Received:
31/08/2026
Accepted:
09/10/2026

Keywords:
Identity, bravery, attunement, risk-enablement, Scotland.

DOI:
https://doi.org/10.17868/strath.00097676

Short Article

Bravery, attunement, and belonging in care

Diane Cafferky

Abstract

This article describes Lochend's journey in developing a culture of bravery, attunement, and risk enablement, exploring what this has meant for both the young people living there and the caregivers supporting them. It considers how creating a safe, nurturing, and attuned home has supported young people to develop their identity, relationships, communication, autonomy, and sense of belonging. Central to this journey has been a shift away from a culture primarily focused on managing risk and restriction towards one that asks what might be possible through relationships, understanding, and thoughtful risk enablement.

The article also explores the impact of this change on the caregivers. Through emotional containment, reflective practice, supportive leadership, and increasingly attuned relationships with the young people, staff developed greater confidence in their professional judgement and in their understanding of what it means to provide good care. Practical examples demonstrate how this developing confidence contributed to reductions in restrictive practice and created greater opportunities for communication, choice, and participation in community life.

The experience at Lochend suggests that change is reciprocal. As young people have developed greater confidence, autonomy, relationships, and opportunities to belong, caregivers have also developed confidence,

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

professional identity, purpose, and belonging within their team. The article reflects on the importance of creating organisational cultures in which both young people and caregivers feel safe, valued, and supported, enabling them to develop together.

Introduction

Lochend is a home supporting two young people with additional support needs. Both young people had previously experienced restrictive practices which had impacted their opportunities and life experiences.

Lochend set out to create something different.

The home adopted an approach centred on attunement, emotional containment, and risk enablement, alongside a commitment to rights, relationships, and the belief that young people should be supported to live meaningful and fulfilling lives.

However, this journey has not only changed the experiences of the young people. It has also changed the people providing their care.

This article reflects on how working within an attuned and risk-enabling environment influenced caregiver identity, confidence, relationships, and belonging. It considers how staff moved from seeing their role primarily through the lens of managing risk towards understanding themselves as relationship builders, advocates, and enablers of possibility.

This has been an important learning point for me as a registered manager. I have come to recognise that when we ask staff to support young people differently, we are also asking them to understand their own role differently. This aligns with Steckley's (2010b) reflections on residential child care practice, in which she highlights the importance of bringing practitioners' knowledge into more explicit focus, through reflection, research, and discussion. Steckley suggests that this process can strengthen practitioners' confidence, their ability to articulate their practice, and the professional identity of the sector. At Lochend, we have seen a similar process: as staff have reflected on their experiences and developed a deeper understanding of the reasons behind their practice, they have also developed greater confidence in who they are as caregivers.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Changing practice is therefore not simply about introducing new approaches or procedures. It is about creating the conditions in which caregivers themselves can develop, reflect, and feel safe enough to practise differently.

Creating a home and a culture of care

Lochend was a new home with a new staff team, supporting two young people that we were just getting to know, so the first step was to create a home that felt safe, stable, and nurturing.

A team was recruited around the individual needs of the two young people, recognising that effective care begins with understanding the person rather than simply responding to their support needs.

Staff received training in trauma-informed and needs-led care, with an emphasis on attunement and enablement. The management team also undertook trauma-skilled training, recognising that caregivers themselves need to feel understood, supported, and emotionally contained if they are to provide emotionally safe care.

This understanding was influenced by Steckley's (2010a) work on therapeutic containment and holding environments in residential child care. Steckley argues that containment is relevant not only to direct practice between caregivers and young people, but also to the indirect processes through which staff themselves are supported. For care to be containing for young people, the organisational environment surrounding caregivers must also provide opportunities for staff to process difficult experiences, manage anxiety, and continue to think reflectively about their practice.

The culture of Lochend was intentionally shaped around being safe, loving, brave, and rights-respecting. This required staff to look beyond behaviour and risk and instead ask:

What is this young person communicating?

What matters to them?

What can they achieve?

What can we change to make this possible?

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

These questions began to change not only how staff supported the young people, but how they understood their own role. Staff were not simply working in the same house but were becoming part of a shared culture of care, a distinction which became increasingly important.

A culture cannot be created through policies alone. It is created through everyday interactions: how staff speak about young people, how uncertainty is discussed, how incidents are reflected on, how successes are recognised, and through genuine curiosity.

For us, culture therefore became something that was lived rather than simply stated. The values of being safe, loving, brave, and rights-respecting had to be visible in everyday decisions, particularly when staff were faced with uncertainty or situations in which a more restrictive response might previously have felt safer. This meant developing a culture where staff could ask questions, where reflection was valued, and most importantly where the team together answered these questions.

Becoming brave together

For the young people moving into Lochend was carefully planned, with staff working alongside families, external professionals, and health services to understand their needs, communication, and experiences.

The early stages inevitably brought uncertainty, with moments of dysregulation, fear, and challenge. This required resilience, patience, flexibility, and courage. Listening to the team and making adjustments to transport, staffing, and routines helped remove barriers, create predictability, and build confidence.

The team were keen to support B to experience more opportunities in the community, particularly as their previous experiences had been limited by restrictions. One of the first opportunities the team wanted to explore was supporting B to visit a local park. However, there were understandable concerns that B might leave the park and move towards nearby roads. This risk had previously been a barrier to them accessing this type of experience.

Rather than allowing this concern to result in another restriction, the team discussed openly how the experience could be made possible while managing the identified risks. Staff considered who had the strongest relationship with B and who had greater experience and confidence in risk

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

enablement. Practical contingency plans were also put in place. The larger vehicle that B was most comfortable travelling in was made available, while a third member of staff remained available with a second vehicle should additional support be required.

The environment itself was also considered carefully. Staff identified a park that was enclosed by fencing, with the entrance positioned away from the nearest road. The closest road had a 20-mph speed limit and relatively low levels of traffic. Staff had access to high-visibility clothing if required, and B wore bright clothing so that they could be easily seen.

This dynamic approach to risk assessment allowed the team to consider the whole experience rather than focusing solely on what might go wrong. The aim was not to remove risk completely, but to consider how it could be understood and managed in a way that enabled B to have fun, access the community, and experience an ordinary part of life.

Importantly, the learning extended beyond this single visit. Having worked through the risks together and developed practical strategies to manage them, staff were able to draw on this experience in planning future community activities. It increased confidence within the team and demonstrated that risk enablement was not about being less concerned with B's safety but about thinking more carefully and creatively about how safety and meaningful life experiences could exist alongside one another.

For staff, bravery did not mean taking unnecessary risks. It meant being encouraged and supported to consider what might be possible rather than allowing fear to define what was permitted. This represented a significant shift in caregiver identity.

The question moved from:

'How do we prevent something going wrong?'

towards:

'How do we support this young person to experience a meaningful life?'

This shift was not always comfortable. For staff accustomed to environments where managing risk can feel linked with keeping someone safe, enabling risk could create uncertainty. It required staff to trust

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

relationships, develop professional judgement, and accept that good care does not always mean preventing difficult or unpredictable experiences.

Strong teamwork, emotional containment, and reflective practice became essential. Staff needed opportunities to discuss uncertainty, learn from difficult experiences, and remain consistent when their confidence was shaken. Bravery therefore became something the team developed together.

This reflects Steckley's (2010a) findings that residential child care practitioners themselves require containing organisational processes. Supporting a young person through distress or uncertainty places emotional demands on caregivers, and the capacity to remain thoughtful and relational can be affected when staff themselves feel overwhelmed or unsupported. Containment at Lochend therefore became relevant not only to how staff responded to young people, but also to how the team supported one another.

This was not about expecting individual caregivers to take risks alone. It was about creating a professional environment in which responsibility was shared and staff could support one another to think beyond fear.

From risk management to relationship

A key focus at Lochend has been the gradual and safe reduction of unnecessary restrictions. Risk enablement and care plans were reviewed regularly, allowing the team to consider whether restrictions remained necessary and proportionate. We observed a significant reduction in restrictive practices for both young people.

This approach is consistent with wider work on reducing restrictive practice in residential child care. Steckley (2010a) argues that understanding distress through the concepts of therapeutic containment and holding environments can contribute to reducing, and where possible eliminating, the need for physical restraint. More recent work by Steckley et al. (2023) has similarly explored the factors that support successful 'holding' of young people in distress and the reduction or elimination of restraint within residential child care settings.

One of the most significant reductions in restrictive practice has been in the use of physical restraint. When B becomes highly dysregulated, they can harm themself and there can also be a risk of significant injury to

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

staff attempting to support them. When B first came to live at Lochend, there were occasions when physical restraint was used to manage these situations safely.

Over time, however, as staff became increasingly attuned to B's needs and non-verbal communication, they developed a greater understanding of their individual triggers and signs of escalation. Importantly, staff also became better able to recognise when B needed support and when intervention could increase their distress. Through reflection and experience, the team began to recognise that, at times, the most effective response was to give B the space and time to regulate while remaining close enough for them to know that staff were still available and emotionally present.

This learning led to a practical change within the physical environment of the home. An additional door was installed near the stairs, creating a space where staff could safely move behind the door when necessary, without restricting B's movement. Its location meant that staff could continue to see and communicate with B while allowing them the physical space they needed. Maintaining this connection was particularly important, as B could continue to experience staff as present and available while being given the opportunity to self-soothe and return to their baseline in their own time.

Following the introduction and ongoing review of this approach, there has been a significant reduction in the use of physical restraint, as well as in injuries to staff. The team responded positively to the change and continued to reflect on how it could be improved. Staff themselves identified that the door could be made more accessible through fob access, which was subsequently introduced.

For the team, this became an important example of how reducing restrictive practice did not mean reducing safety. Instead, it required a better understanding of B, thoughtful changes to the environment, and confidence in responding differently. Staff reflected that giving B space and time to self-soothe, while remaining close and emotionally available, appeared to help them feel contained without the need for physical intervention. The experience strengthened staff confidence in attunement and relational approaches and demonstrated how understanding the person behind the behaviour could lead to safer and less restrictive care.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

However, the numbers alone do not tell the whole story. Reducing restrictions required staff to develop confidence in their relationships with the young people and in their own professional judgement. It required them to tolerate uncertainty and recognise that meaningful lives inevitably involve some degree of risk.

The shift was therefore not simply from more restriction to less restriction. It was a shift in thinking. Staff were no longer primarily positioned as people whose responsibility was to prevent things from happening. Increasingly, they saw themselves as people who could make things possible.

This is where the reduction of restriction also became connected to professional identity. Staff were not simply learning a different procedure for assessing risk; they were developing a different understanding of what good caregiving looked like. Reflection enabled the team to question previously taken-for-granted assumptions about safety and restriction, a process that resonates with Steckley's (2010b) discussion of bringing tacit practice knowledge into explicit understanding.

The caregiver role began to move from controlling risk to enabling life. Risk remains part of our responsibility. We do not ignore it, minimise it, or become reckless. Instead, we ask whether the restriction is necessary, proportionate, and genuinely in the young person's best interests, and whether there is another way of achieving safety while preserving choice, dignity, and opportunity.

In practice, this has meant considering not only 'What could go wrong?' but also, 'What might this young person miss if we say no?' This question has changed our practice.

Attunement: Seeing the person

One of the most significant areas of development has been communication. With patient and consistent support, one young person progressed from very limited verbal communication to using words, spelling, and memory strategies with increasing confidence.

When B first came to live at Lochend, they had very limited verbal communication. At times, this appeared to cause B frustration, particularly when they were unable to communicate to staff what they wanted or needed. As staff became more familiar with B and their

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

individual communication preferences, they began to recognise that B was already finding their own ways to communicate, which the team needed to become more attuned to understanding.

One example emerged through B's interest in drawing. When B wanted staff to draw something for them, they would sometimes give staff the colours they wanted to be used. Rather than seeing this simply as B handing them colouring materials, staff became curious about what B might be trying to communicate. They began using the colours as a starting point and, where necessary, photographs to help identify what B was asking them to draw.

Once staff understood what B was requesting, they would draw the picture while repeating the word for the item and encouraging B to say it. When B attempted or successfully used the word, staff responded positively with praise and continued encouragement. The team then developed this further by writing the name alongside the picture, helping B to become familiar with how the word was spelled. Staff also recorded on the back of the picture how B had initially pronounced the word so that other members of the team could recognise and respond consistently to B's developing communication.

What began through drawing gradually became an approach that could be used in other areas of B's everyday life. Staff supported B to develop ways of communicating choices about what they wanted for dinner, activities they wanted to take part in, and other everyday preferences. Over time, B became increasingly confident in using words, spelling, and other strategies to communicate their choices.

This development was significant not only for B, but also for the staff supporting them. As staff became more successful in recognising and responding to B's communication, they developed greater confidence in their ability to understand them. It reinforced the importance of remaining curious rather than assuming an absence of verbal language meant an absence of communication. Staff could see that small changes in how they listened, observed, and responded were creating meaningful changes in B's everyday life.

For the team, attunement therefore became something practical rather than simply a theoretical concept. It meant noticing B's individual ways of communicating, giving meaning to those attempts, and building on them

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

consistently. As B's confidence in communicating grew, so too did the team's confidence in their ability to understand and support the person behind the need.

This was much more than a functional achievement. Communication created opportunities to express preferences, make choices, develop relationships, and participate more fully in everyday life.

As staff became more attuned to these forms of communication, they were able to know the young person differently. The young person became increasingly understood through their personality, interests, preferences, and strengths rather than primarily through their support needs.

This also transformed the caregiver relationship. Staff were no longer simply responding to needs but becoming people who were attuned to the person behind the need. In turn, the young person's communication gave staff opportunities to discover more of who they were. Each new word, preference, interaction, or achievement became another way to see the individual.

This has been one of the most powerful lessons for the team: attunement is not simply a technique, rather it is a way of relating. It asks the caregiver to remain curious. Instead of assuming that we know what a behaviour means, we ask what the person might be communicating. Instead of deciding what someone cannot do, we ask what support might make it possible.

This relational understanding also connects with Steckley's work on containment. Containment requires more than controlling behaviour; it involves receiving and making sense of communication, including communication expressed through distress, and responding in a way that helps the young person to feel understood and supported (Steckley, 2010a). For staff at Lochend, becoming more attuned therefore involved developing the confidence to remain curious about what lay behind behaviour rather than responding only to what was immediately visible.

That change in perspective can be transformative for both the young person and the caregiver.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Belonging for young people and staff

Both young people have developed greater participation within their local community, with one joining local groups where they can express their interests and identity. These experiences provide opportunities not simply to be present in the community, but to belong within it.

Prior to coming to live at Lochend, T had experienced social isolation but was very keen to develop friendships and feel part of a peer group. This could be difficult for T due to the social anxiety and challenges in understanding some social norms associated with their diagnosis.

As staff got to know T, they developed a better understanding of their interests, strengths, and what was important to them. Rather than simply identifying an activity for T to attend, staff looked for an opportunity that reflected these interests while also considering the support T might need to feel comfortable and included. This led to the team identifying a local community group that was suited to T's interests and support needs and offered opportunities to meet and engage with peers.

Staff discussed the group with T and encouraged them to consider attending, while recognising that a new social environment could potentially feel overwhelming. The team therefore planned for the possibility that T might become overstimulated or decide that they wanted to leave. A member of staff who had developed a strong and trusting relationship with T initially attended alongside them, providing reassurance and support while allowing T the opportunity to engage with the group as independently as possible.

T attended and successfully engaged with both the other young people and the activities available within the group. This positive experience helped build T's confidence in being part of a social environment and supported them to continue attending the group on a weekly basis.

For staff, the experience reinforced that community participation is about more than simply being physically present in the community. By understanding T's interests, anticipating potential barriers, and providing the right level of relational support, staff were able to create the conditions in which T could begin to experience genuine belonging. Importantly, the aim was not to remove every potential difficulty before T

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

participated, but to provide enough support and reassurance for them to try the experience for themselves.

Seeing T engage successfully also increased staff confidence in supporting further opportunities. It demonstrated how knowing the young person, understanding what mattered to them, and taking a thoughtful approach to potential risks could open opportunities that social anxiety and previous isolation might otherwise have limited.

Belonging is relational. It develops through being recognised, welcomed, and valued. The same principle can be seen within the caregiving team, where staff have developed stronger relationships with each other, the young people, families, and the wider community. Through shared experiences and achievements, their professional identity has become increasingly connected to purpose, pride, and belonging.

This relationship between reflection, confidence, and professional identity is reflected in Steckley's (2010b) discussion of residential child care practitioners becoming increasingly reflective and articulate about their work. At Lochend, professional identity developed through lived experience: staff saw what became possible for young people, reflected together on those experiences, and increasingly understood the value of their own relational practice.

One staff member reflected:

> At first, I was apprehensive, but seeing the progress and achievements has made me proud to be part of this team. The young people here are safe, loved, and thriving.

This reflection captures an important part of the journey: a movement from apprehension towards confidence, purpose, and belonging. The experience of staff has mirrored, in some ways, the experience of the young people.

As the young people have been supported to develop confidence, express themselves, and experience greater freedom, staff have also developed confidence in themselves and in one another. The relationships within the home have thereby become reciprocal. The young people are not simply the recipients of a model of care, but have influenced the people caring for them, challenged assumptions, and helped staff to develop a more nuanced understanding of what good care can look like.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Family and shared relationships

Families and professionals have also recognised changes, both in the young people and in the environment of the home.

One family member captured the significance of the transformation by saying:

> We could not be happier with the level of care that B receives at Lochend. All of their needs are met and now the staff know them so they often anticipate their actions or know what they are going need. B has a great relationship with the staff as well it's lovely to see. The staff team, work round the clock to ensure a comforting home environment. It is not seen as a care facility. It is seen as B home and it really feels that way when your there. The staff at Lochend are not there for the money. They are there for the children. Many in the care industry are there for a career. The staff at Lochend are there because it is their calling and I cannot convey how blessed we feel that this wonderful team of people are there to care for and love B when we can't be. We are so grateful to all of them.

Also:

> You gave me my B back.

T's family stated:

> We are happy with everything for T, staff are fab as always, family time is awesome now.

These statements illustrate that the impact of care extends beyond the relationship between young person and caregiver.

For staff, hearing feedback of this kind also provided an important opportunity for reflection. It helped make visible the impact of everyday relational care that can sometimes be difficult to recognise while staff are immersed in the demands of day-to-day practice. In this sense, feedback from families became another way in which staff could make explicit the value of what they were doing, thus reinforcing confidence, shared purpose, and professional identity.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

When people are supported to express their identity, develop relationships, and experience greater freedom, it can also transform family relationships and the way others see them.

The creation of a shared goal has helped to build a sense of partnership between families, staff, and professionals. This matters because residential care should not exist separately from the important relationships in a young person's life. Where families, staff, and professionals can work together around the young person's identity, hopes, and strengths, the home can become part of a wider network of belonging rather than simply a place where care is provided.

What has changed for us

Looking back, one of the most significant changes at Lochend has not been a particular outcome or the reduction in a particular restriction. It has been the change in how staff understand themselves.

This can be understood in terms of professional identity development. Staff were not simply acquiring new techniques; through relationships, experience, and reflection they were developing a clearer understanding of what it means to provide good care. Steckley (2010b) describes the importance of bringing tacit practice knowledge into explicit understanding, enabling practitioners to challenge assumptions, deepen their understanding, and become more confident and articulate about their practice. This reflects much of our experience at Lochend.

We began with a strong sense of responsibility for keeping young people safe, and that responsibility remains. What has changed is our understanding of what safety means. Safety is not simply the absence of risk. It can also mean having the confidence to communicate, make choices, build relationships, try something new, and experience ordinary aspects of life.

For staff, this required a different kind of professional courage. We had to become comfortable with uncertainty, trust relationships, and recognise that good care does not always mean preventing difficult experiences. We also had to recognise that staff need care themselves. Emotional containment is not something we can expect caregivers to provide for young people without considering what is happening to the caregivers.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

This is particularly consistent with Steckley's (2010a) argument that both direct and indirect practice need to be containing. If caregivers are expected to receive and make sense of young people's distress while managing their own emotional responses, they also require organisational environments capable of supporting and containing them. Staff need opportunities to process experiences, to be heard, and to reflect. When caregivers feel supported, they are more able to remain curious and emotionally available.

At Lochend, reflection therefore became more than reviewing whether an intervention had 'worked'. It provided space to think about what a young person might have been communicating, how staff themselves had felt and responded, what assumptions may have influenced a decision, and what could be approached differently next time. In this way, reflection contributed both to the development of practice and to the development of the practitioners themselves. This has been an important lesson for me as a manager. The culture we create for staff becomes part of the care experienced by young people.

Perhaps this is one of the clearest examples of containment operating at an organisational level: when caregivers experience relationships in which uncertainty can be acknowledged, difficult experiences can be thought about and responsibility can be shared, they are better placed to offer those same qualities within their relationships with young people.

Final reflections

The Lochend journey demonstrates the power of bravery, attunement, emotional containment, and love. It has also challenged our understanding of what it means to be a caregiver.

Staff began with understandable apprehension. Through training, relationships, autonomy, and shared reflection, they developed the confidence to practise differently. They learned that bravery does not mean ignoring risk but being willing to understand it differently.

They learned that attunement is not simply about responding to behaviour but about becoming curious about the person communicating through it. They learned that enabling someone else's life also requires caregivers to trust their own professional judgement, support one another, and accept that uncertainty is sometimes part of good care. Most

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

importantly, they experienced that caregiving is not simply something they do. It can become part of who they are.

Seen in this way, the development of the young people and the development of the caregivers cannot easily be separated. Relationships changed practice, but practice also changed relationships. As staff became more able to understand and contain the experiences of the young people, they also became more reflective and confident in articulating their own practice. This reflects Steckley's (2010a, 2010b) work on reflection, containment, and the development of residential child care practice.

Our experience at Lochend has reinforced for us that meaningful change is rarely created through one intervention, one training course, or one policy. It is created through relationships, leadership, reflection, and the willingness to keep asking different questions.

The findings of Steckley et al. (2023), which explored factors associated with reducing or eliminating restraint and successful holding in Scottish residential child care settings, provide a useful wider context for this experience. Their work reinforces the importance of looking beyond restraint as an isolated intervention and considering the relationships and environments surrounding young people in distress.

Perhaps the most important question we now ask is not:

'How do we keep this young person safe?'

but:

'How do we create the conditions for this young person to live a safe, meaningful and fulfilling life?'

That question has changed our practice. It has changed our relationships. And, in many ways, it has changed us.

Lochend has therefore become more than a house. It is a place where young people can develop identity, relationships, communication, independence, and belonging, while caregivers develop confidence, purpose, and belonging within their professional community.

Lochend is not simply a place where people receive care.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

It is a HOME.

References

Scottish Government. (2021). *Trauma-informed practice: A toolkit for Scotland*. https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/

Scottish Government. (2024a). *Keeping The Promise to our children, young people and families: Progress update 2024*. https://www.gov.scot/publications/keeping-promise-children-young-people-families-update-progress-2024/

Scottish Government. (2024b). *Social care—Self-directed support: Framework of standards—May 2024*. https://www.gov.scot/publications/self-directed-support-framework-standards-including-standard-descriptor-practice-statement-core-components-practice-guidance-updated-2024/

Steckley, L. (2010a). Containment and holding environments: Understanding and reducing physical restraint in residential child care. *Children and Youth Services Review, 32*(1), 120–128. https://doi.org/10.1016/j.childyouth.2009.08.007

Steckley, L. (2010b). From reflection to understanding & articulation. *SIRCCULAR*, *26*, 13. https://www.celcis.org/application/files/1414/3877/4647/sirccular-2010-issue-26.pdf

Steckley, L., Hollins, L., Deeley, S., & Bettencourt, M. (2023). *An appreciative inquiry into holding in residential child care: Pilot report*. University of Strathclyde. https://strathprints.strath.ac.uk/85908/

About the author

Diane Cafferky is a registered manager with Imagine Care and has been with the organisation for over two years. She has more than 20 years' experience working within the care sector across a range of roles and capacities.

Lochend is a relatively new service, having opened in 2024. Despite its short history, the service has already undergone a full Care Inspectorate

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

inspection and a Promise inspection. Lochend has also been recognised through The Promise and featured twice in Promise in Action, as well as in Together's State of Children's Rights in Scotland report.

diane.cafferky@imaginecare.co.uk

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org