the participants had not previously completed any relevant specialist training.

A breakdown of the demographic information for the participants is displayed in 'Table 1: Demographic Information' below.



Demographic information	Number of participants
Age (years)	
18-24	2
25-34	8
35-44	7
45-54	3
55+	1
Gender	
Male	8
Female	11
Non-binary	2
Years of experience in children's residential care	
Less than one	2
1-3	7
4-7	6
8 - 10	0
10 +	6
Specialist training attended	
Gangs, County Lines and Criminal Exploitation	12
Social Media and Online Exploitation	5
Drill music or music therapy	4

Table 1: Demographic Information

Thematic analysis

Seven core themes, with subthemes, emerged through thematic analysis: (1) drill music has a negative impact on young people, (2) drill music helps young people achieve a sense of belonging, (3) drill music offers a sense of identity, (4) drill music creates opportunities for carers to connect with young people, (5) drill music helps young people make sense of their story, (6) carers need greater awareness and understanding of drill music, and (7) carers need ways to safely scaffold the influence of drill music.

Theme 1: Drill music has a negative impact on young people

Carers consistently spoke about drill music having a negative and worrying impact on young people, making this the most salient theme across all focus groups. They described unease with the language used in the lyrics, perceived it as glamorising and promoting gang culture, and were concerned it gives young people a false impression of opportunities to illegally earn substantial amounts of money.



Subtheme one – Drill music promotes and normalises misogynist and racist attitudes

Participants referred to the strong language contained within drill music and how this potentially causes young people to adopt racist and misogynist views.

Participants reported concerns that young people should not be exposed to inappropriate and unsuitable lyrics.

Some of the wording, it is very inappropriate, very sexual. Some of it makes women out to be sort of some sort of sex object and it can be very, very racist both ways, white and coloured, do you know what I mean? It can be horrible.

The things that are becoming more prevalent in my home is the misogyny, the attitude to women, the fact that it's now OK to punch a woman in the face and no consequences will happen. That's alright. That's society. Women are inferior to men.

The 'bitches are all horrible' Yeah, the misogyny, the chauvinistic, that's playing more of a precedence in my home than getting involved in gangs.

Subtheme two – Drill music glamorises and promotes gang culture, knife crime and violence

Participants saw a strong connection between drill music and gangs, and felt lyrics advocated the use of knives, and children were often adopting street language in their daily dialogues. They also reported that young people see gangs and the gangster image as being desirable and alluring.

Most of the lyrics she was on about, it was saying like shanking people, like stabbing people.

We have a young person who listens to drill music and he is quite obsessed with weapons [...] He's Googled gangs in the local area and things like that.

I know a lot of it is gang related and a lot of people hiding their faces saying things about all the gangs and whatnot, threatening violence [...] promoting it as well.



Subtheme three– Drill music gives young people a false impression of easy but illegal ways to make money

Participants described worries that children listen to drill music, are inspired by the artists' lifestyles, and see activities such as drug dealing as offering a rich and lucrative future.

It promotes the lifestyle, which is cool. You have loads of money, you can hold a gun. And kids see that as cool, don't they?

It just intrigues kids. It makes them want to sort of look into it further because they're thinking like oh wow, you can make this much money. I can earn, what was it like £2000 a week? It's just that lifestyle that they sort of desire.

They're not learning about getting money by working jobs and stuff like that. They learning to get money from selling drugs. They're gonna get a nice car, nice clothes, nice girls.

Theme 2: Drill music helps young people experience a sense of belonging

Focus groups identified that children in care often struggle with a sense of belonging, and gangs and drill music offer ways to increase this. Gangs can be perceived as a form of family, whereas following drill music and associated trends can strengthen an association with a peer group.

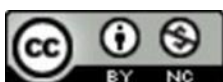
Subtheme one – Gangs offer a sense of family and belonging

Participants reflected on the attachment needs of children in care and that gangs can superficially appear to offer high levels of connection and worth, which can be appealing to children.

A lot of kids in care don't have much self-worth, don't feel part of something. It's like a family to them as such and being part of a gang is like part of the family to them. Drill music is part of that family stuff.

If they've got attachment issues, if they don't have strong relationships, they're going to be more drawn into this gang culture where they're all supporting one another because it's that inclusion that they've not had elsewhere.

A lot of the kids here, they're kind of trying to find something to fill that void. So, whether it is music and like they're seeing these videos and like there's a massive gang of them and they're wearing nice tracksuits, and they've all got each other's back and they're all loyal and maybe they want to be a part of that.



Subtheme two – Drill music offers a way to connect to peers and belonging to a peer group

Participants shared that young people build peer relationships through shared interests, and drill music offers a connection to peers through the music itself, but also the image that comes with it, such as street clothing and strong branding.

But it's about being part of that group. And like I say the way he talks. But even something I didn't mention before is branding, he's obsessed with Hoodrich and Trapstar, which I think is kind of born of that group of music and that's filtered down to the young people. A lot of our younger ones want to have that, that brand of clothing.

It's like a lot of like peer pressure, what your friends are listening to. If they are listening to it or wearing that clothing, that's what they want, to be the same.

I've noticed with one of our young people, she listens to a variety of music, even country music, but then if she suddenly gets a message and she's got to go out with her friends. You can be in the car and you can be singing along to Dolly Parton. Then she gets this message that she's meeting her friends and suddenly the music changes and it becomes very, do you know what I mean? Angry, swears, even her demeanour changes; she becomes very street, very [...] her language becomes more inappropriate.

Theme 3: Drill music offers a sense of identity to young people

Participants shared that their young people may be drawn to drill music and gang culture as it helps give them a sense of identity and can help them feel more powerful in the world.

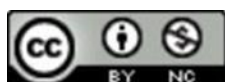
Subtheme one – Children engage with drill music and gang identities in an attempt to figure out who they are and develop their own sense of identity

Participants recognised the important task of a teenager needing to develop a sense of identity in adolescence, with drill music offering a platform for young people to shape their identity around.

Doesn't really understand who he is yet, so he's just searching until he finds something.

He's sort of being sort of brainwashed by this music, trying to be his brother and trying to find his own identity.

It's part of them exploring and developing who they are and their own likes and dislikes. So, we're not gonna say 'no you can't listen to it'.



Subtheme two – Drill music and gang persona creates a tough identity that helps young people feel strong and powerful

Participants also identified that a 'gangster' persona can serve an important function for young people, helping them feel better equipped to navigate life and serving as a 'shield' to protect them.

The older lad he, when he walks around, the way he talks, it's like he's trying to put on a performance that he is this strong, threatening person and that he, that he can look after himself maybe.

A balaclava, like with our young, our young lad wears like a balaclava. Obviously, he thinks that we're scared of him when he puts his balaclava on, things like that.

This whole, like, demeanour might change. So you're like, 'are you all right?' And he'll be like 'shut up ya arsehole'. And I was like, 'what? Like what're you on about?' And he says things like this or, you know, 'you're a waste man'. And then the whole demeanour changes, like the attitude, the posture, and sometimes like communicating as well.

Theme 4: Drill music creates opportunities for carers to connect with young people

Participants highlighted the importance of joining children in their interests as this helps develop connections and relationships.

Subtheme one – It is important that carers and homes proactively engage in children's interest in drill music

Participants highlighted that homes could seek to embrace drill music in the vein of celebrating all forms of diversity, and this could send a powerful message to children about valuing and respecting them and their interests.

We run a LGBTQ and all the rest of it. So why can't you run a positive sort of drill music or you know or have different aspects of different genres of music there?

There're times when we're in here making up bars and doing the whole DJ and thing, having a mini concert. And that's been going on for months and it's every evening. It's amazing. We dance, we just carry on silly. And they love it, absolutely love it.

We try to rap, but that's the most fun part of it, because they see us trying to do something that they were, you know, more capable of doing. So that alone enhances the relationship. I mean all the kids here, they get along great with the staff and that's because we literally go down to their level, non-judgmental.



Subtheme two – Carers should follow children’s interest in drill music as it provides an opportunity to build and strengthen carer-child relationships

Participants in all focus groups highlighted that to build connections with children in care, carers need to actively join and share their interests, and this included appreciating drill music if that is important to the child.

That actual connection, music is a huge thing for young people and there's not many people within our team that would be willing to dive into drill music far enough to actually be able to have a relationship with one of the kids about music anymore.

I think the more we get with it, the better it is. Because once you can relate to a young person, then you've got a foot through the door when you're saying to them, 'no, I don't listen to that sort of music. I can't really, you know, I don't want to' then you'll, you will actually sort of barrier for yourself. So, getting to know the YP, ask them questions, 'what's your favourite one?' when you do your research, if it's Stormzy, you come back singing the line with Stormzy.

I think any knowledge that you've got on what the young people are into, it's good. Like when Top Boy and stuff was out, I sat and watched that. The kids could relate to me because I've seen it and we could talk about it and the language used in it.

Theme 5: Drill music helps young people make sense of their story

Participants shared drill music’s ability to speak to young people in care and the lyrics often relate to their own experiences. Listening to drill music can help children express their feelings and make sense of their inner world.

Subtheme one – Drill music often resonates with our children’s lived experiences

Participants recognised many children in care relate to the stories told within drill music. Drill music is an accessible way for children to relate to their experiences and trauma. It validates their thoughts and feelings.

It can be like someone telling a story of their life. Do you know what I mean? Like usually like if they with it when they were younger, if they'd done something and they spent time in jail and they'd done that. Do you know what I mean? Like, so obviously you don't know what younger kids' experiences and their like family thing. So obviously you don't know if they can relate to that in some in way.

They're like obviously kind of relate to like obviously what they are talking about.

I think they find it quite relatable because sometimes some of the stuff they're singing about is relatable to their own personal circumstances.



Subtheme two – Drill music helps children express their thoughts and feelings

Participants acknowledged that drill music helped young people express their thoughts and feelings, which was important and had therapeutic value.

I'm not gonna stop them from listening to it because that's something they identify with and that's part of their identity that they're finding a way to express themselves.

I think it's important for any young people and everybody to express themselves in it, in whatever, whatever arena they feel comfortable doing it.

It's basic needs and emotions being articulated in the sense of anger, hurt, hate, not necessarily the overcoming of it.

Subtheme three– Drill music can help young people to understand and process their adversity

Participants understood that drill music created opportunities for young people in care to begin to understand and make sense of their childhoods and internal worlds, and carers could help them with this process.

It's just helping them to sort of unpack, you know, it's like a jigsaw and you know the drill artists have given them the jigsaw. We need to help and put the picture together and we need to show them a clearer picture.

What we need to do as a company and as support workers is try and decipher that message but give it back to them in a more positive way than what they're hearing. So, to try and use that message and not ignore that message, don't try and, you know, take that away from them, but try and get our kids to understand the different level, there's a deeper meaning to that message.

Theme 6: Carers need greater understanding and awareness of drill music

Participants spoke about some carers being offended or upset by drill music, arguing that, to ensure consistent and appropriate responses within teams, carers need access to more specialist training. Participants also urged caution around assuming drill music was dangerous and felt it was important to draw comparisons with past genres of music, to ensure carers had a balanced perspective.

Subtheme one – The content of drill music can be shocking for carers

Some participants acknowledged that the content of drill music can have a negative impact on carers, potentially including those who had their own trauma experiences or were older and unfamiliar with the lyrical style.



I found it quite upsetting. No, not upsetting. But I thought, what is this? I didn't know. I've never heard nothing like it before. And I was really shocked.

It can be upsetting to carers; it can trigger things. It, we obviously, we don't know what anyone's lived experiences are. So, if I've got a kid listening to a song about rape and one of my team members has gone through that, then that causes a whole load of issues to deal with.

It's hard to not turn around and not say 'whoa, that's a bit' [...] do you know what I mean? I don't like those wordings and they laugh and stuff but yeah, it can be a bit like, whoa, why are they listening to this? It's not good.

Subtheme two- Carers perceive drill music to be the latest genre of music that is stigmatised for promoting violence, but caution is needed when carers collude with these narratives

Participants shared a concern that drill music was readily stigmatised, and this is maybe reminiscent of similar past genres of music, and a tendency to readily assume listening to music means we will act on the narratives contained within it.

I don't think this is a new trend, I think it's just the latest. If we look back to the '90s we saw Marilyn Manson scapegoated for satanic rituals and mass murders. This is just the new focus.

It can be rap music, now it's moved on to drill. So, they used to blame rap music for a lot of violence and promoting violence, and it's just moved on something else now.

I just think it gets a bad rep when there's a lot of positives that can be taken from it. And again, I think it's easy to stigmatise and label something as being 'no, you can't do this, you can't do that'. But, actually embrace it. It's part of their culture, it's part of their identity, it's part of the world we live in, not going away.

Subtheme three – Need for more in-depth training to ensure carers are consistent and offering the correct responses

Participants referred to a need for more training on drill music to ensure their responses were helpful, up to date and appropriate, and not driven by personal opinion.

I think the training we've got at the moment is very basic and we have like sort of specialist training for other things, but we don't have specialist training for the one thing that the kids actually could get impacted on for the rest of their life, which is criminal records, possible death



I think the training is already out there and I think we can adapt this training. I think you can adapt the Prevent training¹ because everything we've been listening to here has basically listened to sort of you know, like in extremism, you know, they're being indoctrinated.

I think training is a good idea as well because, so that, because we are the, you know, the role models for these boys and we need to get it right. So, if we are not educated enough on this area then, you know, we don't want to like let this bit slip by and like fail this part of the development. So, we need to like be able to appropriately and correctly guide them.

Theme 7: Carers need ways to safely scaffold the influence of drill music

Participants spoke about the importance of scaffolding children's relationship with music, including education and setting boundaries around dangerous content or inappropriate language, and encouraging healthier, more creative engagement through song writing and music making.

Subtheme one – Education on dangers if they acted out the lyrics and setting boundaries around what is acceptable

Participants described a responsibility for educating young people on content that is inappropriate or harmful, and setting boundaries around drill music.

Just like to educate them in the relation to like obviously the dangers and if they were to do that, like what would happen to them and the consequences down the line.

Just giving them the knowledge of maybe what some of the things mean and obviously guide them into the direction of 'it's OK to listen to the music but don't follow up on the actions and something you're not' sort of thing.

We use it as an opportunity to key work². And so, like I said we listened to bits and then when stuff and themes come up in there, it's a good opportunity to kind of get his perspective on 'what is, actually is that appropriate, which parts are appropriate and how would you react in a different way in those situations?'

Subtheme two – Create opportunities to direct or shape their interest

Participants shared the need to direct young people to safer or cleaner drill artists, so that they were exposed to more appropriate role models. Carers

¹ Prevent training is a form of safeguarding training that helps to prevent the risk of people becoming terrorists or supporting terrorism.

² Key working refers to a residential children's home identifying opportunities for carers to offer one-to-one time to a young person in order to deliver child-centred psychoeducation sessions and to develop a richer understanding of their thoughts and feelings.



reflected that they have opportunities to shape children's interests but to do this with drill music, additional information on suitable artists and resources to refer to would be helpful.

If we can do some research ourselves and look into more positive drill music artists or try and sort of, you know, show them different aspects of that, of that type of music with a different, with a different beat. I mean kids are, you know, they're malleable. They'll learn, you know, and if we can sort of, you know, you know, we can make that difference.

Even if you had sort of like quiz nights and you designed these quiz nights around their interests. Not just sort of popular culture. You know when movies and things like that. You could sort of use like, you know, name that tune with the drill artist. You know and then you can start opening up conversations.

I think we would benefit from a bit more knowledge around if there is any more appropriate artists or groups that we could signpost them to.

Subtheme three- Encourage song writing and music making

Participants identified the potential to encourage young people to be creative and write or record their own lyrics and shared the potential therapeutic value of these activities.

Sometimes it's handy that they can, if they do write lyrics that they can still sometimes find it easier to put it down in lyrics, then speak to somebody about it [...] Makes sense. You might find out a bit more about the life before, which they don't normally tell you.

We encourage our young people to write and to make their own music. We do actually have a young person who does write. She goes to the studio at school and records her own music. When her musical preference changed to drill, she would write about her history.

Now we don't have to tell her 'If you're upset, just go and write', she just does it. She will do that as opposed to trashing her room, putting her hands on staff or self-harming. So we've seen 360° change in this young person within a year and it's just because we've encouraged her to write, not just music, but journaling as well-being reflective on things that have gone well as opposed to focusing on the things that have gone terribly wrong for her in her life.

Discussion

Carers in all focus groups spoke at length about concerns with regards to drill music; mainly relating to worries that it (1) encourages racist and misogynistic views, (2) is closely linked with gangs and drug crime, and (3) glamorises involvement with these activities, giving young people a false and alluring



impression about ways to create a financially comfortable life through illegal methods. This was the strongest theme and elicited a lot of content in all focus groups and from all carers.

The concern of carers regarding the risk of children in care becoming victims of gangs, and county lines, is highly relevant as a recent report by the crime and justice specialists, Crest Advisory, identified looked after children as disproportionately represented in County Lines networks (Caluori & Corlett, 2020). The focus groups identified carers linking drill music with gang culture, violence, knives, stabbings and drug use. Research also indicates that there has been a 124% increase from 2016/17 to 2019/20 in the number of children referred to children's services with concerns about gangs identified at assessment (Department for Education, 2019).

Although outside the remit of this project, future research could seek to better understand how children in residential care view and are impacted by drill music. Researching the topic from young people's perspectives would further illuminate why young people in care are drawn to drill music and how this affects them. Such research could reinforce or reconceptualise residential carers' concerns about the negative influence of drill music on children, as uncovered by this research in the largest theme across the dataset, Theme 1. Carers' concerns around young people's vulnerabilities in regard to county lines and child exploitation feel highly relevant to many teams (Shaw & Greenhow, 2020), with this being a rapidly growing, yet relatively new, concern in the sector. The statistics around the growing issue of child exploitation would also indicate that this subject area should be a national priority, and all services and agencies supporting looked after children undoubtedly need robust safeguarding policies in place in terms of this area of risk (Pearson & Cavener, 2024; Shaw & Greenhow, 2020). With regards to drill music specifically, providers of residential care may wish to produce safe usage guidance around this genre of music, so carers are confident when risk is identified, and concerns are escalated appropriately.

Whilst it is essential to be alert to signs of young people being pulled into country lines and criminal exploitation, the focus groups also identified the need for caution and to not overly stigmatise drill music. Participants highlighted that different generations have frequently been drawn to music with negative connotations and drill music is part of the evolution of the music scene.

Carers recognised the underlying need for children in the care system to experience a sense of belonging, and that drill music can directly speak to this attachment/relational need. At best, carers spoke about drill music being on trend, such that young people being engaged with it might help them build connections with peers and strengthen their belonging to a group. However, at worst, young people are drawn towards drill music as belonging to a gang can offer a solution to their fear that they do not belong anywhere, and their sense



of being unwanted or invisible. The pull towards gangs can be powerful and represent young people in care's attempts to resolve their unmet emotional needs. This need for a sense of belonging is possibly greatest in those children living in residential care (Hughes, 2004), who have typically experienced many placement moves, living with carers and co-residents with different accents and from different cultures, in different parts of the country, far away from their birth families, all of which weaken a young person's sense of identity and belonging.

Whilst the need to belong can act as a magnet towards gangs, and drill music can be seen as a facilitator in the development of these relationships, the need to belong can also offer solutions. Carers recognised that if they show an active and genuine interest in young people's passions, including drill music, this creates opportunities to build connections. There is a danger that if carers buy too much into the stigma surrounding drill music, opportunities are missed to relate to young people. Carers spoke about educating themselves on drill music so they could demonstrate authentically that the children's interests are important to them. However, alongside joining young people in their interests, they also saw themselves as having a responsibility to educate and guide the children in their care. This could be through suggesting 'cleaner' artists, or having open conversations about lyrical content and the danger involved in acting out some of the behaviours described. A recommendation could be that providers of residential care have a standard pack of resources to be used in keyworker sessions, to ensure carers give advice and guidance informed by current research and free from personal opinion.

Carers observed that drill music has a therapeutic value in allowing young people who have experienced trauma and adversity to make sense of their story, to feel less alone, to relate to others, and to feel validated. If we can help children use song writing and music making in a constructive way, this provides a healthy and accessible platform for children to sit with and through which to articulate overwhelming and distressing thoughts and feelings. To help facilitate this therapeutic process, it could be fruitful for residential children's homes to have access to qualified music therapists or artists who offer a mentoring service and have their own lived experience of county lines or gangs.

A potential barrier to carers being able to scaffold young people's engagement with drill music, may be their own difficulties in relating to it. Some comments suggested older carers potentially find it harder to appreciate and understand why and how drill music speaks to young people in care. Routinely providing mandatory training to residential care staff on drill music, alongside training on county lines and gangs, will help to ensure all carers are well educated on this subject, and that their own prejudices and biases do not come into play, thereby ensuring a consistent response within homes. The authors would also suggest providers of residential care to looked after children may find it helpful to have a dedicated 'champion of youth culture' in service, or a steering group involving both staff and young people, so that providers keep abreast with changes and



movements in youth culture. BAME youth culture should also be celebrated as part of diversity protocols within services and should be given as much focus as other areas of diversity, such as LGBTQ+.

The focus groups identified that many carers felt drill music exposed young people to a 'gangster' image, which may connect with their senses of vulnerability and anxiety in the world and offer a solution. The gangster persona could be a survival behaviour designed to help the child feel a little safer and to promote a belief that they can look after themselves; this is often in the context of an early childhood that likely taught them adults are unreliable and untrustworthy, and the world is a dangerous, unpredictable place. As Kim Golding states when referring to children with a past involving trauma, 'children are taking charge of their own safety; it feels so much safer to be in charge' (Golding, 2017, p.39).

It is also likely that children are generally exposed to drill music at a time when they are trying to establish a sense of identity. In Erikson's (1959) eight psychosocial stages of development model, the central task of adolescence is to develop a coherent identity. Drill music and gangs provide a concrete identity many young people perceive to be both accessible and a good fit for them. The challenge for care teams is to help build a healthy sense of identity, and to provide opportunities to experiment and 'try on for size' alternative identities, and to be exposed to different role models. This could be through encouraging young people towards 'cleaner' artists or alternative styles of music, but also helping them understand who they are and their values, hopes and goals.

In conclusion, drill music is a popular form of music in current youth culture but is arguably more complex than other genres. It has attracted widespread concern due to its association with crime and gang violence, and this research echoed those worries. Carers see drill music as being linked to stabbings and county lines, as well as discriminatory language and attitudes. Nevertheless, carers also readily identified a thoughtful understanding of why the lyrics often speak to children in care, and that embracing it, with the caveat of ensuring the child is safe and developing a healthy identity and sense of belonging outside of gang related activities, provides clear therapeutic opportunities to help develop connections and help young people understand and process their traumatic past.

References

Andell, P. (2019). Addressing county lines: Praxis for community safety practitioners. *Safer Communities*, 18(2), 43-53.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

<https://doi.org/10.1191/1478088706qp063oa>



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. London: Sage.

Cobbett, S. (2019). Including the excluded: Music therapy with adolescents with social, emotional and behavioural difficulties. *British Journal of Music Therapy*, 23(2), 15-24. <https://doi.org/10.1177/135945750902300203>

Caluori, J., & Corlett, M. (2020). *County lines and Looked After Children: Insights report*. Crest Advisory. December 3. <https://www.crestadvisory.com/post/report-county-lines-and-looked-after-children>

Caluori, J., & Olajide, P. (2022). *Drill down: Drill music, social media and serious youth violence*. Crest Advisory. February 4 <https://www.crestadvisory.com/post/drill-down-drill-music-social-media-and-serious-youth-violence>

Department for Education. (2019). *Characteristics of children in need: 2018 to 2019, England*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843046/Characteristics of children in need 2018 to 2019_main text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843046/Characteristics_of_children_in_need_2018_to_2019_main_text.pdf)

Dillon, L. (2010). *Looked after children & music making: An evidence review*. Youth Music Network. <https://network.youthmusic.org.uk/sites/default/files/uploads/research/looked%20after%20children%20evidence%20review2010.pdf>

Erikson, E. (1959). *Identity and the life cycle*. New York, NY: W.W Norton.

Golding, K. (2017). *Everyday parenting with security and love: Using PACE to provide foundations for attachment*. London: Jessica Kingsley Publishers.

Hall, B., Khan, R., & Eslea, M. (2022). Criminalising Black trauma: Grime and drill lyrics as a form of ethnographic data to understand 'gangs' and serious youth violence. *Genealogy*, 7(1). <https://doi.org/10.3390/genealogy7010002>

Hilditch, J. (2019). *Banning drill: Deprivation, violence, and a failure of engagement*. Queen Mary University of London: Legal Advice Centre Blog. February 28 <https://www.qmul.ac.uk/lac/our-legal-blog/items/banning-drill-deprivation-violence-and-a-failure-of-engagement.html>



Hughes, D. (2004). An attachment-based treatment of maltreated children and young people. *Attachment & Human Development*, 6(3), 263–278. <https://doi.org/10.1080/14616730412331281539>

Ilan, J. (2020). Digital street culture decoded: Why criminalizing drill music is street illiterate and counterproductive. *The British Journal of Criminology*, 60(4), 994-1013. <https://doi.org/10.1093/bjc/azz086>

Irwin-Rogers, K., Muthoo, A., & Billingham, L. (2020). *Youth Violence Commission Final Report*. Youth Violence Commission. <https://oro.open.ac.uk/72094/>

Murray, E., Lacey, R., Maughan, B., & Sacker, A. (2020). Non-parental care in childhood and health up to 30 years later: ONS longitudinal study 1971-2011. *European Journal of Public Health*, 30(6), 1121-1127. <https://doi.org/10.1093/eurpub/ckaa113>

Schlechter, P., Ford, T., & Neufeld, S. (2023). Depressive symptom networks in the UK general adolescent population and in those looked after by local authorities. *BMJ Mental Health*, 26(1). <https://doi.org/10.1136/bmjment-2023-300707>

Pearson, J., & Cavener, J. (2024). Professionals' understanding of the County Lines phenomenon: Insights from a study exploring the perceptions of young peoples' supported accommodation staff. *Children and Youth Services Review*, 156. <https://doi.org/10.1016/j.childyouth.2023.107331>

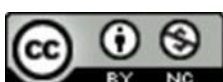
Refaart, N. (2021). *Stereotypes drilled in: How police are using drill music to compound racialised narratives*. November 12 <https://www.hja.net/expert-comments/opinion/civil-liberties-human-rights/stereotypes-drilled-in-how-the-police-are-using-drill-music-to-compound-racialised-narratives/>

Shaw, J., & Greenhow, S. (2020). Children in care: Exploitation, offending and the denial of victimhood in a prosecution-led culture of practice. *The British Journal of Social Work*, 50(5), 1551-1569. <https://doi.org/10.1093/bjsw/bcz137>

Smith-Sands, J. (2022). 'Trapped in the trap': Exploring music therapists' clinical engagement with the current discourse around UK drill. *British Journal of Music Therapy*, 36(2), 94-103. <https://doi.org/10.1177/13594575221119569>

About the authors

The authors collaborated on this paper when they worked together at Keys Group Ltd. The research was inspired by the observation that carers within the organisation appeared to be encountering drill music and its potential effects more often. Through reading around the topic, the current and controversial



climate surrounding Drill music was uncovered, and this research topic was established to investigate how residential carers experience and support drill music with the children they care for.

Sarah Elgie is a clinical psychologist who specialises in developmental trauma and children's residential care. She has worked in both the NHS and private sector in children's homes, and previously in CAMHS.

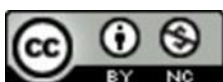
Alexandra Cometsen is an Assistant Psychologist at Keys Group Ltd. supporting vulnerable children and young people with social, emotional, mental and learning needs and who have often experienced traumatic childhoods.

Frances Sales completed her BSc in Psychology with Education at the University of Leeds and currently works as an Assistant Psychologist at Keys Group, supporting children living in residential children's homes. Prior to this she worked as learning support assistant in a SEMH/SEN post 16 provision and in the NHS as a Psychology Intern in a Community Learning Disability Team.

Katherine Proudman is an exploitation specialist with 20 years practitioner and management experience, working with young people experiencing complex abuse through exploitation. She advises around serious youth violence, criminal exploitation, child sexual exploitation, county lines, gangs and social media exploitation. Katherine has developed targeted programmes of intervention and support for young people experiencing high levels of risk through exploitation.

Ethical Approval Statement

Please note that in order to assess if the project required NHS Research Ethics Committee (REC) review, the HRA's decision tool was used. This indicated that an ethics committee review is not necessary for this project.



Received: 13/08/2024

Accepted: 02/09/2024

Keywords:

Rewards, incentives, behaviour, motivation, residential child care

DOI:

<https://doi.org/10.17868/strath.0090995>

Short Article

Against the use of rewards in residential child care

Maddie Howley

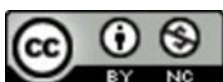
Abstract:

Rewards given to children and young people for meeting behavioural targets appear to be pervasive across children's homes, although there is little research on their effectiveness and their possible limitations. In this short article, arguments against the use of rewards in residential child care will be explored, including those related to children's cause and effect thinking, power imbalances between staff and young people, the communication underneath the behaviour, and the undermining of a young person's intrinsic motivation. The possibility of residential child care without rewards and reward systems will be discussed.

Introduction

A reward is defined as 'something that is given in return for good or evil done or received or that is offered or given for some service or attainment', or 'a stimulus (such as food) that is administered to an organism and serves to reinforce a desired response' (Merriam-Webster, n.d.). Rewards, or incentives (I will use the terms interchangeably throughout this piece) are frequently used in residential care with children and young people (Lombard, 2011). Such incentives are often monetary, for example giving young people their weekly pocket money, the amount of which is based on how the young person has behaved throughout the week. Targets are set based on what the young person is perceived by staff to need to work on and can range from having a bath every day, to not making racist remarks toward staff, not going missing, or settling in bed by a certain time each night. Young people often do not get any choice in the target for their incentive.

This article will discuss why rewards and reward systems ultimately fail, including arguments around the punitiveness inherent in rewards, traumatised young people's lack of cause and effect thinking, how extrinsic motivation (external motivation such as from incentives) undermines intrinsic motivation (that which comes from within), ruptures and relationships, and behaviour as communication. Lastly, I will briefly discuss how children's residential care can move past rewards toward more connection-focussed practice underlined by



unconditional care and positive regard. The work of Alfie Kohn, author and lecturer, will be drawn upon to demonstrate that rewards do not work and in fact may cause harm to vulnerable young people and their relationships with residential child care practitioners.

Rewards ignore reasons

Incentives ignore underlying reasons for behaviour (Kohn, 1993). There can be a temptation to ignore the reasons for a young person not bathing or speaking rudely to staff, and to choose to incentivise a young person to behave differently instead of enacting this important exploratory work. For example, a chaotic, 'messy' bedroom may reflect the chaos of the young person's mind or may feel homely due to growing up in an untidy, unclean space (Cairns & Cairns, 2016). Going missing or not settling in bed at night could be the result of unmet social or emotional needs or blocked trust. Such themes need to be explored, as well as whether the child or young person has conscious control over the behaviour, before rewards are considered.

As Karen Treisman (2016) puts it, behaviour is communication, and what is being communicated may be an unmet need. It is up to residential child care practitioners to make sense of children's behaviour and explore it with them. Similarly, parenting specialist Dr Becky Kennedy (2022) argues that rewards focus on the question of, 'how do we change behaviour?' but when caregivers focus on what is under the surface they have the chance to build resilience in the child and help them to regulate their emotions, both of which will lead to more effective behaviour change. Behaviour is a window into children's feelings (Kennedy, 2022) and 'a stream of messaging about their emotions and their past' (Cairns & Cairns, 2016, p.217). We must respect this, instead of immediately considering ways to expel or extinguish problematic behaviour.

A young person's behaviours of concern may be their way of showing adults what they have been through. In this case, 'translating' the behaviour can be transformational for the child or young person, as they are helped to feel understood and valued. Regan (2019) argues that the first skill needed by adults taking care of children is to reflect on their own emotions which are stirred up by the young person's behaviour. This is particularly vital when thinking about rewards because the emotions that staff feel as a result of the young person's behaviour can cause teams to bypass understanding and jump straight into rewarding or punishing the behaviour, which, according to Regan's argument, is not a helpful thing to do.

Kohn (1993) argues that even if we are sure nothing complex is going on underneath the behaviour, and the behaviour is under the conscious control of the young person, it is still necessary to try to address the cause as opposed to simply trying to change the behaviour. He goes on to state that even when adults think there is nothing beneath the behaviour, there usually is.



Rewards punish

Rewards and punishments are two sides of the same coin, they both stem from the view that motivation is nothing more than the manipulation of behaviour (Kohn, 1993). Intuitively, child care practitioners know that rewards are just as controlling as punishments; they just control by seduction. As Kohn (1993) states, rewards punish. If one does not get the reward or incentive, one is being punished. The feeling of disappointment upon not getting the reward is an aversive consequence. It may seem more palatable to reward children instead of punishing them, but both are predicated on children losing out when they are struggling or in crisis.

Pain-based behaviours

The behaviours that residential child care workers target with rewards are often pain-based behaviours, such as verbal aggression, defiance or going missing. Many of the young people in residential care have complex or relational trauma, terms that describe a spectrum of conditions that usually arise out of repeated or cumulative traumas (Milot et al., 2015). Such early trauma accelerates the development of the brain's threat system and causes a child or young person to go into fight, flight or freeze responses more easily (McCrory, 2020), causing children and young people to be hyper-aroused and hypervigilant. Understanding behaviours as pain-based helps practitioners to see the behaviour as the problem, rather than the child, and to respond in more compassionate ways. It also helps residential child care workers to become more aware of the fact that these behaviours may not be under the conscious control of the young person.

Cause and effect thinking

Young people with early trauma often lack cause and effect thinking until they are taught it through therapeutic (re-)parenting and natural or logical consequences (Cairns & Cairns, 2016; Naish, 2018). This means they struggle to see how their actions impact others and the world around them. Any attempt to offer them rewards for doing something (or not doing something) is likely to confuse them and be ineffective until this important mental capacity is established, possibly well into their teens (Naish, 2018). This is where interventions such as the life space interview, where the young person is helped to understand how a trigger caused an emotion which provoked an emotional response from them (Holden et al., 2020), can be more helpful than behaviourist techniques (such as rewards) which do not support the young person to understand their behaviours.

Motivation

Intrinsic motivation is the internal sense of motivation that we must, or want to, do something, whereas extrinsic motivation is motivation that comes from outside of ourselves, for example rewards. In a meta-analysis of 128 studies,



Deci et al. (1999) found that engagement-contingent, completion-contingent, and performance-contingent rewards undermined intrinsic motivation, with this effect being more prominent in children than it was in college students. Fabes et al. (1989) found that even when rewards are used in an attempt to promote positive qualities in children such as altruism, the rewards undermine the children's intrinsic motivation to behave altruistically. In this study, children's intrinsic motivation to help others was negatively affected by receiving rewards for helping. Children rewarded for helping others did this less following the period of being rewarded for the behaviour.

These studies show the need to exercise caution when rewarding children and young people for engaging in desirable behaviours, as they may turn out to be less willing or likely to complete the behaviour following the removal of rewards (Kohn, 1993). Children don't need to be rewarded to learn, they are already intrinsically motivated to do so (Kohn, 1993), and if they are not, this is likely a result of them not feeling safe enough to learn due to their traumatic history.

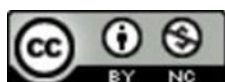
Incentives do not teach personal responsibility

Incentives do not empower young people to take control of their own lives. The argument goes that incentivising them to carry out tasks independently is preparing them for the 'real world'. However, given that extrinsic motivation undermines intrinsic motivation, to argue that rewards prepare them for being an adult in society is unconvincing. Is it *really* preparing them for adulthood to withhold their pocket money if they fail to achieve their targets? It would be preparing them for adulthood to collaborate with them on the goals they need to work on and to build connection, a sense of autonomy, and an intrinsic motivation to make change in their lives. The motivation must come from within them.

Rewards rupture relationships

Alfie Kohn (1993) argues that rewards are not conducive to developing positive relationships that provide optimal conditions for growth and learning, which are exactly the kind of relationships residential child care practitioners aim to develop with young people. Rewards and incentives highlight the power imbalance between staff and young people, since the practitioners are deciding who gets them, when, and why. Power is an important aspect of trauma, such that underlining the power dynamics in interactions with young people could be harmful to the relationship or even retraumatizing.

The lack of choice may make young people feel powerless and disempowered, at the mercy of staff who can decide what their incentive is for the week without even having a discussion with them about it. This can replicate some of the traumatic events the young person may have experienced and be triggering for them or make them feel unsafe in the home.



Children need to feel understood

Rewards can lead to young people feeling misunderstood. According to Regan (2019), it is possible to get too caught up in the concrete and fail to see the symbolism behind a young person's behaviour. This can lead to a young person being rewarded instead of being understood on a deeper level, which could induce shame. Practitioner-young person relationships will be improved if young people feel understood, thereby allowing them to begin to trust the adults around them, leading to further gains.

Rewards could facilitate staff mentalisation failure, due to a focus on the outward behaviour rather than the internal world of young people. According to Oestergaard Hagelquist (2023), mentalisation is the ability to see behind a behaviour to the mental states, including emotions, desires, feelings, thoughts and needs, that lie beneath. Young people need to experience mentalisation from their caregivers before they can develop the capacity to mentalise themselves. Children's homes should be *environments* of mentalisation, offering young people the chance to learn and practice this important skill through modelling. Residential child care settings should aspire to mentalise in the face of non-mentalising behaviour (Oestergaard Hagelquist, 2023). Just as mentalisation begets mentalisation, non-mentalisation begets non-mentalisation, and young people are also at risk of mentalisation failure where staff are not using mentalisation themselves, for example to interpret and translate a young person's behaviour in the context of their situation and life experiences.

Residential care without rewards

This article has shown the many difficulties with incentives and reward systems in residential child care, from issues of motivation and cause and effect thinking to failing to look at the communication and potential unmet needs behind the behaviour.

According to Kohn (1993), we have become accustomed to thinking that doing something about a problem requires doing something *to* children. This is a harmful mindset for which looked after children especially pay the price. Behaviourist strategies like rewards set the stage for fear and compliance to pull the strings, sidelining connection and autonomy. Empowering young people to make change in their lives is about more than just incentivising them to behave differently, it is about cultivating a positive mindset so that with grit and determination they can succeed despite the difficulties they face.

Children and young people should be fully involved in creating their targets and identifying what they need to work on to meet their goals. Although young people and practitioners are unlikely to entirely agree with one another, this co-production builds trust. It is intuitive that trusting relationships are more likely to result in meaningful, lasting change than reward systems that damage



intrinsic motivation and underline the power imbalance between practitioners and young people.

It is the role of the practitioner to maintain a mentalising stance and decode the meaning behind the behaviour, thereby recognising the need behind it. To support the child or young person to cope differently and become more resilient, we must ensure their needs are being fully met and not assume that a young person has conscious control over the behaviour. We must relate a child's behaviour back to its context and prioritise helping the child to feel safe within the home environment, as promoting safety will decrease problematic behaviours. Residential child care practitioners must also understand each child's trauma story and how this may play out in the life space, ensuring we have the skills and awareness to intervene in a therapeutic way, as opposed to a punitive or shaming one. Problematic behaviours must be contextualised and met with unconditional care and positive regard.

References

Cairns, K., & Cairns, B. (2016). *Attachment, Trauma and Resilience: Therapeutic Caring for Children*. London: CoramBAAF.

Deci, E. L., Koestner, R., & Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125(6), 627–668. <https://doi.org/10.1037/0033-2909.125.6.627>

Fabes, R. A., Fultz, J., Eisenberg, N., May-Plumlee, T., & Christopher, F. S. (1989). Effects of rewards on children's prosocial motivation: A socialization study. *Developmental Psychology*, 25(4), 509-515. <https://doi.org/10.1037/0012-1649.25.4.509>

Holden, M. J., Turnbull, A. J., Holden, J. C., Heresniak, R., Ruberti, M., & Saville, E. (2020). *Therapeutic Crisis Intervention: Student Workbook*. Edition 7. Ithaca, NY: Cornell University.

Kennedy, B. (2022). *Good Inside: A Practical Guide to Becoming the Parent You Want to Be*. New York, NY: Harper Collins Publishers.

Kohn, A. (1993). *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise and Other Bribes*. Boston, Mas: Houghton Mifflin Harcourt Publishing.

Lombard, D. (2011). Should children's homes offer good behaviour rewards to looked-after children? *Community Care*. August 17 <https://www.communitycare.co.uk/2011/08/17/should-childrens-homes-offer-good-behaviour-rewards-to-looked-after-children/>



McCrory, E. (2020). *The Guidebook to Childhood Trauma and The Brain*. UK Trauma Council. <https://uktraumacouncil.org/resource/childhood-trauma-and-the-social-world>

Merriam-Webster. (n.d.). Reward. Merriam-Webster.com dictionary. <https://www.merriam-webster.com/dictionary/reward>

Milot, T., St-Laurent, D., & Éthier, L. S. (2016). Intervening with severely and chronically neglected children and their families: The contribution of trauma-informed approaches. *Child Abuse Review*, 25, 89–101. <https://doi.org/10.1002/car.2376>

Naish, S. (2018). *The A-Z of Therapeutic Parenting: Strategies and Solutions*. London: Jessica Kingsley Publishers.

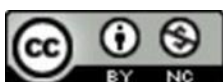
Oestergaard Hagelquist, J. (2023). *Mentalization with Neglected and Traumatized Children*. London: Routledge.

Regan, D. (2020). How the challenging behaviour of a traumatised child tells their trauma story and is a vital part of their recovery. *Journal of Social Work Practice*, 34(1), 113–118. <https://doi.org/10.1080/02650533.2019.1572081>

Treisman, K. (2016). *Working with Relational and Developmental Trauma in Children and Adolescents*. London: Routledge.

About the author

Maddie Howley is a residential practitioner in a local authority children's home in Yorkshire. She is passionate about trauma- and attachment-informed practice and co-production with children and young people.



Received: 17/10/2024

Accepted: 28/10/2024

Keywords:

Section 25 arrangement, Children (Scotland) Act 1995, looked after children, non-compulsory care, Scotland.

DOI:

<https://doi.org/10.17868/strath.0091004>

Short Article

Non-compulsory care for children and young people: Learning from research on Section 25 arrangements. What is next for Scotland?

Brandi Lee Lough Dennell, Robert B. Porter & Micky Anderson

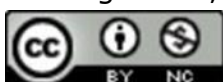
CELCIS, University of Strathclyde

Abstract:

This paper presents the key issues arising for social work practice from a 30-month mixed-methods study on how Section 25 of the Children (Scotland) Act 1995 was used, understood and experienced. The research was based on analysis of data collected in focus groups and interviews with 101 people with lived and professional experience of Section 25 arrangements, and a 12-year longitudinal data set. Through exploration of themes including high levels and variation in use of Section 25 arrangements, consent, understanding, and the concept of 'voluntary', this paper proposes next steps for improving policy, practice, and experiences of Section 25 arrangements in Scotland.

Introduction

Section 25 of the Children (Scotland) Act 1995 places a duty on local authorities to provide care and support to children and young people away from the parental home where it is necessary for their care and protection. As with all children cared for away from the parental home, children experiencing Section 25 arrangements may live with family or close family friends, foster carers, or in other settings such as children's homes, and are subject to regular social work review meetings. What sets Section 25 arrangements apart from compulsory measures is that they are entered into and monitored without social work departments engaging families in courts or court-like processes (such as Children's Hearings), they require that the parent is absent or does not object to the arrangement, and they contain a provision for parents to object to the arrangement, and request their child is returned to their care.



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Between 2012-2022, the overall number of children in Scotland receiving the care and protection of their local authority decreased, but the proportion cared for under Section 25 arrangements nearly doubled (Scottish Government, 2023). A small-scale study in 2020 by the authors highlighted variation in use between three different local authorities, demonstrating differences in the numbers of Section 25 arrangements used and the length of time that they lasted (Anderson et al., 2020).

This paper draws from a 30-month research project funded by the Nuffield Foundation on the use, understanding, and experiences of Section 25 (Porter et al., 2024) and explores the findings most relevant to social work practice. Given the scale of use, national variation in practice, the extent to which Section 25 arrangements are interventions into private family life, and commitment to Keeping the Promise³ for Scotland's children and young people, we highlight the importance of reaching agreement on a new shared vision for Section 25 use in Scotland. This article is a short summary of the research and findings, a full report and other outputs can be found on the CELCIS website ([CELCIS.ORG/Section 25](https://celcis.org/Section25)).

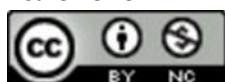
Background

Social work practice in Scotland is guided by a range of legislation and national policies which place children and young people's wellbeing at their core, notably the National Practice Model, The Promise, the Children and Young People (Scotland) Act 2014, and most recently, the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

Additionally, important concepts within the Children (Scotland) Act 1995 aimed at courts and Children's Hearings influence social work practice around Section 25. The Act requires courts and Children's Hearings to protect and promote a child's welfare when considering limitations to a parent's Parental Responsibilities and Rights. The 'no order principle' prohibits compulsory measures being put in place unless making an order is considered better for the child than not making an order. The concept of minimum intervention is also applied to ensure that any order does not go beyond what is necessary to promote and protect the child's welfare.

Other jurisdictions within the UK and across Europe (e.g. Ireland, Finland) have provisions for non-compulsory care (Section 20 of the Children Act 1989 in England, and Section 76 of the Social Services and Well-Being (Wales) Act 2014). What unites these measures is that they are based on a parent's consent or 'non-objection'; children are cared for away from the parental home; parents

³ In 2020 the final report of the Independent Care Review in Scotland (titled 'The Promise') was published. This led to the creation of The Promise Scotland, a non-governmental agency that supports people and organisations as they act to 'Keep the Promise' by implementing the recommendations of the Independent Care Review.



or guardians retain parental responsibilities and rights; and the arrangements avoid courts or court-like processes (Brennan et al., 2021, p. 2).

Previous research has highlighted advantages and drawbacks to non-compulsory measures, including the potential to be less adversarial than compulsory measures, and benefits when parents and social workers have positive working relationships (Burns et al., 2016, p. 225; O'Mahony, 2020, p. 63 & p. 373). Other studies have questioned the accuracy of the term 'voluntary' for parents who are expected to make decisions: knowing that the alternative is involuntary removal of their children; when capacity to decide has been affected through trauma or stress; in the face of a power imbalance; or when they have insufficient information on the consequences of the decision (Burns et al., 2016, p. 226; Lynch, 2017; Pösö et al., 2018; O'Mahony et al., 2020, p. 380-381; Simpson, 2022).

Methods & limitations

We conducted quantitative analysis of the Looked After Children Scottish Longitudinal Dataset, which contains longitudinal records of the care experiences of all children and young people in Scotland between 2008 and 2022. To conduct a cohort analysis, we grouped the children and young people in our data into three cohorts: those who had only experienced a Section 25 arrangement; those who had never experienced a Section 25 arrangement but had experienced compulsory measures; and those who had experienced a Section 25 arrangement and other legal reasons. We then conducted descriptive analysis across the whole population.

We used qualitative methods to explore the complex factors which contribute to decisions about and experiences of Section 25 arrangements. We undertook 35 online and in-person interviews and focus groups with 101 people using semi-structured, open-ended questions which enabled us to prompt reflection and discussion on specific topics while providing participants with the ability to follow their line of thought. One hundred and one people with personal or professional experience of Section 25 arrangements took part, including: parents, a young adult who had been cared for under a Section 25 arrangement, and children and families social workers and social work managers, solicitors, independent reviewing officers, children's reporters (whose role is to receive referrals to the Children's Hearings System and to assess whether compulsory intervention through the Children's Hearings is likely to be required), and independent advocates.

We reached out to young people through organisational and personal networks and received support from Scotland's Chief Social Work Officers to share information about the study with eligible children and young people. Despite these efforts, we only spoke with one young person. We believe that recruitment was also influenced by the substantial volume of engagement requests made in



recent years to children and young people with experience of local authority care and protection.

Key Learning: **Quantitative Findings**

We found that the use of Section 25 arrangements was even higher than previously understood. Previous data which was published by the Scottish Government only looked at 'snapshot' data from 31 July each year, but using the 12-year longitudinal dataset allowed us to create a more accurate and complete picture of how Section 25 has been used in relation to compulsory measures. Through analysis of all 'legal reasons' recorded in 2021-2022, we found that Section 25 arrangements were used as the first legal reason for 71% of children and young people who were cared for away from the parental home at the start of an episode of care.

Analysing the most recent five years of data (2017-2022), as a means of focusing on recent practice, we found an even larger majority (93%) of Section 25 arrangements were used as the first legal reason for a child or young person to become cared for away from the parental home. Most (67%) children and young people who experienced a Section 25 arrangement did not experience any other legal reasons. Half (50%) of Section 25 arrangements lasted under six months, while the average duration of a Section 25 arrangement was one year and three months. Twelve percent of Section 25 arrangements lasted more than three years. Section 25 arrangements were used for all ages of children and young people, and in all care settings away from the parental home.

The most recent five years of data highlighted significant variation in Section 25 arrangements between local authorities, with the proportion of children and young people who become cared for away from the parental being cared for under a Section 25 arrangement ranging from just 29% to 87%, with a national average of 63%.

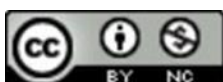
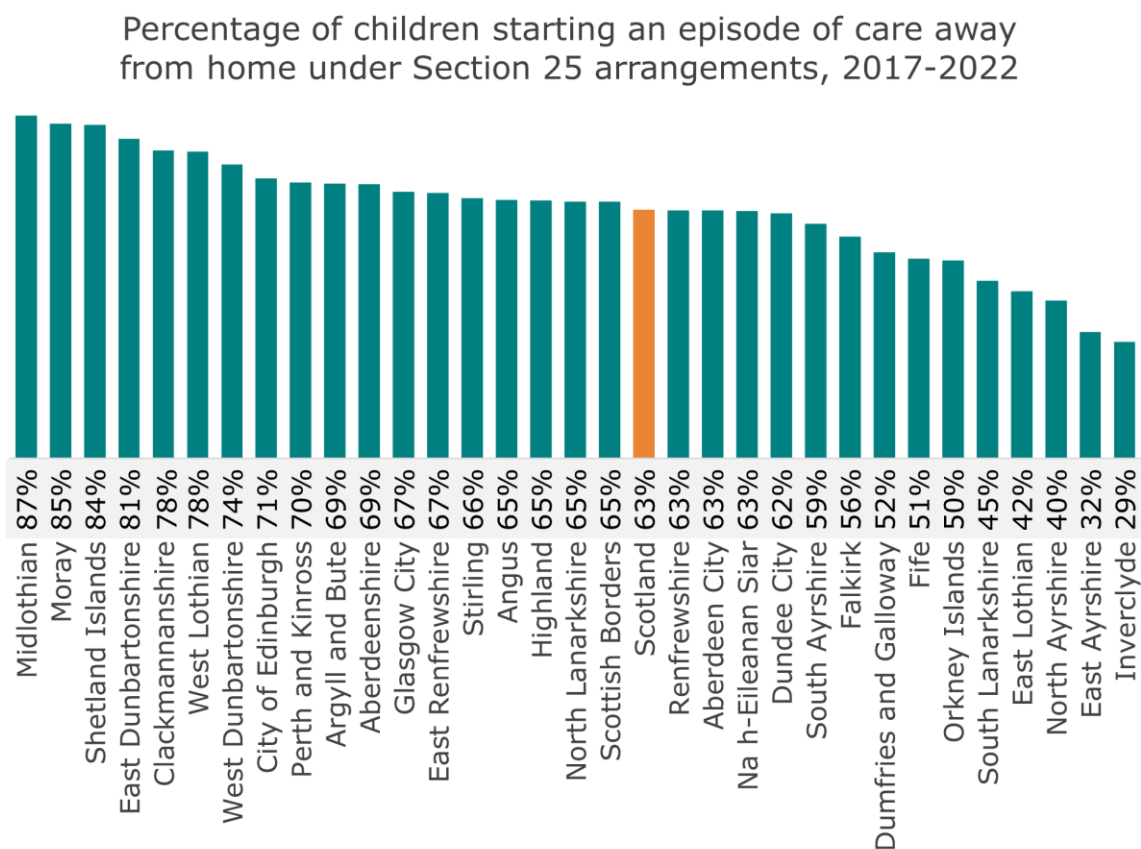


Figure 2: Percentage of children starting an episode of care under Section 25 arrangements.



To understand whether the type of legal measure affected children and young people’s experiences, we conducted a cohort analysis by grouping the children and young people in our data into three cohorts: those who had only experienced a Section 25 arrangement; those who had never experienced a Section 25 arrangement but had experienced compulsory measures; and those who had experienced a Section 25 arrangement and other legal reasons. This cohort analysis showed that those who experienced both Section 25 arrangements and other legal reasons spent longer in care, with more periods of time (‘episodes’) in care, and more changes in where they live (‘placements’), than those who only experienced a Section 25 arrangement, or who never experienced Section 25 arrangements. The group who only experienced Section 25 arrangements were more likely to return home to their parents than children in the other two cohorts.

Key Learning: Qualitative findings

The major themes raised by social workers throughout focus group and interview discussions included: variation in how Section 25 arrangements are used between local authority social work departments; varying levels of understanding by parents; approaches to gaining consent to the arrangement; ethical considerations; and, the appropriateness of the term ‘voluntary’.



How Section 25 arrangements are understood and used

We heard from social workers that Section 25 arrangements were often the first option considered, with many believing that they provided better partnership working between parents and social workers and the opportunity to build a shared understanding with parents around social work concerns. Many noted that using Section 25 arrangements aligned with the concept of minimum intervention or the no order principle. Others told us that sheriffs (Scottish judges) expect 'voluntary' approaches to be exhausted prior to seeking compulsory measures.

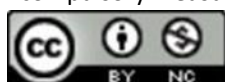
When we asked social workers in focus groups about their views on appropriate and inappropriate uses, the topic prompted lively discussion. There seemed to be universal agreement that Section 25 arrangements were appropriate in cases that did not feature concerns around a child's care in the parental home, such as meeting the needs of separated children or for children requiring specialist physical or educational support.

There were a range of responses regarding the use of Section 25 arrangements in situations involving child protection concerns. Opinions differed over whether Section 25 arrangements should be used primarily for pre-planned or emergency accommodation, for younger or older children, and around the timing of referrals. Those who favoured immediate or early referral to the Children's Reporter⁴ emphasised the potential instability of Section 25 arrangements due to the risk of a parent requesting the return of their children home to their care, and the value of independent oversight within the Children's Hearings System. Others emphasised a desire to protect children and parents from the additional processes of Children's hearings, citing difficult experiences that children, young people, and families have reported (see Independent Care Review, 2020; The Promise Scotland, 2023). Those who felt this way believed referrals were only appropriate once a parent had expressed their intention to object to the Section 25 arrangement, requested their child's return to the parental home, or when the potential for a child returning home had been ruled out.

Consent

When discussing Section 25 arrangements, solicitors and some social workers emphasised the duty placed on the local authority or referenced the requirement for non-objection. These interpretations align with a UK Supreme Court ruling in relation to Section 20 Children Act 1989 arrangements in England by Lady Hale that noted that children's care could be delegated to a local authority without a parent fully understanding the legislation (Williams and another v London Borough of Hackney [2018] UKSC 37).

⁴ Children's Reporters receive referrals to the Children's Hearings System – the care and justice system for children and young people in Scotland. The Reporter conducts an investigation to determine if they consider compulsory measures are likely to be needed, and if so, convene a Children's Hearing.



Many other social workers, however, stressed the importance of informed consent, which echoes language in guidance documents produced for England and Wales (Webb et al., 2016; Public Law Working Group, 2021), and earlier legal decisions from English courts (Masson, 2018).

Many social workers articulated how working in partnership with parents was the ideal situation, and this may have influenced their desire to seek and record parental consent, as well as the great care they took to explain to parents what Section 25 arrangements were, including the fact that social workers would seek compulsory measures if parents did not agree.

The social workers we spoke to highlighted the ethical tensions between providing parents with detailed information in order to make informed decisions and knowing that the information provided could cause parents to feel that they had no choice but to agree to a Section 25 arrangement. Some also raised concerns that parents were not always informed that there may be uncertainty around whether compulsory measures would be *obtained* (See O'Mahony et al., 2020, p. 386-387).

Parental understanding

Despite the reported attention given to informing parents, social workers, solicitors, IROs, and independent advocates all mentioned examples of parents who did not understand the implications of Section 25 arrangements that they were reported to have agreed to.

Parents who took part in the study had varying levels of understanding of the arrangements. Some did not understand at the time what legal provision had been used at all, some did not understand what Section 25 meant in practice - including the retention of the parental responsibilities and rights, or the right to request their child's return home - and others thought they understood yet displayed misunderstanding of important elements. Other research on non-compulsory measures also found that parents did not fully understand the arrangements to which they had agreed, or not objected, to (O'Mahony et al., 2020; Masson, 2008).

Social workers and parents raised the following factors as affecting one's ability to understand or retain information:

- The time available to discuss the detail, particularly in emergency situations
- The impact of emotions on processing information
- The volume of paperwork and conversations taking place
- The significance of the circumstances facing parents
- The lack of information on Section 25 arrangements for parents to review at a later stage



Informed decision-making and the realisation of rights requires understanding Section 25 arrangements and their implications. As we heard from parents, incomplete understanding can affect how a parent maintains connections with their child, as well as potentially acting to nullify their right to object to the arrangement or having their child returned to their care if they wish. Many social workers shared that this dynamic raised ethical concerns for them.

Use of the term 'voluntary'

Although Section 25 arrangements are not referred to as voluntary in the 1995 Act, the accompanying guidance uses the phrase 'voluntarily' (Scottish Office, 1997, p. 23) and a Scottish Government website detailing legislation relevant to children receiving the care and protection of the local authority uses the phrase 'voluntary agreement' (Scottish Government, 2024a). Legally, this use of voluntary is inaccurate; Section 25 arrangements constitute local authority duty based on *non-objection* rather than active agreement.

Since Section 25 arrangements are primarily sought by social work departments, the term 'voluntary' also fails to reflect most lived experiences. Parents and social workers were aware that when the alternative to a Section 25 arrangement is positioned as a compulsory measure, it did not feel like a 'choice'.

Use of the term 'voluntary' may also potentially reinforce public perceptions that Section 25 arrangements require the active consent of parents. Some social workers shared experiences of supporting young people who had found it difficult to learn about their parents' role in the decision for them to become cared for away from the parental home, especially when framed as 'voluntary' or being told that a parent had 'agreed'.

Suggested Next Steps

Looking across these findings, there are some clear next steps that need to be taken to improve the use and experience of Section 25 arrangements for all children, young people, and families.

Section 25 practice

There needs to be a new shared vision of the role and purpose of Section 25 arrangements. This programme of work should involve all relevant voices and seek the views and experiences of practitioners and professions involved - legal, social work, caring, advocacy - and the Scottish Government. This work must also prioritise voices that can be marginalised in professional practice discussions: those of children, young people, and families. The published evidence on Section 25 and similar international arrangements must inform the themes considered.



In particular, given the reflections from all respondent groups about the use of the term 'voluntary', we suggest that the term should be avoided in all discussions and literature relating to Section 25 arrangements.

Written guidance and supports for social workers

The level of social worker awareness and reference to case law and guidance published for England and Wales indicate that similar national guidance for Scotland would be both feasible and useful.

Continuing Professional Development opportunities for social workers

Social workers reflected that they desired more training and development opportunities to better consider Section 25 arrangements. The scale of use of Section 25 arrangements highlights the importance of ensuring that social workers are appropriately equipped and supported. Further supporting practitioners to critically reflect on their practice is a vital part of providing the best possible support to children and families.

Information for parents

Parents would benefit from a standard information document which explains Section 25 arrangements in plain terms. This document should: be made available at first mention of a Section 25 arrangement; include information on parental rights during the arrangement, particularly around family time and the right to request a child's return home; and avoid use of the term 'voluntary'.

Information for children

Children and young people would benefit from clear, age-appropriate information on Section 25 arrangements. Child-friendly resources should clearly detail their rights and the rights of their parents under Section 25 arrangements, contain information on processes and how they can participate or have their voice heard, and outline what the long-term options might include.

Such information will support children and young people to understand their own experiences of their care pathways more accurately, provide a level of knowledge that will enable them to identify issues or information they do not understand, and support them to appropriately participate in decision-making about their care and protection.

Ongoing research

Further work to explore the contexts and causes of differences in experiences between cohorts of children and young people will further aid understanding of Section 25 arrangements. Additional qualitative work can help us to understand what factors or processes contribute to the different experiences and outcomes



identified, and how decision-making processes can be supported to ensure the best outcomes for children and young people and their families in Scotland.

Wider Implications

The findings from this research have wide relevance beyond Scotland, reflecting other research into non-compulsory care arrangements elsewhere (Brennan et al., 2021; O'Mahony et al., 2020; Pösö et al., 2018; Skivenes, 2021), and highlighting issues that require attention wherever such arrangements are used. In particular it highlights the challenges inherent to conceptions of 'voluntariness' within child protection (Pösö et al., 2018), and the extent to which such arrangements are appropriate within child protection settings (Skivenes, 2021), both of which require significant attention within Scotland, the UK, and elsewhere.

References

Anderson, M., Lough Dennell, B. L., & Porter, R. B. (2020). *Voluntary accommodation of infants, children, and young people in Scotland (Section 25): an initial exploration*. Glasgow: CELCIS.

<https://pureportal.strath.ac.uk/en/publications/voluntary-accommodation-of-infants-children-and-young-people-in-s>

Brennan, R., O'Mahony, C., & Burns, K. (2021). The rights of the child in voluntary care in Ireland: A call for reform in law, policy and practice. *Children and Youth Services Review*, 125, 1-11.

<https://doi.org/10.1016/j.childyouth.2021.105989>

Burns, K., Pösö, T., & Skivenes, M. (2016). Removals of children by the welfare system – Variations and Differences Across Countries. In K. Burns, T. Pösö & M. Skivenes (Eds.), *Child Welfare Removals by the State: A Cross-Country Analysis of Decision-Making Systems*. Oxford: Oxford University Press.

<https://doi.org/10.1093/acprof:oso/9780190459567.001.0001>

Children (Scotland) Act 1995, Section 25.

<https://www.legislation.gov.uk/ukpga/1995/36/Section/25>

Hearings for children: Hearing System Working Group's redesign report (2023).

The Promise Scotland. <https://thepromise.scot/resources/2023/hearings-for-children-the-redesign-report.pdf>

Independent Care Review (2020). *The promise*.

<https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

Lynch, C. (2017) Cooperation or coercion? Children coming into the care system under voluntary arrangements. Family Rights Group. <https://frg.org.uk/wp-content/uploads/2021/04/Cooperation-or-coercion.pdf>

Masson, J. (2008). The state as parent: The reluctant parent? The problems of parents of last resort. *Journal of Law and Society*, 35(1), 52–74.

<https://doi.org/10.1111/j.1467-6478.2008.00414.x>



Masson, J. (2018). Understanding the current use of S.20. *Family Law*, 48(10), 1289-1295.

O'Mahony, C., Brennan, R., & Burns, K. (2020). Informed consent and parental rights in voluntary care agreements. *Child and Family Law Quarterly*, 32(4), 373-395.

Porter, R. B., Lough Dennell, B.L., & Anderson, M. A. (2024). *Non-compulsory care for children and young people in Scotland: Learning from experiences of Section 25*. Glasgow: CELCIS.

Pösö, T., Pekkarinen, E., Helavirta, S., & Laakso, R. (2018). 'Voluntary' and 'involuntary' child welfare: Challenging the distinction. *Journal of Social Work*, 18(3), 253-272.

Public Law Working Group (2021). *Best practice guidance: Section 20/Section 76 Accommodation*. https://www.judiciary.uk/wp-content/uploads/2021/03/Special-guardianship-BPG-report_Clickable.pdf

Scottish Office (1997). *Scotland's children: Volume 1 support and protection for Scotland's children*.

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2004/10/scotlands-children-children-scotland-act-1995-regulations-guidance-volume-1-support-protection-children-families/documents/0023700-pdf/0023700-pdf/govscot%3Adocument/0023700.pdf>

Scottish Government (2023). *Children's social work statistics 2022-23: Looked after children*. <https://www.gov.scot/publications/childrens-social-work-statistics-2022-23-looked-after-children/>

Scottish Government (2024a). *Looked after children*. <https://www.gov.scot/policies/looked-after-children/>

Scottish Government (2024b). *National Practice Model*. <https://www.gov.scot/policies/girfec/national-practice-model/>

Simpson, D. (2022). 'I'm not a children and families social worker.' Three mothers' experiences of their children being accommodated under Section 25 of the Children (Scotland) Act 1995. *Scottish Journal of Residential Child Care*, 2.1, 1-26. <https://tinyurl.com/S25-Experiences-2022>

Skivenes, M. (2021). 'NOU 2023: 7 Safe childhood, secured future' Oslo: Expert Committee on the Rule of Law. <https://barnevernstutvalget.no/english/>

Webb, A., Douglas, A., & Nicholson, M. (2016). *Practice guidance for the use of S20 provision in the Children Act 1989 in England and the equivalent S76 of the Social Services and Well-being (Wales) Act 2014 in Wales*. ADCS, CAF/CASS, and ADSS Cymru. <https://tinyurl.com/Practice-Guidance-S20-and-S76>

Williams and another v London Borough of Hackney, UKSC 37 (2018). <https://www.supremecourt.uk/cases/uksc-2017-0037.html>



Acknowledgement

This work was supported by the Nuffield Foundation [grant number FR-23262]. The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit www.nuffieldfoundation.org

About the authors

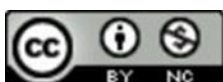
Dr Brandi Lee Lough Dennell is a social anthropologist and Research Associate at the Centre for Excellence for Children's Care and Protection. Her research interests focus on identity and belonging, experiences of public services, and children and young people's rights, particularly in relation to children and young people who are receive local authority care and protection or experience discrimination. Brandi Lee's recent research includes local authority permanence processes, national continuing care implementation, and a Nuffield Foundation funded project on how Section 25 arrangements are used, understood, and experienced by children, families and practitioners in Scotland.

Dr Robert Porter is Research Lead at the Centre for Excellence for Children's Care and Protection, where he supports a small team of researchers on a range of research projects. Robert's interests focus on the involvement of children and young people in formal, semi-formal, and informal social work decision-making, and he has a particular interest in the Children's Hearings System. With a background in psychology as well as law, Robert has experience of using a range of research approaches in a range of contexts, including systematic review, action research, as well as qualitative and quantitative methods and use of administrative data. Robert has recently been involved in the Children's Services Reform Research and was PI on a Nuffield funded research into the understanding, use, and experience of section 25 arrangements, a project looking at young people's perspectives on Continuing Care, and a study using administrative data to look at experiences of kinship care.

Micky Anderson is Data Lead at the Centre for Excellence for Children's Care and Protection. Micky has a background in applied social research, higher education strategic planning and performance monitoring, and social work information system implementation. Between 2016-2020, Micky led the data work in relation to the Permanence and Care Excellence (PACE). His recent work includes a Nuffield Foundation funded project on the use, understanding, and experiences



of Section 25 arrangements in Scotland, and the Bright Spots programme
Scottish pilot.



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Received: 13/08/2024

Accepted: 30/09/2024

Keywords:

The Promise, improvement, inspection responsive, safety, Scotland

DOI:

<https://doi.org/10.17868/strath.0091003>

Short Article

Keeping The Promise in regulation: Our revised approach to how we regulate and inspect services for children and young people

Mary Morris and Anthony O'Malley

Care Inspectorate

Abstract:

The Care Inspectorate is the regulator for care homes for children in Scotland. We are on a journey of change to ensure that The Promise is at the heart of the regulation and inspection of individual services for children. This article will outline our revised approach to what we look at when we are assessing services and why. It will also outline the main changes we have made to our key question 7 inspection framework and the process we used to inform the changes. These key messages were shared in an online session in April 2024.

Introduction

The Independent Care Review (The Promise) was published in Scotland in 2020. This was, and continues to be, a groundbreaking review, driven by those with experience of care. The review was announced by Scotland's First Minister in 2016 as a root and branch review of the care system. The review was radical in the way it was undertaken, with time taken to engage meaningfully with children and adults with experience of care. The chair of The Independent Care Review in her introduction (2020, p. 4) writes of an unwavering commitment to making sure the care experienced community would be at its very heart. This approach has given the review authenticity and galvanised widespread support to move forward in Scotland with the necessary changes outlined.

The Promise (2020) highlighted that if children are not able to live with their families, then the focus of their care must be on building childhoods that are underpinned by loving relationships, fun, play, education, and opportunity. The



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Care Inspectorate has tried to capture these messages in our inspection methodology, which looks at the extent to which children and young people are safe, feel loved, and get the most out of life; and that leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights. One of the key drivers in developing this methodology for residential childcare services in Scotland was, as The Promise (2020, p. 119) asked us to do, 'prioritise the quality of relationships experienced by children, not the processes that surround their care'. The Promise (2020, p. 119) also stated that 'the rights of children must be at the heart of a new framework so that all services, settings and professionals understand that it is their responsibility to uphold and promote children's rights'.

The Care Inspectorate are committed to playing our role in ensuring The Promise is kept. Meaningfully taking on board what The Promise has asked us to do requires careful consideration and a collaborative approach. Some processes, including those we call core assurances (2024b), are integral to the prioritisation of the quality of relationships children experience, minimising risks to their safety, and to upholding their rights. In our approach to how we revised our inspection framework we wanted to be clearer about some of these intricacies, complexities and links. We wanted to be more explicit and aspirational in terms of children's rights, ensuring our inspection framework helps services with self-evaluation and reflection.

Promise Plan 24-30 (2024) has helpfully built on The Promise and identified the major bridges and barriers needed to keep it. In terms of scrutiny, the plan notes, regarding what Scotland needs more of, 'that scrutiny bodies must review if scrutiny leads to and enables reflection and improvement'. Our work to review and refresh our inspection framework supports this. Plan 24-30 has also stated that there should be greater focus on outcomes and experiences, rather than compliance and minimum standards. The plan further identifies risks, and the section 'What Scotland Needs Less Of' identifies 'tolerating high levels of risk in the absence of a skilled and confident workforce'. The Scottish residential childcare sector in 2024 faces challenges including recruitment and retention pressures. Navigating this territory as a regulator charged with public assurance is complex, fast paced, evolving, and at times difficult. We will describe the approach we have taken so far, upon which we will continue to build.

Supporting improvement through quality frameworks

Since the introduction of Scotland's Health and Social Care Standards (Scottish Government, 2017), The Care Inspectorate has adopted an approach to inspection that prioritises the outcomes of people receiving care and places a greater focus on supporting improvement (Okasha, 2017). The quality frameworks, which launched in 2019 for children and young people's services, are arranged around a set of key questions and quality indicators. The frameworks are a key driver in how The Care Inspectorate supports



improvement within regulated care services (2024a). Key question 7, comprised of quality indicators 7.1 and 7.2 (2022), was introduced in 2022. It represents a distillation of the range of key questions included in the quality frameworks for children and young people's services. This shift led to adopting a streamlined methodology where inspectors only report on one or two quality indicators relating to a single key question. So, we have to be confident we are looking at the things that matter to children and young people and those that support good outcomes and experiences. We understand that distilling in this way means we need to be clear with services about what we think are the components that lead to evaluations of very good or weak. Our quality illustrations, which are part of the revised key question documentation, aim to do this.

Review of key question 7

Having introduced key question 7 at pace, it was agreed in 2023 that The Care Inspectorate's methodology team would undertake a review of the document and overall approach. The aim of this work was two-fold. Firstly, we needed to establish whether this approach had helped achieve our objectives, which were to:

- produce a more proportionate regulatory footprint, affording services space to focus on recovery and development as we transitioned out of the pandemic,
- prioritise the quality of relationships experienced by children, not the process surrounding their care, and
- support engagement with more children and young people, through visiting more services.

Secondly, we sought to identify whether the current key question 7 documents were capturing the principles of The Promise, as well as pinpointing what was important to children and young people experiencing care.

As the focus of this work was narrow, and we were undertaking a refresh rather than introducing something new, we carried out a proportionate level of stakeholder engagement, involving our inspectors, staff working in services, and young people with previous experience of care. Findings from our engagement work demonstrated that there was broad support for the key question 7 methodology. People told us that it helped prioritise the relationships children and young people experience and that some parts of our inspection process seemed more proportionate. We were able to engage with many more children and visit more services, following the lifting of limitations the pandemic imposed on our work. People advised us of ways in which our methodology could be further developed, including providing clarity on how we assessed some of the processes relating to children and young peoples' care and how we used these to evaluate outcomes. In addition, it was argued that we could make some changes to the quality indicators to more closely reflect The Promise principles.



Updating key question 7

Taking the engagement findings into account, we have revised the content of our key question 7 documents. Firstly, we provided more context around the processes that we evaluate during our inspections. These are what we refer to internally as the 'core assurances', which 'guide providers on the areas that are important to people's safety and wellbeing as well as identifying any potential risks to outcomes for children and young people' (2024b, p. 7). The revised key question 7 document contains a descriptor for each of the core assurances. We introduced this to be more explicit about the aspects we look at when we visit services, to ensure that strong foundations are embedded within services.

We recognise that there is an inherent contradiction in prioritising outcomes and relationships while also providing a list of processes that services should have in place. We explain this to providers as,

quality inputs and processes are a key driver for good outcomes and minimising the risks to poor outcomes, which is why we examine these core assurances at every inspection. Our focus is on the effectiveness of these in delivering good outcomes and minimising the risk of poor outcomes.
(2024b, p. 7)

In addition, our internal guidance for inspectors provides support with proportionality and how to balance the quality of processes with the quality of outcomes. Plan 24-30 (2024) articulates that as part of the foundation, people will have the skills they need to do what is required of them in their day-to-day jobs. We see our core assurances as linking to what children and young people need day-to-day in services to ensure they experience a good childhood.

Secondly, we strengthened some of the content of the quality indicators and the illustrations within them to ensure they were more fully reflecting children and young peoples' rights and the expectations of The Promise. We reframed and changed the language in the quality illustrations that are part of the key question 7 documents. The aim of including these examples is to help services understand their current positioning. Can they see what they provide to children and young people reflected in what is described in the illustration for 'very good'? If they do, this is reassuring and confirms they are mainly on the right track. Staff and managers working in services told us they find this helpful, and the quality illustrations help them understand what they might need to do to improve. We wanted to further support them in this journey of improvement and better link this to the messages in The Promise.

In the revised and refreshed quality illustrations, in line with The Promise aspiration that Scotland strives to become a nation that doesn't restrain its children, we have been clearer about the impact of children both experiencing and witnessing restraint. 'The significant risk of young people experiencing trauma from being subject to or witnessing restraint is minimised by a culture,



policy and practice which progressively reduces the likelihood of this' (2024, p. 13). We know that the issue of restraint and restrictive practices in residential childcare settings is complex, and making effective, positive cultural changes to ensure restraint and restrictive practices are only used to enhance the safety of children and young people can be difficult. Young people told us that this was an issue they felt strongly about, and that they wanted us to be explicit in our support to services around this.

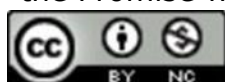
Another very clear message from The Promise related to the importance of children sustaining relationships with their families and people that are important to them. Feedback from children and young people reiterated this was something that had the potential to make a huge difference to their lives. The Promise emphasised the specific importance of sibling relationships and the profound pain that can result if these relationships are not nurtured. In the illustration for very good services, we have therefore been more explicit about this. 'Meaningful connections to family, including siblings, friends and the community are championed, fostered and sustained' (2024, p. 15). This clarity about the critical importance of these relationships to children and young people will hopefully contribute to the articulation in Plan 24-30 that 'when the promise is kept, the relationships that are important to children will not be affected by their experiences of care and they can keep in touch whenever it is safe to do so'. The inclusion of safety in this context is important and demonstrates the complexity of supporting all the rights of children, including safety and protection. This is another part of the rationale for The Care Inspectorate having a core assurance about children being kept safe.

The Promise highlighted the importance of children and young people being supported for as long as they need support. We have tried to capture this and the importance of enduring relationships in our illustration: 'There is an enduring commitment to children and young people staying in the service as they become an adult. This is clearly reflected in planning, policy, advocacy and enduring relationships and support' (2024, p. 15). Plan 24 -30 helpfully expands and reiterates that for The Promise to be met,

[r]esidential care settings will be supported and resourced to keep places open for children and young people in line with continuing care legislation. Scotland will ensure this does not end when children and young people do not want and are not ready to leave.

This confirms that our evolving methodology is on the right track and that individual services are working towards the wider policy agenda and aspirations.

As a further demonstration of The Care Inspectorate's commitment to ensuring The Promise is kept and to taking a partnership approach, the very good quality illustration for 7.2 clearly references and supports the need to move forward in line with The Promise: 'Leadership and improvement activities drive forward how the Promise will be met. This is underpinned through the effective



implementation of both child-centred care planning strategies and sustained service development’ (2024, p. 18).

We recognised that the residential childcare sector was experiencing high levels of challenge and providers were keen for additional support from The Care Inspectorate. With this in mind, we took the opportunity to develop a range of toolkits that can support services to monitor and evaluate the quality of children and young peoples’ care and support. The self-evaluation toolkits, and accompanying guidance (Care Inspectorate, 2024c) underline our commitment to supporting improvement in services. Each tool is designed to help services evaluate key areas of practice and identify any areas for improvement that they can take forward to enhance the quality of children and young people’s care and support. To provide additional support to the residential childcare sector, we held a webinar (Care Inspectorate, 2024d) to launch the revised key question 7 documents. At this event, we also provided some support and guidance around the use of self-evaluation in residential childcare services.

Conclusion

This article has highlighted the changes The Care Inspectorate have made to our inspection framework. We have shown that we have responded to feedback. As a result of this feedback, we have included the core assurances in the key question 7 documentation. This shows transparency. We want services to anticipate what we will be looking for when we inspect them, and that we will continue to look at core assurances. We have tried to show that core assurances are about the foundations of good care, supporting positive outcomes for children. They also reduce the risk of poor outcomes and demonstrate that services we evaluate as very good are likely to be able to sustain positive outcomes for their children and young people. We have outlined the changes made within the quality illustrations and shown how they link to the aspirations of The Promise and the helpful route map in Promise Plan 24-30. We are delighted that this work was recognised within Plan 24- 30, as follows:

Changes have been made to the questions asked as part of the inspection of regulated children and young people’s services. This has resulted in creating a more balanced regulatory footprint to support services recovery and development post pandemic. These questions (Key Question 7) prioritise the quality of children’s relationships over care processes and increase engagement with children through more service visits.

We understand that there is more to do, and we are committed to working in partnership to support services and to implement the aspirational change agenda we are all committed to.



References

Care Inspectorate. (2022). *Key Question 7: How Well do we Support Children and Young People's Wellbeing?*

https://www.careinspectorate.com/images/documents/6605/Key%20Question%207%20-%20Care%20homes%20for%20CYP%20and%20schoolcare%20accomm.pdf?utm_medium=email&utm_source=govdelivery

Care Inspectorate. (2024a). *How we Inspect Regulated Services: Guidance for Providers of Regulated Care Settings and the Public.*

https://www.careinspectorate.com/images/documents/7130/How%20we%20inspect%20regulated%20services_June%202024.pdf

Care Inspectorate. (2024b). *Key question 7 for Care Homes for Children and Young People and School Care Accommodation (special residential schools).*

<https://www.careinspectorate.com/images/documents/7476/KQ7%20care%20homes%20and%20schoolcare%20accomm.pdf>

Care Inspectorate. (2024c). *Self-evaluation Tool Guidance: Care Homes for Children and Young People and School Care Accommodation (special residential schools).* <https://www.careinspectorate.com/images/documents/7481/Self-eval%20tool%20guide%20care%20homes%20and%20schoolcare%20accomm.pdf>

Care Inspectorate. (2024d). *Webinar on KQ7 for Care Homes for Children and Young People and School Care Accommodation* [Video]. YouTube.

<https://www.youtube.com/watch?v=w2ak0N9e2Bq>

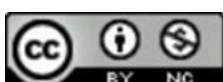
Okasha, R. (2017). *If inspection is the enemy of improvement, someone's not doing it right: Towards an outcome-focused model of scrutiny and improvement in care.* <https://hub.careinspectorate.com/media/1221/if-inspection-is-the-enemy-of-improvement-someones-not-doing-it-right.pdf>

Scottish Government. (2017). *Health and Social Care Standards: My Support, my life.* Scottish Government. <https://www.gov.scot/publications/health-social-care-standards-support-life/>

The Independent Care Review. (2020). *The Promise.*

<https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

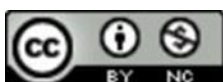
The Promise Scotland. (2024). *Plan 24-30.* <https://thepromise.scot/what-must-change/plan-24-30/#:~:text=Plan%2024%2D30%20is%20a%20dynamic%20plan%20of%20action.&text=It%20is%20Scotland's%20plan%20to,change%E2%80%94%20which%20belongs%20to%20everyone.>



About the authors

Mary Morris qualified as a social worker in 1990. Mary has worked in and managed a number of residential childcare settings. Mary's substantive post is as a team manager within the children and young people's team at The Care Inspectorate. Mary is currently covering the service manager post for the children and young people's team.

Anthony O'Malley is the senior methodology adviser at The Care Inspectorate. The role of the methodology team is to coordinate the development and enhancement of The Care Inspectorate's scrutiny and assurance approaches, and to develop and support the implementation of new approaches. This means putting in place frameworks and tools to support our inspectors and help drive improvement in the services we regulate. Anthony's background is in third sector care services for children and young people aged 5-16 and the development of early years and school-aged childcare policy at a national level.



Received: 07/06/2024

Accepted: 03/09/2024

Keywords:

Advocacy, service provision, childhood abuse, Scotland

DOI:

<https://doi.org/10.17868/strath.0090993>

Short Article

Advocacy for adult survivors of childhood abuse: Towards an evidence-based service

Rachel Stewart

Wellbeing Scotland

Abstract:

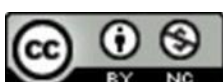
Despite increased calls for advocacy services for adult survivors of childhood abuse, there is a dearth of information as to what these services should look like in practice. To begin to form an evidence base within this emerging practice area, this paper explores existing research on advocacy alongside research on other effective service responses for this population. It highlights the importance of reflexive, needs-based, and empowering services working within a holistic framework of support. Towards this goal, a number of key implications for practice are suggested for advocacy practitioners.

Introduction

The lifelong effects of childhood abuse are well documented in research. Adult survivors can experience complex-PTSD, anxiety, difficulty with social functioning, depression, and low self-esteem (Czincz & Romano, 2013). They may feel isolated from society, distrustful of institutions, or have a disregard for authority (Wolfe, 2003).

There is, however, limited research on treating the effects of childhood abuse on adult survivors (Jeong & Cha, 2019). The data that does exist predominantly refers to cognitive strategies and therapy modalities. Research into the value of advocacy support (defined as acting alongside individuals to support their rights and interests while providing tangible and practical support) to this client group is scarce.

The aim of this paper is to make a contribution to the emerging discussion on advocacy for adult survivors of childhood abuse. It will begin with an overview of recent calls for advocacy services, then synthesise and review research findings on effective service responses to childhood abuse, and finally suggest what this may mean for an evidence-based advocacy service.



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Calls for advocacy services

Advocacy services have been recognised as a necessary tool to support survivors' recovery by governments and national inquiries alike. The Scottish Government, the Independent Inquiry into Child Sexual Abuse, and the Australian Royal Commission into Child Sexual Abuse have highlighted the value of advocacy for adult survivors of childhood abuse.

Scottish Government

The Scottish Government pledged in a 2015 strategy to 'encourage and assist statutory and third sector agencies to work in partnership to deliver needs-based assessment, advocacy/case management and "one stop shop" integrated care, support and treatment resources and services for survivors' (The Scottish Government, 2015, p. 7). A follow-up report could not be found publicly available online, so it is not possible to comment on how this strategy has fared. However, within practice and in policy documents, an ongoing focus on partnership working can be observed.

The Scottish Government's interest in advocacy was borne out of engagement with survivors. One of the key messages they received from contributors was 'that support should be needs based and include advocacy, support and case management' (The Scottish Government, 2015, p. 3).

The Independent Inquiry into Child Sexual Abuse (England and Wales)

The Independent Inquiry into Child Sexual Abuse acknowledged that 'victims and survivors might need practical support about how to report abuse and obtain medical assistance, advocacy support as well as therapeutic support such as counselling and psychotherapy' (IICSA, 2022, p. 262). However, the inquiry did not go onto make a formal recommendation in regard to advocacy, and therefore fell short of translating this acknowledgement into implementation.

The Australian Royal Commission into Institutional Child Sexual Abuse

In 2017, the Australian Royal Commission into Institutional Child Sexual Abuse formally recommended the introduction of advocacy for victims and survivors of institutional abuse, as part of an integrated model of advocacy, support, and counselling. This recommendation was informed by case studies, private sessions, and consultation processes where survivors highlighted their diverse support needs 'beyond being able to access counselling and psychological care' (ARC, 2015, p. 1). Examples of these support needs included, 'support for legal,



education, housing, health, employment and financial issues, and for assistance with reporting abuse' (ARC, 2017, p. 9).

In the years following the Australian Royal Commission's final report, Australian state governments implemented this recommendation by funding organisations that provide integrated support schemes (Australian Government National Office for Child Safety, 2022).

Effective service responses for adult survivors of childhood abuse

Evidence from survivors indicates that, fundamentally, an effective service should provide a safe space, make the survivor feel heard, and provide tailored support (Rocket Science, 2023).

A review of extant literature on effective service responses for adult survivors of childhood abuse suggests that there is no one best-practice response that addresses all the needs of survivors (Breckenridge & Flax, 2016). Healing is a 'complex and dynamic trajectory' that takes place across several domains (Draucker et al., 2011). As such, holistic service response is required to address the myriad effects of childhood abuse (Fuller-Thomson et al., 2019).

Such a holistic service response may comprise of a combination of advocacy, psychological support, access to records, and addressing physical problems.

Advocacy

Per the Australian Royal Commission, available research into outcomes of advocacy for survivors of childhood abuse 'details positive and encouraging outcomes' (ARC, 2017, p. 44).

A well-implemented advocacy service can empower survivors and assist them in coping with the impacts of their abuse. It achieves this by helping survivors to access resources and information; helping them to make positive connections with peer networks and community groups; aiding in recovery from trauma; and promoting systemic improvements to service responses (ARC, 2017).

Within advocacy services, survivors are provided safe opportunities to exercise control over decisions (ARC, 2017). This has been identified as a key contributory factor to building resilience within this population (The Scottish Government, 2012). Similarly, Scotland's national trauma training framework highlights the importance of choice, collaboration, trust, empowerment, and



safety when working with people affected by trauma (NHS Education for Scotland, 2017). These are principles fundamental to the practice of advocacy.

Where life circumstances preclude survivors' meaningful engagement with therapeutic treatment, an advocacy service may act as a necessary precursor to psychological support. In these situations, it may be more appropriate to begin by establishing stability and meeting immediate needs through practical action. This is consistent with Maslow's seminal work on the hierarchy of needs, which posits that satisfaction of one's basic needs is a necessary prerequisite to pursuing a fulfilling life (Maslow, 1943). Similarly, Herman's theoretical three-stage model of healing from trauma includes an initial stabilising stage (Herman, 1998). Evidence provided to the Australian Royal Commission suggested that 'therapeutic treatment can be unhelpful if offered to a victim before these more immediate needs are met, and that ignoring these pressing needs can impair the victim's recovery and affect their ability to trust service providers' (ARC, 2017, p. 45). This may be the case when working with individuals who are experiencing housing instability or economic hardship. Meeting these immediate needs might look like support to find emergency accommodation or a debt management service, thereby supporting clients through practical circumstances that would otherwise preclude psychological healing.

Psychological support

The psychological impact of childhood abuse is particularly salient, with over 80% of survivors experiencing mental health conditions (Breckenridge & Flax, 2016). Addressing childhood trauma and the resulting emotional and behavioural difficulties requires specialist, evidence-based psychological treatment (Carr et al. 2010).

Psychological support is also beneficial in encouraging survivors to develop valuable cognitive strategies. Studies into healing from abuse suggest a variety of cognitive strategies that can be developed with the help of counsellors. Arias & Johnson (2013) identified the externalisation of blame, from the self onto the abuser, as an important source of healing among their 10 female participants who had experienced child sexual abuse. Draucker et al. (2011) expounded the value of meaning-making to survivors of child sexual abuse in their theoretical model of healing, whereby clients move through 'grappling with the meaning of the CSA, to figuring out its meaning, to tackling its effects, and ultimately, to laying claim to their lives'. Kaye-Tzadok and Davidson-Arad (2017) found that self-forgiveness and hope were key cognitive strategies for dealing with a history of abuse.



Access to childhood records

In their qualitative study of 24 survivors of institutional child sexual abuse in the UK, Colton et al. (2002) found that support to access childhood records formed an important part of the recovery process for survivors. Access to childhood records was also identified as a critical need by all five focus groups during empirical research into survivors' interaction with Northern Ireland's Historical Institutional Abuse Inquiry (Lundy, 2020). Evidence given to IICSA supports these research findings, with victims and survivors explaining the importance of accessing their records, which provide an acknowledgement of their experience and a feeling of closure (IICSA, 2022, p. 90).

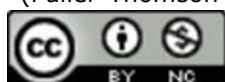
Addressing physical problems

Research into the factors associated with complete mental health⁵ among childhood sexual abuse survivors proposed that addressing physical problems, for example through pain management, may promote complete mental health (Fuller-Thomson et al., 2019). In a conference report detailing learnings from the Alaskan Family Wellness Warriors Initiative, SurvivorScotland suggested that GPs and other frontline workers should be trained to connect the physical effects of abuse with the more widely recognised mental health effects (SurvivorScotland, 2014). Dr Sarah Nelson, in conjunction with Wellbeing Scotland and Kingdom Abuse Survivors Project, is presently conducting work in this area. Nelson's work focuses on the production of guidance for healthcare professionals working with people who have been sexually abused. She invites medical professionals to question the assumption that survivors' physical ill health is produced by their mental health conditions (termed psychosomatisation), suggesting that this ignores the possibility that both physical and mental ill health are caused directly by the abuse itself. Acknowledging the very real pain that survivors suffer and treating this as such, rather than as a by-product of mental health, will go a long way towards improving patient experience and outcomes within this population.

Limitations of existing literature

The literature on effective service responses for adult survivors of childhood abuse has a number of limitations.

⁵ Defined in the same study as 'the absence of mental illness in combination with almost daily happiness and/or life satisfaction, as well as high levels of social and psychological well-being'. (Fuller-Thomson et al., 2019, p. 735)



As most studies involve small scale qualitative research, it is not possible to use their findings to generalise outcomes for survivors of childhood abuse as a population (Arias & Johnson, 2013). This limitation could be addressed by a longitudinal survey into survivors' outcomes. However, arguably, the value of existing studies is the rich data highlighting the personal insights and observations of individual participants, which reflect the very individual and personal nature of healing from abuse.

The majority of available literature into recovery from childhood abuse refers specifically to child sexual abuse. There is therefore an absence of representation within these studies of survivors of physical abuse, emotional abuse, and/or neglect (Draucker et al., 2011). While it appears to be customary elsewhere to consider child sexual abuse as a distinct phenomenon, Scottish institutions tend to consider all forms of child abuse in aggregate, acknowledging both the complexity of experience and the likelihood of different types of abuse occurring at the same time.⁶

Another limitation is the previously highlighted dearth of empirical evidence on the effectiveness of different types of support to survivors of childhood abuse. This has been attributed to the lack of specific services for this cohort up to the mid-2010s (Breckenridge & Flax, 2016).

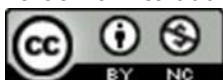
Implications for practice: Developing an evidence-based advocacy service

Research and consultations with survivors yield key implications for practice.

The literature endorses a holistic service response, which requires the coordination of support spanning several sectors. In practice, this may be facilitated by the 'no wrong door' approach, whereby any service that a survivor presents to is a referral route into the correct service. This is the approach favoured by the Australian Royal Commission. Alternatively, as seen in the Scottish Government's strategy, a holistic service response may be made possible through agencies working in partnership to provide a 'one stop shop' service.

Structural measures, over and above steps an individual can take, are required to facilitate a true 'one stop shop' approach, as this requires the cooperation and oversight of different service providers. However, at practitioner level, advocacy

⁶ This is the case for the ongoing national child abuse inquiry and for many national organisations that work to address childhood abuse, including Wellbeing Scotland.



practitioners can feed into this approach by engaging in effective partnership working. For example, by collaborating with other agencies to develop seamless referral pathways that can reduce clients' discomfort of presenting at numerous different services.

Advocacy practitioners can and should also adopt the principles of 'no wrong door': assisting clients to navigate through the complexity of seeking appropriate help and being open to referrals that originate from various services.

The literature highlights that healing is a complex and dynamic process. It is also extremely personal, with the needs of survivors varying over time and from person to person. To adapt and respond appropriately, advocacy services must be reflexive, and needs-based. To deliver a reflexive and needs-based service, advocacy practitioners may use needs assessments and regular check-ins. These allow the practitioner to identify clients' individual needs and goals and ensure the service continues to serve its intended purpose.

Empowering survivors to make informed decisions has been shown to increase resilience. Advocacy practitioners can help survivors to access relevant resources and information, which will enable them to make informed decisions about the combination of services that will be the most effective for them. By offering a safe and controlled environment in which survivors may exercise choice and agency, advocacy services can contribute to the development of resilience within this population.

Conclusion

Over the past decade, there has been growing interest in advocacy services for survivors of childhood abuse. This interest appears to have originated from survivors themselves, having identified a gap in the support services available to them.

Literature on effective service responses to healing childhood abuse in adults suggests they should be reflexive, needs-based, and empowering. Advocacy is one component part of what should be a holistic service response. This paper proposes practical methods through which advocacy practitioners can provide a service that meets these criteria while also supporting and facilitating that wider holistic approach.

As the provision of advocacy services for adult survivors of childhood abuse continues, the evidence gap acknowledged in this paper will gradually be filled thereby informing ongoing good practice and building the research base.



References

Arias, B., & Johnson, C. (2013). Voices of Healing and Recovery from Childhood Sexual Abuse. *Journal of Child Sexual Abuse*, 22(7), 822-841.

<https://doi.org/10.1080/10538712.2013.830669>

Australian Government National Office for Child Safety. (2022). *Annual Progress Reports*, available at <https://www.childsafety.gov.au/royal-commission/annual-progress-reports>

Australian Royal Commission. (2015). *Advocacy and Support and Therapeutic Treatment Services, Issue Paper 10*.

<https://psychology.org.au/getmedia/89cde962-3c31-474e-9c80-9ff8bf77f1d8/Royal-commission-child-sex-abuse-paper-10.pdf>

Australian Royal Commission. (2017). *Advocacy, support, and therapeutic treatment services. Final Report, Volume 9*.

https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_9_advocacy_support_and_therapeutic_treatment_services.pdf

Breckenridge, J., & Flax, G. (2016). Service and support needs of specific population groups that have experienced child sexual abuse, *Royal Commission into Institutional Responses to Child Sexual Abuse*.

<https://www.childabuseroyalcommission.gov.au/media-releases/research-released-support-needs-specific-population-groups>

Carr, A., Dooley, B., Fitzpatrick, M., Flanagan, E., Flanagan-Howard, R., Tierney, K., White, M., Daly, M., & Egan, J. (2010). Adult adjustment of survivors of institutional child abuse in Ireland. *Child Abuse & Neglect*, 34(7), 477-489.

<https://psycnet.apa.org/doi/10.1016/j.chiabu.2009.11.003>

Colton, M., Vanstone, M., & Walby, C. (2002). Victimization, care and justice: Reflections on the experiences of victims/survivors involved in large-scale historical investigations of child sexual abuse in residential institutions. *British Journal of Social Work*, 32(5), 541-551.

<https://psycnet.apa.org/doi/10.1093/bjsw/32.5.541>

Czincz, J., & Romano, E. (2013). Childhood sexual abuse: Community-based treatment practices and predictors of use of evidence-based practices. *Child and Adolescent Mental Health*, 18(4). <https://doi.org/10.1111/camh.12011>

Draucker, C. B., Martsof, D. S., Roller, C., Knapik, G., Ross, R., & Stidham, A. W. (2011). Healing from childhood sexual abuse: A theoretical model. *Journal of Child Sex Abuse*, Jul-Aug, 20(4), 435-466.

<https://doi.org/10.1080%2F10538712.2011.588188>



Fuller-Thomson, E., Lacombe-Duncan, A., Goodman, D., Fallon, B., & Brennenstuhl, S. (2020). From surviving to thriving: Factors associated with complete mental health among childhood sexual abuse survivors. *Social Psychiatry and Psychiatric Epidemiology*, 55(6), 735-744.

<https://doi.org/10.1007/s00127-019-01767-x>

Herman, J. L. (1998). Recovery from psychological trauma. *Psychiatry and Clinical Neurosciences*, 52, 98-103. <https://doi.org/10.1046/j.1440-1819.1998.0520s5S145.x>

Independent Inquiry into Child Sexual Abuse. (2022). *The Report of the Independent Inquiry into Child Sexual Abuse*.

<https://www.iicsa.org.uk/index.html>

Jeong, S., & Cha, C. (2019). Healing from childhood sexual abuse: A meta-synthesis of qualitative studies. *Journal of Child Sexual Abuse*, 28(4), 383-399.

<https://doi.org/10.1080/10538712.2019.1574945>

Kaye-Tzadok, A., & Davidson-Arad, B. (2017). The contribution of cognitive strategies to the resilience of women survivors of childhood sexual abuse and non-abused women. *Violence Against Women*, 23(8), 993-1015.

<https://doi.org/10.1177/1077801216652506>

Lundy, P. (2020). 'I just want justice': The impact of historical institutional child-abuse inquiries from the survivor's perspective. *Irish American Cultural Institute*, 55(1&2), 252-278. <https://doi.org/10.1353/eir.2020.0011>

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396. <https://psycnet.apa.org/doi/10.1037/h0054346>

National Institute for Health and Care Excellence. (2018). Post-traumatic stress disorder, NICE Guideline. <https://www.nice.org.uk/guidance/ng116>

NHS Education for Scotland. (2017). *National Trauma Training Framework*.

<https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-training-programme>

Rocket Science. (2023). *Evaluation of the Survivors of Childhood Abuse Support Fund*.

<https://rocketsciencelab.co.uk/project/inspiring-scotland-evaluation-of-the-socas-fund/>

Scottish Government. (2012). *Uncertain Legacies: Resilience and Institutional Child Abuse: A Literature Review*, Scottish Government Social Research.

<https://www.gov.scot/publications/uncertain-legacies-resilience-institutional-child-abuse-literature-review/pages/3/>



Scottish Government. (2015). *SurvivorScotland Strategic Outcomes and Priorities 2015-17*. <https://www.gov.scot/publications/survivorscotland-strategic-outcomes-priorities-2015-2017/pages/1/>

SurvivorScotland. (2014). *Lessons from the Alaskan Family Wellness Warriors Initiative*, Conference Report. <https://www.gov.scot/publications/lessons-alaskan-family-wellness-warriors-initiative-conference-report/documents/>

Wolfe, D. A., Francis, K. J., & Straatman, A. L. (2006). Child abuse in religiously-affiliated institutions: Long-term impact on men's mental health. *Child Abuse & Neglect*, 30(2), 205-212. <https://doi.org/10.1016/j.chiabu.2005.08.015>

About the author

In her role with charity Wellbeing Scotland, Rachel Stewart coordinates a national advocacy service. Her background in law and research guides her commitment to providing an evidence-based service to survivors of childhood abuse. Beyond advocacy on an individual level, Rachel is also passionate about advocating for structural change on a policy level.



Received: 22/07/2024

Accepted: 13/09/2024

Keywords:

Secure care, autism, methodology, engagement, Scotland

DOI:

<https://doi.org/10.17868/strath.00091142>

Short Article

Adjusting the volume: Reflections on engagement with autistic young people living in secure care

Charlotte Wilson

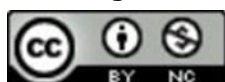
Abstract:

In undertaking a doctoral research project looking at the impact of Scottish secure care experience on the identity constructions of autistic young people, I experienced a number of unexpected challenges with engagement. This paper offers reflections on these complexities, in order that others may be informed by my experience. Some of these reflections are specific to engagement with autistic or neurodiverse young people, whilst others are of relevance for research with the secure sector or residential child care more broadly. Throughout the paper I share my learning on each aspect of this experience, with the intention that this learning may be given consideration in future research.

Introduction

In Scotland, residential child care provides accommodation together with personal care or support to young people who are unable to live at home. Secure care is a branch of residential child care that provides a safe, containing, highly controlled environment through restricting the freedom of children and young people, due to the high risk of significant harm they present to themselves or others (Children and Young People's Centre for Justice [CYCJ], 2024; Scottish Government, 2024).

The aim of this research project was to explore the impact of secure care experiences on the identity narratives of autistic young people. This is of current relevance due to the increasing prevalence of autism (Sample, 2024); at least 1% in the UK (Baird et al, 2006; Green et al, 2005), with 0.6% people diagnosed autistic in Scotland (National Records of Scotland, 2011). The variability and complexity of need that autism presents requires careful decision making about suitable placements, with the provision of environments and staff



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

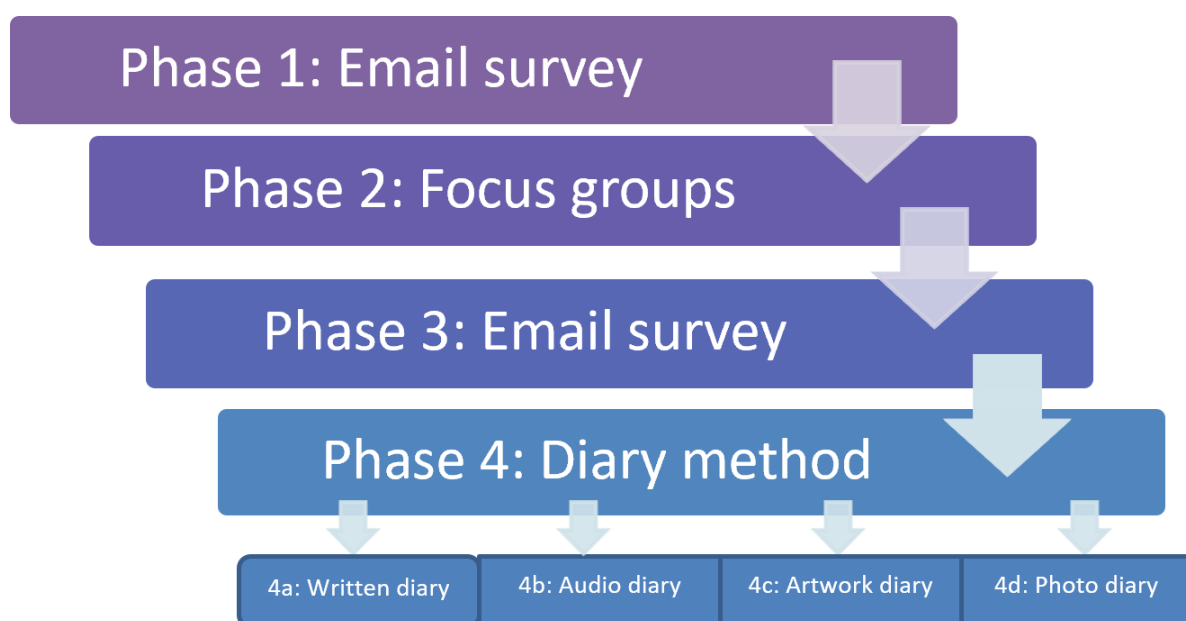
ISSN 2976-9353 (Online)

celcis.org

who are equipped to appropriately meet their needs. There is anecdotal evidence that increasing numbers of autistic young people and/or those with learning disabilities are being placed in secure care or 'juvenile correctional facilities' (Jolivette & Swoszowski, 2020; Thompson, 2018), however there is little research or data to support this (Allely, 2018).

The data for this project was collected over four phases between June 2021 and May 2024. The first and third of these were quantitative phases using an email survey to gather statistics on the number of young people who were suspected, self-identified, or diagnosed autistic currently living in secure care in Scotland. As well as providing a reliable measure of data (Bryman, 2008) and offering an opportunity for initial engagement and negotiation with gatekeepers (Blaxter et al., 2001), it informed the later phases of the research in terms of understanding the sample size of participants and which young people to make contact with. The second and fourth phases were delivered using qualitative methods, with meetings taking place at phase 2 to add an element of co-design (Abma et al., 2019) and to inform the developing methodology, and phase 4 offering engagement through four variations of the diary method depending on young people's cognitive style (Grandin, 2009).

Figure 3: Methods Map



Whilst the value of co-design and engagement with people with lived experiences cannot be underestimated, there were a number of unexpected challenges experienced during this process. I have employed an autoethnography approach here, with the self-placed in a cultural and social context (Reed-Danahay et al., 2020), to enable reflective learning; something which Curtis et al. (2004) feel is helpful in developing practice around research with 'hard to reach' children.



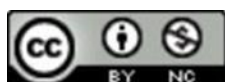
Phase 1

The process of seeking formal consent from the units at phase 1 took much longer than anticipated, given that informal agreement and/or ethical approval to participate had already been granted. There was a careful balance to be achieved in pursuing formal consent whilst remaining sensitive to the pressures the units were under as a result of Covid-19 (World Health Organization, 2020). Gatekeepers changed frequently throughout the project, and each stage brought a different layer of gatekeepers (Vaswani, 2018); being able to navigate the complexities of this would have been more complex without having a background in residential child care myself. The exclusion of autistic voice from research (Fletcher-Watson et al., 2019; Raymaker, 2020), and silencing of children's voices more widely is not an unknown phenomenon, despite the Independent Care Review (2020) advising of the importance of listening to the 'quieter voices' of young people. Vulnerability is a dominant construction of childhood (Davis, 2013; Smith, 2010), resulting in the exclusion and oppression of young people (Moss & Petrie, 2002; Smith, 2010). This leads questions to be asked around how well young people are presented with engagement opportunities, and protected from marginalisation (Alderson & Morrow, 2011; Bird & Waters, 1989; Mockler, 2007).

There was confusion around the term 'communication preferences' (of young people) used in the survey, with services leaving this section blank, or referring to the use of English (whereas it was intended to mean verbal, visual, or sign). This seemed indicative of a lack of understanding around speech, language and communication needs. The involvement of the nurse in one service was supportive in this section being completed correctly, but the fact that autism sat under the remit of the nurse (and under the remit of psychology teams in other services) led me to question whether it was being medicalised (Bumiller, 2008).

Engagement

The level of work involved in individualising all initial information letters, participant information sheets and consent forms was extensive, but both important and necessary to meet individual needs. It was important to keep accurate records of what had been sent to whom, and what had been returned, and this was achieved using a colour coded table. It was also apparent that the amount of time required from gatekeepers to support with distribution was significant, due to me being unable to make direct contact with young people and their guardians. Aside from putting additional pressure on gatekeepers, it was difficult to explain what documents should be shared with whom, and to ensure the correct ones were returned, albeit the learning from phase 2 was supportive in enabling a smoother process during phase 4. Curtis et al. (2004, p.169) recognise that 'in leaving the process of invitation to the research in the hands of gatekeepers we are not entirely taking responsibility for ensuring young people's fully informed consent'. Interestingly, when inviting young people to



complete the consent form in person, both versions of the form were offered (by holding both out) and on every occasion all young people bar one chose the form with the supporting visuals.

Contact with gatekeepers was avidly pursued, ensuring that there were opportunities for young people to meet with the researcher if they chose to do so. All young people expressed a preference for individual (rather than group) meetings, and face-to-face (rather than virtual), which came as a surprise due to the potential benefits of online meetings (McAloon & McLaughlin, 2020; NAS, 2020). Memorising the questions I wanted to ask meant that we could just 'chat', and this felt more natural than having to refer to notes. It was difficult to engage with some of the young people, with some of them changing their mind about participating even after they had agreed to take part, or having an unsettled day which meant meetings had to be rescheduled. When they changed their mind on the day of the meeting, an alternative meeting was quickly scheduled. This was always caveated with a reminder that participation in the research was voluntary, and young people could withdraw if they no longer wished to take part. The audio recorder used may have been off-putting for some young people, so this was introduced at the initial meeting simply by being present and not used. One young person commented that it was 'like what the police use.'

Physical access to the units brought additional complexities, which felt like another layer of gatekeeper approval. The difficulties with engagement appeared to be reflective of the complexities of trying to reach this very vulnerable group of young people (Chapman et al., 2020; Vaswani, 2018). Meeting with young people without staff present felt more natural, although I recognised that individual young people would have specific risks which may require the presence of a staff member. When staff were present, young people often deferred to them for the 'answers', which has parallels with others' findings within research undertaken in children's homes or schools when adults were present (Pyer & Campbell, 2013).

Terminology

Due to the presentation of some of the young people involved in phase 2, and the fact that autistic people are less likely to comply with gender norms (LGBT Youth Scotland, 2022), I was careful to ask about pronouns as we moved into phase 4. This required an explanation of what pronouns were, which I had not anticipated, with young people expressing bemusement that I was asking the question. This was evidenced by one young person who responded, 'well I'm a lassie aren't I, so she/her!' Gender data was not included in the surveys, which I felt was supportive of gender fluidity given that young people were not able to self-describe in the survey responses (Watts, 2021). Eight out of the 12 young people who engaged in the phase 4 cohort identified as female, which was surprising as this is not reflective of the wider autism population (Green et al.,



2005). It is possible that this is indicative of the picture of autistic young people who are placed in secure, perhaps due to concerns about them being 'at risk' and vulnerable (Roesch-Marsh, 2014).

There was very little preference during phase 4 expressed by young people around terminology (for example 'autistic', 'person with autism', or 'on the spectrum'), with the exception of one young person (with an autistic parent) who expressed a clear preference for 'autistic'. This is the language used here to reflect the majority of participants' preferences. Others during phase 2 expressed a preference for 'on the spectrum', which is not reflective of the wider autism community (Belek, 2019). This difference could be accounted for by these young people's potential lack of engagement with the wider autism community, and it is of interest to consider whether there is any correlation here between young people's autistic identity and their being placed in secure. Whilst identifying positively with an autistic identity (Cooper et al., 2017), and participating in autistic community (Bagatell, 2010) can act as a protective factor, the converse is also true. Identity management behaviours such as masking or camouflaging (Lai et al., 2017; Pearson & Rose, 2021) increase in correlation to autism-related stigma with a resulting impact on identity (Perry et al., 2021).

Posters were provided to allow young people who were perhaps 'under the radar' to make contact. There were almost no young people who self-identified as autistic, which was surprising given recent developments around this (Russell, 2020), and only one who took part in the research. However, this may have been due to the age and developmental stage of young people, and their developing identities (Erikson, 1963; Marcia, 1980; Stangor & Walinga, 2016), with self-identification perhaps being more prominent in adulthood. A parallel example of this is teenagers' rejection of neurobiological definitions (Ortega & Choudhury, 2011). Theories around developing identities (Stangor & Walinga, 2016) may also provide an explanation for young people's lack of concern about terminology and pronouns. However, LGBT Youth Scotland's 'Life in Scotland' survey (2022) of 1279 LGBT young people aged 13-25 makes repeated reference to pronouns, showing that this is of importance for some young people. It is also reflective of the differences between adults' and children's concerns (James & Prout, 1997; Powell et al., 2021).

Codesign

The views of the seven young people who took part in phase 2 were used to inform the methodology of phase 4. All of the young people were happy with a flexible diary method. Some young people described how they couldn't read or write but liked taking photographs or drawing. Other young people told me that they liked writing or creating artwork. They were all comfortable with the suggested timeframe of 'up to one year' (this was later extended due to delays with engagement), although some were concerned that they would not be



resident for a year. For that reason, and to really attend to what they told me, the methodology was amended to include young people who participated in phase 2 but may since have left the service, or to allow for young people to continue to take part once they had left secure care. Unfortunately, the difficulties with making contact were insurmountable. Some young people were particularly keen to meet with me to discuss their data, with most young people feeling that prompt questions would be helpful to support their reflection. Without exception, all young people thought that compensation was a good idea, with the primary preference being for financial compensation. There were also more creative suggestions for compensation such as art supplies, a certificate, and even a hamster or a dog. To manage potential risks associated with financial compensation, Amazon vouchers were used rather than cash.

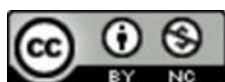
Phase 4

Written questions were posted weekly to each participant on a hand decorated postcard. During the data construction at phase 4, one young person advised that receiving weekly written questions was 'fine', however found it difficult when staff did not give them the mail every week (this was in part due to Covid-19 outbreaks, and postal strikes which had not been anticipated), meaning they would receive several weeks' worth of questions at once. One young person advised:

The first question I got I freaked out a little bit coz I wasn't sure who that was from, but um, yeah I get my questions out, I read them, I have a think about them, try and remember them for when I come in for our meetings.

But when asked how they felt about getting questions through the post, they responded, 'em I don't mind, it gives me a good idea of what we're gonna be talking about when we meet'.

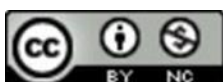
Other young people also noted that having the questions in advance helped them to prepare for our face-to-face meetings. Moyse (2023) noted similar benefits to providing questions in advance of interviews in her research with autistic girls. Some young people agreed to take part in my research, but then found it difficult to engage. Twelve young people (around 80% of autistic young people who were living in secure accommodation in Scotland at that time) expressed an interest in participating, and data was received from seven of these. This resulted in data being collected from 58% of young people who showed an interest in engaging in the project. Only one young person chose to draw responses, which was surprising given the feedback provided by young people during the co-design element in phase 2 of the research project but aligns with the experience of Moyse (2023) during her research with autistic girls.



Alternatives such as meeting online (with camera off if preferred) were offered. It was important to be flexible in approach, with a variety of methods of engagement available to cater to individual young people's preferences (as included in the research design). A variety of times were also offered, such as evenings or weekends, which may have suited some young people better. Curtis et al. (2004), in considering research engagement with 'hard to reach' children, similarly advise on the importance of flexibility, both from their own research experience and that of other researchers. The timing of meetings in relation to what else young people had going on in their lives was important to consider. Some young people declined to meet as they were having an unsettled day or week. One young person, whilst keen to engage (and able to offer some data) had to withdraw from participation due to being hospitalised for an extended period. One young person was noted to be significantly less focused during the final interview, five days prior to moving on from the service. Another was able to verbalise their preference not to have an interview within days of their court date, as this would be the focus of their attention at that time.

When carrying out the semi-structured interviews it was important to allow sufficient response time. Smith et al. (2022, p. 63) advise that 'richer, fuller answers will be cut short if the interviewer jumps in too quickly'. This is particularly true for autistic participants who may require a longer processing time. It was found that young people having access to the questions in advance, even where they hadn't provided a response to these, was supportive in allowing their consideration of responses. Differences in how young people supported their own need for additional processing time were observed. These included verbally advising that they required additional processing time, repeating the question back to the researcher, or using unnecessary 'filler' words in their responses, such as 'basically' or 'obviously', to afford themselves additional time to respond.

The flexible diary methodology was supportive in allowing access to aspects of experience that were perhaps more difficult to express verbally (Smith et al., 2022). It is possible that exploration of the themes may have furthered some young people's understanding of their self, or their constructions of secure care. To ensure sufficient depth and richness of data Smith et al., (2022) advise using follow up questions to probe responses. For young people engaged in this project, the 'probing' was carried out over an extended timeframe; often over the course of more than one meeting. For some young people, the same question was asked on more than one occasion. It was noted that this elicited varying responses. This may have been due to the variation in presence of staff from the service; young people becoming more familiar with the researcher; or perhaps just being in a different frame of mind. Some young people found it difficult to respond to some of the questions, or to recall certain events, particularly those related to the day of admission when they may have been under increased stress. This included difficulty with reflections on search



procedures, which are carried out when a young person is admitted to secure care to ensure they are not bringing in any unauthorised items and are usually carried out manually by staff doing a physical search, or electronically using a wand (unit dependant). Interestingly, although more than one young person referred to blanket restrictions, nobody mentioned physical restraint or seclusion.

Conclusion

The need for a researcher to be able to maintain resilience during periods of limited engagement such as those described here is critical. There are parallels to be drawn with resilience practices in residential child care and child and youth care studies, which Garfat (1999a) describes as 'hanging-in'. There is a careful balance to be maintained between being available to young people and recognising that they may not be able to engage at this time; akin to Garfat's (1999b) description of 'hanging-out'. For young people who were able to engage with the researcher on multiple occasions, the relational impact of ongoing engagement on a one-to-one basis, and the opportunity to both take part in research and have the space to talk about what felt important, may have had a positive impact on young people's developing sense of self. When reflecting on how it had felt to take part, one young person advised:

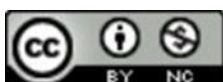
Oh. It hasn't been stressful or anything, I mean I'm used to talking to people about how things are going, what's happening, all the environments I've been in I'm used to doing that and er, happy to contribute to any positive outcomes for future young people that come in to secure.

In exploring the 'balance' that is required in residential child care, Anglin (2002) describes the struggle for congruence, which he defines as a combination of consistency, reciprocity, and coherence. With the researcher's previous experience in residential child care it was possible to draw on these concepts in an attempt to present a relational model of research. The ability to triangulate the concepts of knowing, being and doing required by residential child care practitioners (White, 2007) is similarly beneficial to researchers. This is particularly so when engaging with 'hard to reach' children such as those invited to take part in this research project, and echoes Steckley's (2020) explorations of praxis in developing a parallel between educators' and practitioners' knowledge gaps between theory and practice. In this instance the researcher was able to draw on their residential child care experience when attempting to align their practice in a relational manner, in an ongoing search for congruence.



References

- Abma, T., Banks, S., Cook, T., Dias, S., Madsen, W., Springett, J., & Wright, M. (2019). *Participatory research for health and social well-being*. Cham: Springer. International Publishing.
- Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people: A practical handbook*. London: SAGE Publications Ltd.
<https://doi.org/10.4135/9781446268377>
- Allely, C. S. (2018). A systematic PRISMA review of individuals with autism spectrum disorder in secure psychiatric care: Prevalence, treatment, risk assessment and other clinical considerations. *Journal of Criminal Psychology*, 8(1), 58-79. <https://doi.org/10.1108/JCP-06-2017-0028>
- Anglin, J. P. (2002). *Pain, normality, and the struggle for congruence: Reinterpreting residential child care for children and youth*. Philadelphia, PA: The Haworth Press.
- Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55. <http://www.jstor.org/stable/40603399>
- Baird, G., Simonoff, E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D., & Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The Special Needs and Autism Project (SNAP). *Lancet*, 368(9531), 210-215. [https://doi.org/10.1016/S0140-6736\(06\)69041-7](https://doi.org/10.1016/S0140-6736(06)69041-7)
- Belek, Ben. (2019) 2023. "Autism". In *The Open Encyclopedia of Anthropology*, edited by Felix Stein. Facsimile of the first edition in *The Cambridge Encyclopedia of Anthropology*. <http://doi.org/10.29164/19aut>
- Bird, F. B., & Waters, J. A. (1989). The moral muteness of managers. *California Management Review*, 32(1), 73-88. <https://doi.org/10.2307/41166735>
- Blaxter, L., Hughes, C., & Tight, M. (2001). *How to research (2nd ed.)*. Maidenhead: Open University Press. <https://doi.org/10.1046/j.1365-2648.2002.2089f.x>
- Bryman, A. (2008). *Social research methods (3rd ed.)*. Oxford: Oxford University Press.
- Bumiller, K. (2008). Quirky citizens: Autism, gender, and reimagining disability. *Signs*, 33(4), 967-991. <https://doi.org/10.1086/528848>
- Chapman, S., Lillis, M., Lamb, S., Clifton, M., & Clay, C. (2020). Commentary on a 'unified approach to behaviours that challenge': My freedom – the perspective of people with learning disabilities. *Tizard Learning Disability Review*, 25(3), 145-151. <https://doi.org/10.1108/TLDR-09-2020-0028>
- Children and Young People's Centre for Justice (CYCJ). (2024). *Secure Care*. <http://www.cycj.org.uk/what-we-do/secure-care/>



Cooper, K., Smith, L., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*, 47(7), 844-854. <https://doi.org/10.1002/ejsp.2297>

Curtis, K., Roberts, H., Copperman, J., Downie, A., & Liabo, K. (2004). 'How come I don't get asked no questions?' Researching 'hard to reach' children and teenagers. *Child & Family Social Work*, 9(2), 167-175. <https://doi.org/10.1111/j.1365-2206.2004.00304.x>

Davis, J. (2013). Conceptual issues in childhood and disability: Integrating theories from childhood and disability studies. In N. Watson, A. Roulstone & C. Thomas (Eds), *Routledge handbook of disability studies* (pp.414-425). London: Routledge. <https://doi.org/10.4324/9780203144114>

Erikson, E.H. (1963). *Youth: Change and challenge*. New York, NY: Basic books.

Fletcher-Watson, S., Adams, J., Brook, K., Charman, T., Crane, L., Cusack, J., Leekham, S., Milton, D., Parr, J., and Pellicano, E. (2019). Making the future together: Shaping autism research through meaningful participation. *Autism*, 23(4), 943-953. <https://doi.org/10.1177/1362361318786721>

Garfat, T. (1999a). Hanging in. *CYC-Online editorial*, 9. <https://cyc-net.org/cyc-online/cycol-1099-editor.html>

Garfat, T. (1999b). On hanging out (and hanging in). *CYC-Online editorial*, 8. <https://www.cyc-net.org/cyc-online/cycol-0999-editorial.html>

Grandin, T. (2009). How does visual thinking work in the mind of a person with autism? A personal account. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 364(1522), 1437-1442. <https://doi.org/10.1098/rstb.2008.0297>

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. London: Palgrave Macmillan.

Independent Care Review. (2020). *The Promise*. <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

James, A., & Prout, A. (1997). A new paradigm for the sociology of childhood? Provenance, promise and problems. In A. James & A. Prout (Eds), *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood* (pp. 7-32). London: Falmer Press. <https://doi.org/10.4324/9780203362600>

Jolivet, K., & Swoszowski, N. C. (2020). Improving youth and staff supports: FW-PBIS framework implementation in juvenile correctional facilities. *Remedial and Special Education*, 41(2), 67-69. <https://doi.org/10.1177/0741932519897955>

Lai, M-C., Lombardo, M.V., Ruigrok, A.N.V., Chakrabarti, B., Auyeung, B., Szatmari, P., Happé, F., & Baron-Cohen, S. (2017). Quantifying and exploring camouflaging in men and women with autism. *Autism: The International Journal*



of Research and Practice 21(6), 690-702.

<https://doi/10.1177/1362361316671012>

LGBT Youth Scotland. (2022). *Life in Scotland for LGBT young people*.

<https://lgbtyouth.org.uk/media/2712/life-in-scotland-for-lgbt-young-people-2022-e-use.pdf>

Marcia, J. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-187). Hoboken, NJ: Wiley & Sons.

McAloon, H., & McLaughlin, M. (2020). *Experiences during COVID-19 pandemic* [Video]. YouTube. October 5.

<https://www.youtube.com/watch?v=xewqSwrnXWw&feature=youtu.be>

Mockler, N. (2007). Ethics in practitioner research: Dilemmas from the field. In A. Campbell & S. Groundwater-Smith (Eds), *An ethical approach to practitioner research: Dealing with issues and dilemmas in action research* (pp.88-98).

London: Routledge.

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

Moyse, R. (2023). 'I've got some more to add to that'. In H. Kara (Ed.), *The Bloomsbury handbook of creative research methods* (pp. 239-250). London: Bloomsbury Academic.

<https://10.5040/9781350355774.ch-018>

National Autistic Society (NAS). (2020). *An update from the National Autistic Society Scotland* [Video]. YouTube. October 5.

<https://www.youtube.com/watch?v=AniJqoGhy-4&feature=youtu.be>

National Records of Scotland. (2011). *Scotland's census*.

<https://www.scotlandscensus.gov.uk/census-results> and
<https://www.sldo.ac.uk/census-2011-information/autism/>

Ortega, F., & Choudhury, S. (2011). 'Wired up differently': Autism, adolescence and the politics of neurological identities. *Subjectivity* 4, 323-345.

<https://doi.org/10.1057/sub.2011.9>

Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, 3(1), 52-60. <https://doi.org/10.1089/aut.2020.0043>

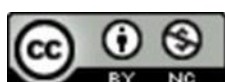
Perry, E., Mandy, W., Hull, L., & Cage, E. (2021). Understanding camouflaging as a response to autism-related stigma: A social identity theory approach. *Journal of Autism and Developmental Disorders*, 2022 Feb;52(2), 800-810.

<https://doi.org/10.1007/s10803-021-04987-w>

Powell, P. A., Rowen, D., Rivero-Arias, O., Tsuchiya, A., & Brazier, J. E. (2021). Valuing child and adolescent health: A qualitative study on different perspectives and priorities taken by the adult general public. *Health and Quality of Life Outcomes*, 19(1). <http://dx.doi.org/10.1186/s12955-021-01858-x>

Pyer, M., & Campbell, J. (2013). The 'other participant' in the room: The effect of significant adults in research with children. *Research Ethics*, 9(4), 153-165.

<https://doi.org/10.1177/1747016112464721>



Raymaker, D. M. (2020). Shifting the system: AASPIRE and the loom of science and activism. In S. Kapp (Ed.), *Autistic community and the neurodiversity movement: Stories from the frontline* (pp. 133-145). London: Palgrave Macmillan. <https://doi-org/10.1007/978-981-13-8437-0>

Reed-Danahay, D., Atkinson, P., Delamont, S., Cernat, A., Sakshaug, J., & Williams, R. (2020). *Autoethnography*. London: SAGE Publications Ltd. <https://doi.org/10.4135/9781526421036815143>

Roesch-Marsh, A. (2014). Risk assessment and secure accommodation decision-making in Scotland: Taking account of gender? *Child Abuse Review*, 23(3), 214-226. <https://doi.org/10.1002/car.2259>

Russell, G. (2020). Critiques of the neurodiversity movement. In S. Kapp (Ed.), *Autistic community and the neurodiversity movement: Stories from the frontline* (pp. 287-303). London: Palgrave Macmillan. <https://doi-org/10.1007/978-981-13-8437-0>

Sample, I. (2024). The truth about ADHD and autism: How many people have it, what causes it, and why are diagnoses soaring? *The Guardian*. June 1. <https://www.theguardian.com/society/article/2024/jun/01/the-truth-about-adhd-and-autism-how-many-people-have-it-what-causes-it-and-why-are-diagnoses-soaring>

Scottish Government. (2024). *Secure care*. <https://beta.gov.scot/policies/youth-justice/secure-care/>

Smith, J., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research, 2nd Edition*. London: SAGE.

Smith, R. (2010). *A universal child*. London: Palgrave Macmillan.

Stangor, C., & Walinga, J. (2016). *Introduction to psychology—1st Canadian edition*. BC Campus. <https://opentextbc.ca/introductiontopsychology/>

Steckley, L. (2020). Threshold concepts in residential child care: Part 2, relational practice as threshold. *Children and Youth Services Review*, 112. <https://doi.org/10.1016/j.childyouth.2020.104825>

Thompson, K. (2018). *Creating a secure foundation for children at risk: Examining care frameworks, stay duration and transition planning for children requiring secure care*. Churchill Trust. <https://www.churchilltrust.com.au/fellow/kelly-thompson-wa-2018/>

Vaswani, N. (2018). Learning from failure: Are practitioner researchers the answer when conducting research on sensitive topics with vulnerable children and young people? *International Journal of Social Research Methodology*, 21(4), 499-512. <https://doi.org/10.1080/13645579.2018.1434866>

Watts, G. (2021). *The relationship between Autistic Identity and the Quality of Life of Autistic Adults* [Conference presentation]. PARC Critical Autism Studies - Winter Conference. December 6. https://www.youtube.com/watch?v=5ziA9Ud_hlU



White, J. (2007). Knowing, doing and being in context: A praxis-oriented approach to child and youth care. *Child & Youth Care Forum*, 36(5-6), 225-244. <https://doi.org/10.1007/s10566-007-9043-1>

World Health Organization. (2020). *Coronavirus*. <https://www.who.int/health-topics/coronavirus>

About the author

Charlotte Wilson is a doctoral researcher at the University of Strathclyde
charlotte.h.wilson@strath.ac.uk



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)
celcis.org

Received: 19/09/2024

Accepted: 06/11/2024

Keywords:

Forest School,
outdoor learning,
wellbeing, Scotland

DOI:

<https://doi.org/10.17868/strath.0091104>

Short Article

Practitioner enquiry: Does Forest school education have a positive impact on young people's wellbeing?

Angela Macaulay

Glasgow Virtual School

Abstract:

This article will discuss the positive impact that outdoor learning can have on young people's wellbeing (Mannion, Mattu & Wilson 2015; Tiplady & Menter, 2020). This is an exploratory study with one group of seven children, 8-13 yrs, from care experienced backgrounds who participated in forest school for 15 weeks. The programme has been developed to support young people across the city who struggle at times with the traditional classroom environment, many of whom are care experienced. Forest Schools have been successful across different part of the United Kingdom (Cudworth & Lumber, 2021; Garden & Downes, 2021).

Introduction

Getting it Right for Every Child (GIRFEC) is a Scottish Government policy that aims to ensure children and young people in Scotland have the support needed to reach their full potential. GIRFEC's purpose is to provide opportunities that will help improve well-being, create a supportive nurturing environment where our young people feel safe, provide support that is needed tailored to individuals' requirements, ensure the team around the child is all working together and prioritise interventions offered. Forest School is seen as a way of meeting a lot, if not all, of these needs.

Rationale

It is well documented that children and young people learn using a variety of different methods. Many children and young people can find a classroom environment challenging. There is a clear link between play and development, yet outdoor experiences seem to, at times, take a back seat to the ever-increasing use of learning through technology (Coates, 2019).

Many studies have found that the benefits of Forest Schools, for any age group, promote positive correlations between learning in nature and wellbeing.



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

Experiences make learning relevant. Children and young people need play and outdoor experiences as this brings a host of life enhancing benefits. Forest School is an educational approach that is child centred and offers the opportunity to thrive in an environment that is not restricted by walls or doors. The Forest School is based in a small-wooded area in a local park. The camp is set up with activities, a campfire for cooking food and shelters. All activities are outdoors and include activities such as bridge building, identification of flora, fauna and local wildlife, bushcraft skills, conservation activities and campfire building. The young people come together in a group of 8-10 pupils. The Forest School Leaders have completed the Woodland Activity Leader Training which has professional recognition by the General Teaching Council for Scotland (GTCS).⁷

Forest School has been found to bring with it a better appreciation for nature (McCormick, 2017) and also increased cognitive ability, enhanced social and emotional states and improved mental wellbeing (Sella et al., 2023). Research further supports the view that learning in nature allows children and young people to be intrigued by their surroundings in a calming manner. Whereas in an urban environment there is a need for heightened attention as this environment is often filled with potential hazards, for example, cars (Berman, 2008).

Aim

The aim of the enquiry was to explore the impact that attendance at Forest School has on our young people's wellbeing, resilience, and self-confidence. This was carried out as part of a practitioner enquiry for ongoing professional learning.

Methodology

The enquiry was conducted with a group of care experienced young people. Being care experienced means that the young people taking part are looked after by the local authority or have been previously looked after. This includes living at home on a compulsory supervision order, living with a foster care family, in a kinship care arrangement or in a children's house.

Care experienced is not a legal term but one used by 'The Independent Care Review' and holds meaning for many who identify with this term. The Promise Scotland explains being care experienced as:

- A description of the situation they've grown up in.
- A recognition that this situation may grant them additional support and protection under law.

⁷ The GTCS is the independent regulator for teachers in Scotland. See <https://www.gtcs.org.uk>



- An understanding of their personal identity.

Yet for others the term still holds stigma and for that some do not wish to use this term. For the purpose of this enquiry, I will use the term 'care experienced' to identify the situation the young people have grown up or find themselves in currently (The Promise Scotland, 2024).

The young people were aged between 8 to 11 years, boys and girls from inner city Glasgow, where green space is becoming more limited (Robinson et al., 2022).

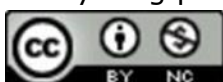
Research by the University of Sheffield analysed greenspace in cities across Britain and found that Glasgow ranked bottom of cities with green attributes. Researchers looked at tree coverage, vegetation and the presence of parks within urban cities. It was concluded that those cities with the most green space were found in the south of England while those with the least were former industrial areas (Project Scotland, 2022).

Green space is defined as 'an area of trees, grass or other vegetation set apart for recreational purposes in an otherwise urban environment'. The enquiry was carried out over a 15-week period, starting January 2024 through to May 2024. The enquiry covered seasons of winter into spring through to the summer term, however, Forest School opportunities are carried out across all seasons, providing opportunities for young people to wonder and learn from the world around them.

All young people are referred to Forest School by their schools, and referral information was provided that included anticipated outcomes for participation. The young people involved were all from different parts of the city and all had found, in different ways, a classroom environment difficult, for example, displaying challenging behaviours, non-attendance and lowered self-esteem and participation.

The enquiry was undertaken with young people that were new to Forest School. A young person's questionnaire was completed at the beginning of their time after Easter and again at the end of a 15-week intervention period before the summer break. The questionnaire was designed by the author to gather young people's thoughts and feelings giving valuable data to support the project at the beginning and end to quantify any changes. It is important to get opinions of active participants to make adaptations, alterations if and where needed. This approach is consistent with the United Nations Convention on the Rights of the Child (incorporated in Scots law in the UNCRC (Incorporation) (Scotland) Act 2024) which states in Article 12, 'I have the right to be listened to and taken seriously'.

Forest School leaders' observations and a final questionnaire was completed by the young person's school and parent/carer. This was then analysed.



All the young people who were referred shared commonalities of anticipated Forest School outcomes such as building self-esteem and self-confidence, developing positive relationships and knowing one’s capabilities.

Findings

Based on previous research on the many benefits of Forest School education on our young people’s well-being, the enquiry hoped to find a similar enhancement in the areas of resilience, confidence, and well-being. The data collected, therefore, focused on the young person’s perception of their development and growth over the intervention period, as well as gaining a reflective evaluation from schools and carers. A group of 7 young people, all new to forest school, were involved in the enquiry and were the bases for the questionnaires and evaluation evidence. All young peoples schools submitted referrals which included anticipated outcomes and the schools were then asked, after the 15 weeks, to reflect on the impact Forest school has had on their young people.

One question in the questionnaire asked the young people how good they were at working as part of a team, using a rating scale of 1 to 10, where 1 indicated ‘not very well’, and 10 ‘really well’. On examination of the pre- and post-questionnaire responses, there was a positive change in those who now viewed themselves as able to work as part of a team. This area had also been a significant area of interest highlighted by schools as an anticipated outcome before starting this intervention.

Figure 1 shows that before participation in Forest school half the young people rated themselves ‘okay’ at working in a team (an average rating of 6.00) while Figure 2, post placement, all the young people rated themselves as very good (an average rating of 9.40).

Figure 4: Pre-placement question – How well can you work in a team?

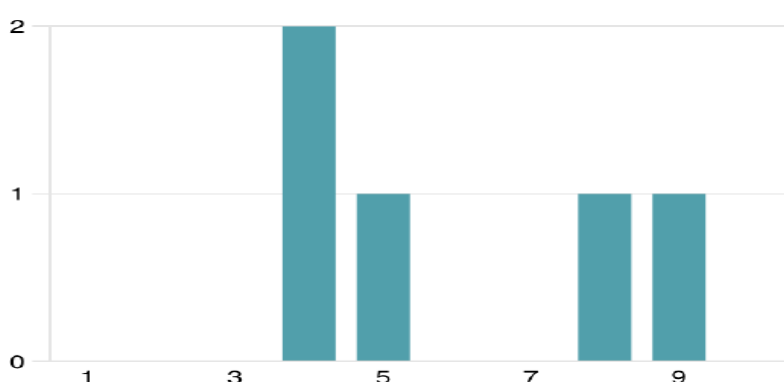


Figure 2: Post placement question – Since Participation how well can you now work as part of a team?



When the young people were asked about how well they shared their thoughts and feelings, the pre-placement questionnaire responses varied in levels of engagement. The young people didn't feel confident or comfortable talking about themselves and one pupil stated that 'no one listens so I just get angry'. During Forest School sessions all young people were encouraged to have their voice heard and the post-placement results reflected this.

Figure 3 shows that before participating in Forest school the young people varied in awareness of their abilities to share thoughts and feeling (an average rating of 5.20). Figure 4 indicates that the young people had significantly increased in confidence when sharing thoughts and feelings (an average rating of 7.67).

Figure 3: Pre-placement question – How good are you at sharing your thoughts and feelings?

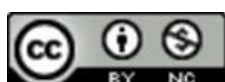
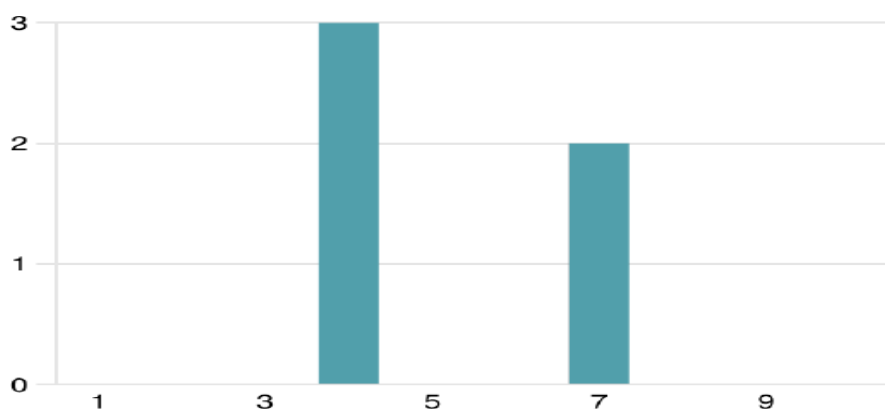
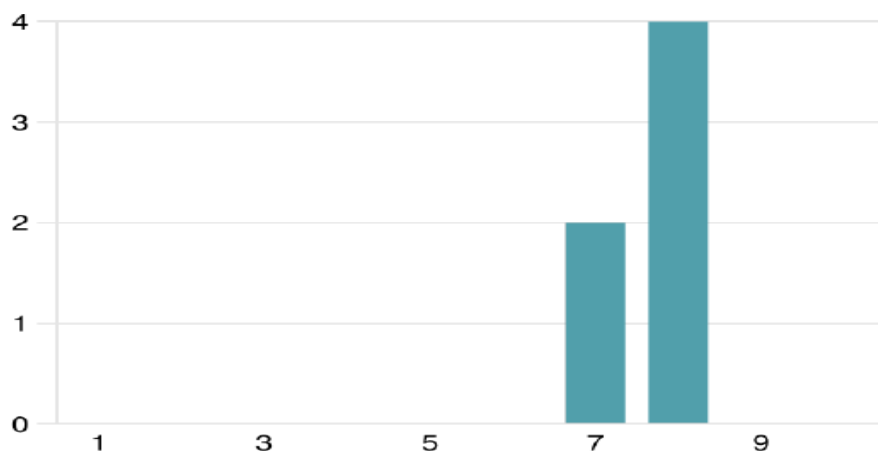


Figure 4: Post placement question – Since participating in Forest School how good are you at sharing your thoughts and feelings?



The questionnaire asked the young people about strengths, their own qualities and the willingness to share these. Not all young people felt confident at telling leaders what they were good at, either in school or outside. The sessions were run in a flexible, relaxed manner that allowed the young person to try new things, fail and try again without judgement. Where support and encouragement to complete activities, independently or within a group, was evident, this had a positive impact and is reflected in the post-placement results that show a positive shift in the average rating.

Figure 5 shows that the majority of young people scored themselves as low on the scale of emotional control, pre intervention, (an average rating of 6.60) with Figure 6 showing a remarkable increase in self-reflection and emotional regulation post placement (an average rating of 9.17).

Figure 5: Pre-placement question – How well do you manage talking about the things you are good at?

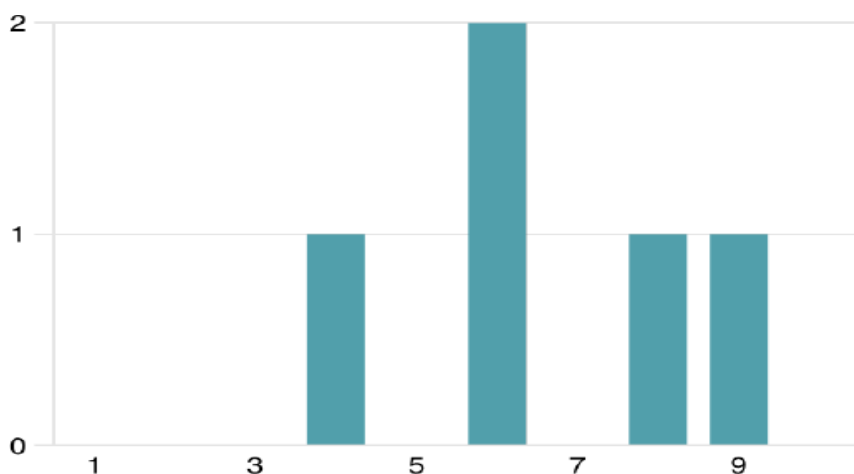
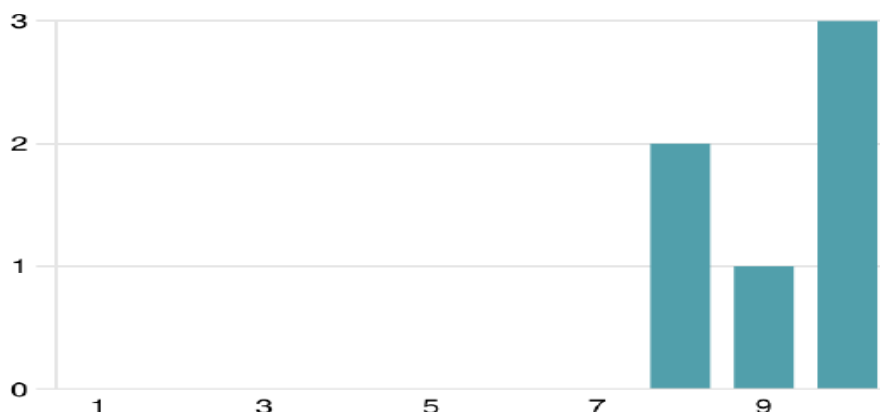


Figure 6: Post placement question – Since participating in Forest School how well do you manage talking about things you are good at?



Failure can be a hard life lesson. The young people were very open about how they felt and what triggers them not to be able to manage their emotions. The young people are challenged within Forest School. It puts them in a new environment with new individuals. They are given the time they need to build important relationships with adults and peers. They are listened to and feel safe in our company. I found this result most heartening.

Figure 7 shows an average rating of 5.80 pre-placement regarding ability to manage emotions while Figure 8 shows the rise to an average rating of 9.00 post placement.

Figure 7: Pre-placement question – How good are you at managing your emotions?

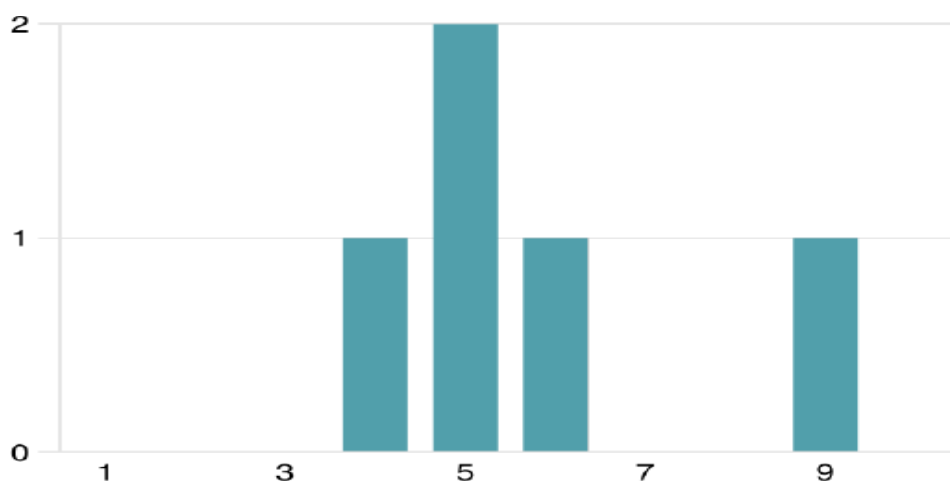
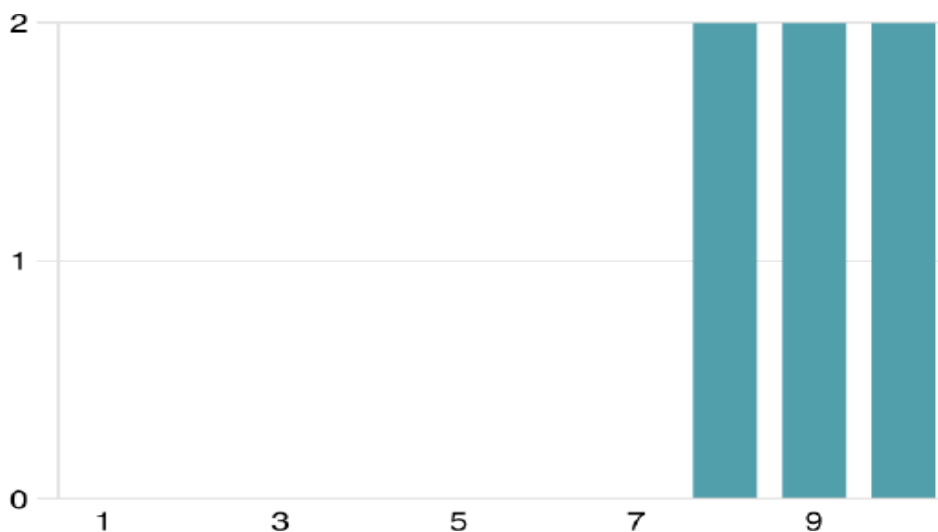


Figure 8: Post placement question – Since participating in Forest School how good have you become at managing your emotions?



A variety of new learning opportunities were made available to young people at Forest School and when asked, post-placement, what they enjoyed, it was evident that there were some clear favourites. These opportunities allowed the young person to work on the skills that school had previously indicated that they hoped to see improvements in. On reflection, the young people were also able to see improvements in these areas.

Figure 9: Post Placement question – What have you enjoyed about Forest School?

- Cooking 5
- Games 6
- Fishing 4
- Climbing 2
- Nature Walks 1
- Meeting new friends 4
- Identification of trees/ bugs 2
- Other 2

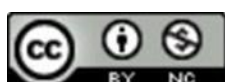
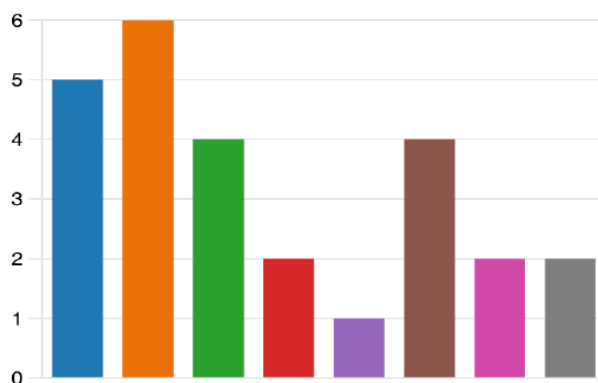
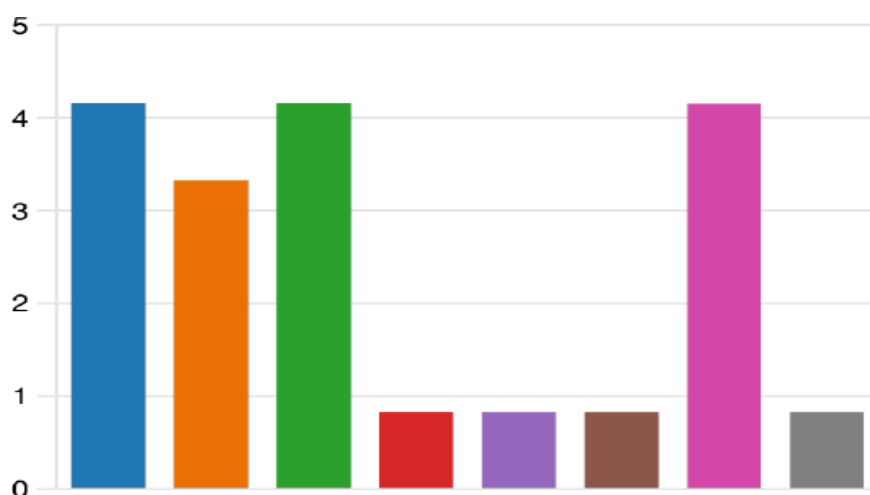


Figure 10 shows the anticipated outcomes while Figure 11 shows the young people's self-reflections on what they believe the intervention has helped them with.

Anticipated outcomes:

- Building Confidence – 5
- Develop skills to work as part of a team – 4
- Building self-esteem – 5
- Follow instructions – 1
- Improve attainment – 1
- Improve attendance – 1
- Develop relationships – 5
- Other – 1

Figure 10: Pre-placement question – Please indicate all anticipated outcomes that you would like Forest School to help your YP with?



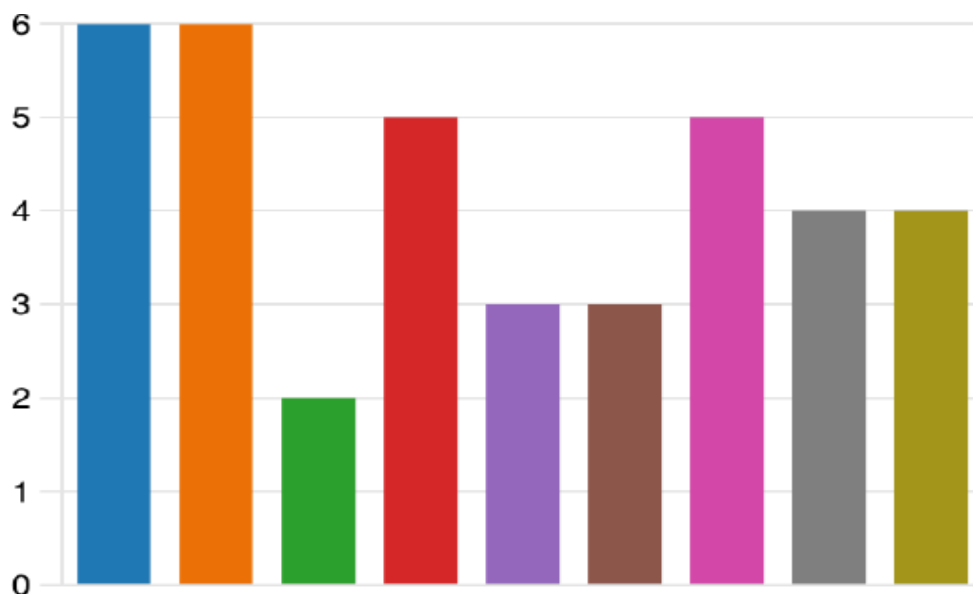
Self-reflections:

- Self-confidence – 6
- Making friends – 6
- Enjoying school life – 2
- Self-esteem – 5
- Participating in school – 3
- School attendance – 3
- School achievement – 5
- Mental wellbeing – 4



- Physical activity – 4

Figure 11: Post placement question – What do you think Forest School has helped you with?



All young people post-intervention said that they had enjoyed their Forest School experience and would recommend it to others as it is a fun way to learn.

Figure 12: Post Placement question – Would you recommend Forest School to other children? If no, why not? If yes, why?

- Yes – 6 Why? – 'Fun'
- No - 0



Not all young people completed a post-placement questionnaire before results were analysed. Six of the seven young people completed the final questionnaire.

The final method of collection was completed by sending out post placement questionnaires to schools. Not all schools returned these forms, and no forms were sent onto parents/carers. The feedback from those schools that did respond was very positive and they were pleased by their young person's participation.



School Responses

Has your young person had a positive experience at Forest School? If yes, how do you know this? If no, what did they not enjoy?

School 1	Our young person has loved his time with Forest School and is quick to tell you what he has been doing and what he liked etc (this is a stark contrast what he presented like previously)
School 2	Our young person has had a really positive experience at Forest School, and this is evident by his return to school and his engagement in class
School 3	Yes, the young person in my class has been very enthusiastic about Forest School. He was keen to share his learning with his peers so we put photos of him at Forest School on the board and he told the whole class about what he had been learning - we couldn't get him to stop! When we did outdoor learning at school, he was very enthusiastic and keen to share his prior knowledge. He also volunteered to support the teacher throughout the lesson.
School 4	Yes - he has persisted with the group each week after a hesitant start.

Table 2: School responses

Conclusion

The findings of this enquiry contribute to and support the view that Forest School can have a positive impact on our young people's wellbeing, resilience and self-confidence. Both reflective submission by the young people and from schools demonstrates that the outdoor environment is a beneficial teaching setting for allowing a young person to grow and develop vital social and practical skills that can be transferred into learning/life settings.

The young people involved all came with apprehensions of what to expect. Coming with no peer support, initially, they had to find their way in a group of mixed ability, mixed gender and mixed ages.

All of these young people thrived. The noticeable differences evident over the weeks were heartwarming to watch, from more young people taking on leadership roles and responsibilities for the running of the sessions to seeing them all interacting and working together.

Implications

This practitioner enquiry contributes to the evidence that Forest School interventions work. The need for outdoor learning and play is evident. With the growing number of outdoor educational nurseries available now this should be considered as an area that is taken on fully by primary and secondary establishments alike.

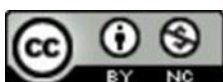
To get it right for every child, many children require something different. Not all can sit and learn at a desk or within a traditional school environment. As a



result, interventions need to be made available to allow children to flourish in their own unique way, indoors and out. Achievements, success and growth come in all shapes and sizes. There is not 'one size fits all', and young people cannot always be measured on standardised tests and don't always happen indoors. Maybe Winston Churchill got it right when he said, 'success consists of going from failure to failure without less enthusiasm'.

References

- Berman, M., Jonides, J., & Kaplan, S. (2008). The cognitive benefits of interacting with nature. *Psychol Sci*, 12, 1207-12.
<https://doi.org/10.1111/j.1467-9280.2008.02225.x>
- Coates, J. & Pimlott-Wilson, H. (2019). Learning while playing: Children's Forest School experiences in the UK. *British Educational Research Journal*, 45(1), 21-40. <https://doi.org/10.1002/berj.3491>
- Cudworth, D., & Lumber, R. (2021). The importance of Forest School and the pathways to nature connection. *Journal of Outdoor and Environmental Education*, 24, 71-85. <https://doi.org/10.1007/s42322-021-00074-x>
- Garden, A., & Downes, G. (2021). A systematic review of forest schools' literature in England. *Education 3-13*, 51(2), 320-336.
<https://doi.org/10.1080/03004279.2021.1971275>
- Good reads, (2024).
<https://www.goodreads.com/author/quotes/2834066.Winston-Churchill>
- Mannion, G., Mattu, L. & Wilson, M. 2015. *Teaching, learning, and play in the outdoors: A survey of school and pre-school provision in Scotland* (Scottish Natural Heritage Commissioned Report No. 779).
<https://www.nature.scot/sites/default/files/2017-07/Publication%202015%20-%20SNH%20Commissioned%20Report%20779%20-%20Teaching%2C%20learning%20and%20play%20in%20the%20outdoors%20a%20survey%20of%20school%20and%20pre-school%20provision%20in%20Scotland.pdf>
- McCormick, R., (2017). Does access to green space impact the mental well-being of children: A systematic review. *Journal of Pediatric Nursing*, 37, 3-7.
<https://doi.org/10.1016/j.pedn.2017.08.027>
- Project Scotland, (2022), <https://projectscot.com/2022/11/glasgow-ranks-bottom-of-greenest-city-centre-table/>
- Robinson, J.M., Mavoia, S., Robinson, K., & Brindley, P. (2022). Urban centre green metrics in Great Britain: A geospatial and socioecological study, *Plos ONE*, 17(11). <https://doi.org/10.1371/journal.pone.0276962>



Sella, E., Bolognesi, M., Bergamini, E., Mason, L., & Pazzaglia, F. (2023). Psychological benefits of attending Forest School for pre-school children: A systematic review. *Educational Psychology Review*, 35(1), 1-29.

<http://dx.doi.org/10.1007/s10648-023-09750-4>

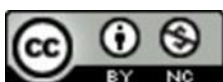
The Promise Scotland (2024). <https://thepromise.scot/what-is-the-promise/care-experienced-people>

Tiplady, S., & Menter, H., (2020) 'Forest School for wellbeing: an environment in which young people can 'take what they need' *Journal of adventure education and outdoor learning*. <https://doi.org/10.1080/14729679.2020.1730206>

Waite, S., Goodenough, A. (2018). What is different about Forest School? Creating a space for an alternative pedagogy in England. *Journal of Outdoor and Environmental Education*, 21, 25–44. <https://doi.org/10.1007/s42322-017-0005-2>

About the author

Angela Macaulay has been teaching for Glasgow City Council for the last seven years and teaching for 19 years in total. Angela has worked in many areas of Education to include mainstream, additional support needs and social, emotional and behavioural needs schools. Presently Angela works alongside care experienced learners in Glasgow and helps lead a very successful Forest School experience for young people from within inner city Glasgow.



Received: 28/09/2024

Accepted: 02/10/2024

Keywords:

Looked after children, child care system, foster care, residential child care

DOI:

<https://doi.org/10.17868/strath.0091000>

Book Review

Free Loaves on Fridays: The care system as told by people who actually get it

By Rebekah Pierre (editor)

Publisher: Unbound

ISBN:978-1-80018-300-1

Year of Publication: 2024

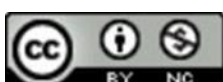
Reviewed by: Jim Goddard

Chair, The Care Leavers Association,
jim.goddard@careleavers.com

One sees content warnings everywhere. This book is no exception. Such a warning is probably more necessary for those who weren't brought up in the UK child care system than for those of us who were. The latter will be familiar with experiences which the former might find shocking. Indeed, reading of the inner lives of those raised in care can be startling. Their frequent invisibility in their own homes and in the wider world is often only altered when their behaviour raises problems for adults. One calls to mind George Eliot's words in *Middlemarch*: 'If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heartbeat, and we should die of that roar which lies on the other side of silence' (Eliot, 1999, pp. 216-217). Hence the content warning.

Overall, the experience of reading this book is that of riding a rollercoaster of emotions. The wide range of experiences it encompasses, from joy and exhilaration to fear and isolation, reflects the subject matter and the method of the book's compilation. As Rebekah Pierre notes in her introduction, the usual process of being an editor involves difficult decisions as to what to exclude. Being familiar with the experience of rejection, she chose to exclude nothing. This could have been an editorial nightmare, but turned out to be inspired, since it produced a book with such a diversity of written experiences and formats that it's possibly the closest thing we'll ever have to an encyclopaedia of the care experience.

Nor is this simply a compendium on the current care system. The age range of the authors is wide, the youngest being 13 and the oldest 68, such that the care system described therein stretches back to the 1960s. The accounts capture



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

some of the commonalities across these decades and some of the major changes. The biggest change is the modern dominance of foster care, and we get multiple accounts of the foster care experience. This is particularly welcome because older accounts of the care system have – understandably, due to the dominance of residential care before the 1980s – tended to focus on children’s homes.

Importantly, the money raised from the sale of the book goes to two charities who work closely with children in care and care leavers, Article 39 and the Together Trust. Carlyne Willow and Lucy Croxton, representing each organisation respectively, write a well-informed scene-setting foreword on the past and present of the current care system. They make explicit the implicit message of this book, which is that society needs to do better by its most vulnerable and disadvantaged children.

Following Rebekah Pierre’s introduction, the book is divided into three main sections. The first features stories and essays of various lengths by a range of authors; some well-known, such as Lemn Sissay and Sally Bayley. One benefit of this diversity is that it renders comparisons meaningless. What comes across most in these accounts is their individuality. Even the styles differ hugely, ranging from the deeply personal (Lisa Luxx) to the more analytical (Kirsty Capes; Ben Perks). There is also a piece by the editor, Rebekah Pierre, using her teenage diary as the entry point for a discussion of her experiences of her family, her life in care, and leaving care. It is a good example of the contrast between the bland bureaucratic labelling common within the care system and the complex reality of individual human lives.

The next section contains poems and reflections on different themes, such as care and connection, loss and success. The range of experiences stretches from the negative and damaging to the soothing and life-affirming. If one wants a quick pick-me-up one should head for the section on ‘Celebrating Care, Love and Connection’. It is impossible not to be moved by these examples of what the care system for children feels like when it’s done right. It also suggests that children in care are more likely to remember acts of kindness than those who can afford the delicious luxury of taking such things for granted. Children in care remember goodness acutely, partly, of course, because they often have much experience of its opposite. If there is a single lesson here it is that details matter, that small things you did for a child which you may have forgotten can light up a life for years.

Often with writing, a few paragraphs can have more meaningful content than entire novels. Even short pieces in this collection – poems or letters – contain lines of truth that leap off the page. Sometimes these truths are half-hidden, and you don’t need to know the details. This applies to HG’s account of finding a grey hair at the age of 35 and feeling gloriously happy at the discovery. As all the best writers know, less is more.



The third main section contains letters to various audiences: to oneself, family and friends, professionals, politicians, and the public. These, too, contain much gratitude, along with revelations of horrifically poor care. They are perhaps the part of the book that offers the most educative value to foster carers, social workers, schoolteachers, and others who engage directly with looked after children.

The final part of the book contains a variety of useful resources and signposts. This adds to its quality of feeling like a miniature guide, something to carry around if one wants a useful primer on what's been going on in the care system.

For those of us with a spirit of adventure, the usual reaction to being on a rollercoaster is to want another go straight away. That was my response to this book. So, if you feel similarly adventurous, buckle up safely and enjoy the ride.

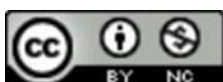
References

Eliot, G. (1999). *Middlemarch*. Oxford: Oxford University Press

About the reviewer

Now retired, Dr Jim Goddard was a senior lecturer in social policy at the University of Bradford and has been chair of the board of trustees of The Care Leavers Association since 2010. www.careleavers.com

The review author was reviewing their own copy of this book



Received: 02/09/2024

Accepted: 02/09/2024

Keywords:

Foster care, Scotland

DOI:

<https://doi.org/10.17868/strath.0090996>

Book Review

Foster

By Claire Keegan

Publisher: Faber & Faber

ISBN: 9780571379149

Year of Publication: 2022

Reviewed by: Samantha Fiander

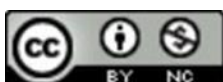
Communications and Engagement Lead, CELCIS,
samantha.fiander@strath.ac.uk

On one of the bank and public holidays afforded to us in Scotland in May I read the short story *Foster* by Claire Keegan. Not having read the acclaimed *Small Things Like These*, I was new to the work of this Irish writer and confess that I was simply in search of something to read on a spring afternoon sat outside having taken some much-needed time to myself.

The premise of a young girl staying with relatives for a summer while her mother is due to give birth to another sibling seems simple enough. And yet, this is a tale of care, the said and the unsaid, of love, loss, community and the bonds that develop between children and adults through relationships. I could not have been more transported to the scenes and emotions of the story had I embodied a character myself. Seen through the perspective of the child, the reader navigates how as children we begin to realise how families, adults, children and communities can be different, how we learn from others, and the values and lessons we become exposed to.

It's a relief that the author herself did not heed these otherwise wise words of one of Keegan's characters: 'Many's the man lost much just because he missed the perfect opportunity to say nothing'. *Foster* is a true demonstration of the art of good short story writing. Keegan says everything. To convey such depth reminds us that fewer words can have much more power and impact than more.

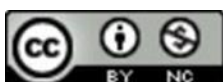
Whatever time you're able to set aside, these 88 pages will be time very well spent.



About the reviewer

Samantha Fiander is the Communications and Engagement Lead at CELCIS, the Centre for Excellence for Children's Care and Protection and has a keen interest in storytelling, language, framing, reframing and representation.

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



Received: 12/09/2024

Accepted: 26/09/2024

Keywords:

Social work, families, enlightenment, rights-focused practice

DOI:

<https://doi.org/10.17868/strath.0090997>

Book Review

The Enlightened Social Worker: An Introduction to Rights-Focused Practice

By Donald Forrester

Publisher: Bristol University Press

ISBN: 978-1-4473-6767-3

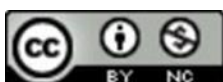
Year of Publication: 2024

Reviewed by: Aleksandra Jadwiszczok

Justice Social Worker, North Lanarkshire Council,
jadwiszczoka@northlan.gov.uk

In *The Enlightened Social Worker*, Forrester skilfully pulls together the themes of conflict vs rights, a dilemma which so often occurs within social work practice and explains not only the complex nature of social work but also the significance of the humanistic part of our work, which directly interlinks with person-centred care as the quintessence of social work practice. The book also explores the complexity of social work practice and a relationship between working to uphold service users' rights and the instances where these rights can become conflicted, demonstrating that it lies within a social worker's role to resolve these conflicts. Therefore, there is a need for social workers to understand human rights and the significance of these being upheld. At the same time, social workers must consider and value service users' views in their practice and must often look beyond the helping part of the profession, as they carry out assessments and weigh up the options available in order to reach the most feasible decisions.

The book concentrates on working with families, but Forrester leaves the discussion open for other professionals and social workers who work in other fields, which can be observed as an invitation to further exploration and discussion on the topic of rights-focused practice. As a newly qualified social worker who now works within the justice field, I could not help but notice the significance and value of rights-focused practice and its complexity. Individuals who are involved in the justice system are often stigmatised and their voices omitted, and *The Enlightened Social Worker* discusses stigma and inequality in terms of individuals being marked as deserving or undeserving of rights, help and support, in the same way that families with social work involvement can be labelled as not good enough parents/carers. This can often be the time when



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)

celcis.org

hostility towards social workers is born, because people do not want the stigma of having a social worker in their life, which can form a major barrier to engagement.

Forrester describes this issue in great detail throughout the book, and mentions the hardship and ethical dilemma of helping people who do not want to be helped, or feel too ashamed to receive any form of help, wherein the statutory nature of social work interventions forces them to engage. This uncomfortable aspect of social work with respect to the conflict resolution required in practice often compels social workers to look beyond individuals' needs in order to allow themselves to explore and understand their perspectives while simultaneously working in line with the policies and procedures set by the organisations they work for. They are expected to advocate for the individuals they work with and to resolve the arising conflicts in a humane and person-centred manner.

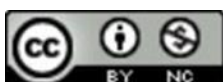
Forrester provides an account on what rights-focused practice means for contemporary social work and how it relates to the profession. There are also plenty of practice examples offered to prompt the reader's understanding of the theoretical basis of practice.

Overall, I would highly recommend this book to any newly qualified social worker, as it provides an insightful message to practitioners and allows them to build confidence around working with conflict, explaining how it should be approached. Most importantly, the book prompts the realisation that working with conflict is an everyday occurrence within any social work field, and social workers' ability to skilfully navigate conflict and to encourage individuals towards positive outcomes is a skill in its own right, which is what makes social work practice unique.

About the reviewer

Aleksandra Jadwischczok is a newly qualified social worker who recently started a new post in a justice social work team, where she works with male offenders. Aleksandra also has previous experience in working with refugees and survivors of domestic abuse. Her main areas of interests are criminology and the effects of adverse life experiences and trauma on individuals' involvement in criminal conduct.

The publisher (Bristol University Press) supplied a copy of this book for review.



Received: 29/07/2024

Accepted: 19/08/2024

Keywords:

Residential care, mental health, care system, care experience

DOI:

<https://doi.org/10.17868/strath.0090998>

Book Review

The State of It: Stories from the Frontline of a Broken Care System

By Chris Wild

Publisher: John Blake Publishing Ltd

ISBN: 1789463904

Year of Publication: 2021

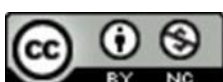
Reviewed by: Khutso Ranato-Dunbar

Doctoral Researcher, The University of Strathclyde,
khutso.dunbar@strath.ac.uk

The State of It is a clarion call from the frontlines of a care system in need of urgent change. The author, Chris Wild, is a care experienced campaigner, advocate and care sector professional. He leverages his own personal story of growing up in care in England from the age of 11 alongside the heart-breaking accounts of many young people he encountered along the way, both as a resident and later a professional in the sector, to call attention to how the system is broken, and suggesting ways in which it can be fixed.

In reading this book, I found myself simultaneously gripped and repelled. Gripped by Wild's adept storytelling which transports the reader into the private worlds of young people whose tragic life trajectories have led them into a 'care' system with rampant carelessness; where they can encounter neglect, physical, sexual and emotional abuse and their experiences often leave them with more harm and trauma than they came in with. Repelled by the fact that this Dickensian scenario is not mere storytelling but a factual account of the real lives which have been shattered by the systemic and multifaceted failings of the care system in modern-day Britain. Wild tackles the old perennial issues, such as scarce resources, alongside new ones, like county lines drug gangs, with a sensitivity to the intersectional challenges that young people coming into the system face, discussing how gender, ethnicity, age, immigration status and disability confluence to create added struggles for the various young people, and how the system is ill-equipped to cater to these nuances.

The lived experience accounts give this book its weight and urgency, and Wild's advocacy for the voiceless is compelling. He prefaces the book by telling his own



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

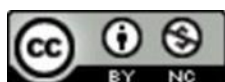
ISSN 2976-9353 (Online)

celcis.org

story, which is punctuated by poverty, misfortune and rebellion contextualised by a decline in public funding of services across the board. These are recurring themes in the book, but poverty looms large as a factor which undergirds and precipitates the lives of children in care. Wild traces the failings within the system itself predominantly to government cuts, which have led to insufficiencies in staff training and pay, as well as inadequate provision of mental health services and other vital necessities such as actual accommodation. Wild points to an overwhelmed system which cannot meet demand and has resorted to over-reliance on semi-independent homes which young people can move into after the age of 16. These are commercial and privately run homes which are unregulated and often focus on profit as their bottom line, which means that children are seen as a business. The system is also criticised for failing to prepare children for the future. The 'care cliff', when a child turns 18 and is expected to leave care and make their own living arrangements, is a terrifying time when vulnerability to homelessness and exploitation increases because affordable homes are scarce and young people do not have the skills and means to support themselves.

The book can at first glance seem unbalanced, with disaster at every turn and the only good news told being of those who succeed despite the system rather than because of it. However, Wild purposefully picks stories which highlight the failings of the system to reveal the real human cost of our collective inaction as a society to safeguard some of our most vulnerable children. The book is unapologetic in its exposition of the historic and ongoing disdain of children in care as well as reporting on a long mismanaged and underfunded system that is buckling under pressure. To dispel despondency at 'The State of It' all, Wild makes four key recommendations; better funding, more regulation, more staff, and greater accountability. Although his recommendations are targeted at the care system in England, these are measures which could improve children's experiences in many countries. In the book, Wild goes into greater detail about exactly how these recommendations could be implemented to save the system.

Although brilliantly written, this book is not an easy read. Wild is quite matter of fact in how he sheds light on the dark underbelly of our society, where vulnerable children fall prey to exploitation by drug gangs and sexual predators, are let down by their designated carers, and are burdened by stigma and shame in an 'ill-formed and mismanaged' system - leaving little room for successful futures, where those who make it do so against the odds. Adverse mental health, substance abuse and deaths of despair are a common fallout of this failed system and Wild talks with great empathy and compassion about those he has known and lost personally, the many unaccounted, as well as his own struggles with all of the above. The reader is left intentionally uncomfortable, if not outright disturbed, with the aim of being galvanised into action. Wild's message is clear: 'The system is in a state. It is broken and it has to change.'



About the reviewer

Khutso is a public health and health policy doctoral researcher in the department of social work and social policy at the University of Strathclyde. Her work focusses on the intersection of poverty and mental health inequalities within marginalised communities. Khutso has a multidisciplinary background in law, philosophy and psychology which she combines to critically interrogate social issues. Her overarching research interests are in exploring how race and gender inform mental health outcomes, socio-economic standing and lived experience in general, as well as evaluating policy as a site for social justice.

The Scottish Journal of Residential Child Care supplied a copy of this book for review.



Received: 04/11/2024

Accepted: 04/11/2024

DOI:

<https://doi.org/10.17868/strath.0091066>

Obituary

Frank Ainsworth

1937 - 2024

Leon Fulcher

Join me in remembering Frank Ainsworth, whom I met in the early 1970s at a conference in Aberdeen. Frank became one of the first university-based advocate of residential child care and residential social work in Scotland following his appointment as a Lecturer in Residential Child Care and Social Work at the University of Dundee. Entry to university teaching followed a professional journey through adult corrections where Frank was closely engaged in Borstal training and the development of community group homes for young offenders. After Dundee, Frank was appointed to the Central Council for Education and Training in Social Work (CCETSW) as UK advisor on residential care practice as part of social work. In this role Frank advanced the transition of specialist courses in residential care into mainstream social work education.

In 2021, the *Scottish Journal of Residential Child Care* published a personal summary of policy and practice themes around which Frank worked as a UK and International Social Work Educator (Frank Ainsworth (2021) A Personal Reflection: In for the long haul <https://pureportal.strath.ac.uk/en/publications/a-personal-reflection-in-for-the-long-haul>).

As a critical thinker, Frank left us with creative insights that have aided the development of residential child and youth care as a professional domain of practice. Check out a detailed summary of Frank's professional work internationally as summarised by Elizabeth Fernandez (2024) Remembering Dr Frank Ainsworth. [https://childreinaustralia.org.au/journal/article/3029/Children Australia](https://childreinaustralia.org.au/journal/article/3029/Children_Australia), 46(1), 3029. doi.org/10.61605/cha_3029).

Important Scholarly Contributions

Some of Frank Ainsworth's important contributions to the literature on residential child and youth care include:

- Conceptualisation of group care policy and practices



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)
celcis.org

- Advocacy for Family Oriented Group Care where family members participate in learning to care for their young people.

Remembering Frank

Many will remember Frank as someone who spoke his mind. Frankly speaking, we all benefitted from his, at times, acerbic commentary. One of the perhaps lesser-known facts about Frank was that he once stood as a Tory candidate for Bromley Regional Council. He also completed an apprenticeship in printing through his family's stationery and printing business. In that capacity, Frank learned to read print upside down making it important for the rest of us not to leave letters or reports on a desk anywhere as Frank could from almost any angle read such material were he so inclined!

Residential child and youth care is the long-term beneficiary of Frank's unsuccessful political career, and his international career moved across the human services. Thank you partner, Pat Hansen, for helping to make Frank's later years, happy years! We already miss you, Frank. Thanks for the memories!



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

ISSN 2976-9353 (Online)
celcis.org