



Centre for excellence  
for looked after children in Scotland

# Claiming, Belonging, Skilling, Caring

Learning Exchange Summit

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## Introduction

Everyone working with children and young people who are looked after aspires to make the world a better place. How to do this is complex and challenging. It requires those working with children and young people to have excellent skills, be insightful in their practice and the ability to make changes where they are required.

Changes in the ways looked after children and young people are being cared for has led to an increase in the most vulnerable children and young people being placed in residential settings in England and Scotland. The intensification of need has highlighted the importance of excellent care which is delivered by committed, trained and supported staff who are able to maintain relationships with young people for as long as necessary. In turn, a commitment to positive, caring relationships, which ensures that children and young people feel cared for and gives them a sense of belonging, has consequences for the kind of care we provide.

This report is a summary of a Learning Exchange Summit held on the 14<sup>th</sup> November 2013 in Edinburgh which provided a reflective space for those involved in residential care as policymakers, practitioners and researchers to meet together and share learning.

The Summit was jointly organised by the Centre for Excellence for Looked after Children in Scotland (CELCIS) and Jenny Molloy of Hackney Child Consultancy. The impetus for the Summit came from Jenny Molloy's contribution at the 2013 Scottish Institute for Residential Child Care (SIRCC) annual conference. Jenny's insights provoked a powerful response among participants and encouraged CELCIS and Hackney Child to bring together learning from both north and south of the border.

The aim of the Summit was to explore residential child care in Scotland and England and consider how we can make improvements in what we do, wherever we work. It brought together participants from Scotland and England from government, national bodies, services and academics with an interest in residential child care.

## Summit themes

The Summit was an invited event with both presentations and opportunities for in-depth discussion. This report profiles key messages from the event including contributions from speakers, comments from participants and feedback from group discussion. It reflects participants' ambitions that this was the beginning of a dialogue which aimed to build on our collective experience across the UK in order to make sure that our care for children and young people is the best it can be.

The Summit explored four main themes:

### Claiming

What does 'claiming' mean to us and what does this mean for the children and young people we work with? How do we 'claim' the children and young people who live in residential child care?

### Belonging

How can we give children and young people a feeling of belonging, even when they leave residential child care? How can we make sure that they know they will always have a place to return to?

## Caring

How do we care for children and young people in residential care? How are relationships developed and maintained? How do we express emotions like 'love' within the sector?

## Skilling

As a sector, what skills do we need and what tools do front line staff and managers require to ensure that children and young people are looked after emotionally, mentally and physically? How can we build confidence within residential child care staff?

# Messages from speakers

## Welcome by Jennifer Davidson, Director, CELCIS

CELCIS developed from the work of the Scottish Institute for Residential Child Care (SIRCC) which was established to improve the experiences of young people in residential care in Scotland. This aim has now widened and evolved to a focus on all children and young people who are looked after. CELCIS provides an inclusive space which allows people to explore different approaches to care in order to meet children and young people's needs.

Ensuring that there is a community of practice is very important for those working in or influencing residential child care. Our work has shown that it is fundamental that residential child care staff have a level of skill and theoretical understanding in order to work with highly vulnerable children and young people. It is important to develop professionalism and professionalisation so that children and young people can be cared for in the best possible way. We believe that residential child care is the best place for some children and young people to live as long as their needs are met by services.

## Minister for Children and Young People, Aileen Campbell, Scottish Government

The Scottish Government aims to provide a safe, nurturing and stable environment for children and young people. The aspiration of government is that Scotland is the best place in the world to bring up children. We recognise that we need to be ambitious for our most vulnerable children and young people.

The Scottish Government launched several new initiatives for looked after children and young people and care leavers in late 2013 with relationships, connectedness and love being constant themes along with the importance of stability and positive relationships. Alongside these areas, we also need to articulate the importance of listening to children and taking action on what they say.

In the past there was a common misconception that residential child care was a place of last resort. Young people in residential child care were stigmatised and undervalued. There was a need for a culture change and for stronger support for those working in residential child care. This work is now inspirational with the warmth and commitment of staff matched with better planning and more effective approaches.

## 'Is the word 'care' in the 'care system' a big enough clue?'

### Jenny Molloy, Hackney Child Consultancy

Jenny Molloy's work has emerged out of her own experience in residential care and the need to influence change for the better for children in care today.

Children and young people in residential care go missing and their absence is not being adequately investigated and followed up. Children and young people are being failed and their opportunity to thrive is not being well enough supported. This leads us to ask 'Is it really acceptable for your care leavers to be

surviving not living?’ Participants were invited to the Summit ‘for our children who we should be claiming as part of our care system’.

## Children’s Commissioners

The Commissioners for Children in England and Scotland provided inputs via pre-recorded contributions.

**Dr Maggie Atkinson, the Children’s Commissioner for England**, asked what we should want for our children. Children want to be cared for and nurtured. Older young people who have to leave care need someone to pick up the phone and be there. The systems are different across the borders but we need to share knowledge and what really works with a generosity of spirit.

**Tam Baillie, the Children’s Commissioner for Scotland**, emphasised that we want the highest standards and the highest quality of practice in our care for looked after children and young people. There are rich opportunities for learning. Pilot studies using social pedagogy in England have been helpful for thinking about different approaches to care. Bringing together practitioners and policymakers contributes to an emerging community of practice.

## John Diamond, National Centre Alliance

Residential child care works closely with the pain and trauma of the most vulnerable children. In our cross-cultural work, we need to attend to the strong feelings of ‘hope and despair’ of children and young people. We need to do something, having heard young people’s distress and acknowledge that we have to work in a relational model of practice that is attachment and trauma informed.

Creating a community of practice is very important not only for sharing what we do but also as a mechanism for containing and reflecting on difficult feelings and converting this into responsive practice. We need to challenge the discourse that residential child care is dangerous and ensure that we cater for children and young people’s social and emotional needs in our caring communities. To do that, however, there is a vital need for high quality reflective models of training, supervision and consultancy for residential child care staff.

The new ‘National Centre’ represents an alliance of practitioners and academics - an ‘institutional base’ to support the dissemination of best practice and research to meet the needs of children and young people across the care sector.

## Structure of report

The following sections summarise participants’ discussions of the four Summit themes. They may not reflect the views of all participants nor are they an exhaustive reporting of the rich explorations during the Summit. However, the report aims to reflect significant issues that emerged during the day.

### Claiming: How do we ‘claim’ the children and young people who live in residential child care? How do we hold and protect the children and young people in our care and what does this mean for them?

Residential child care is about ‘caring’. It is often a difficult task that does not always feel successful but it does involve an ongoing commitment to children and young people in care. There is a great variety of practice in residential child care some of which is excellent and some not as good as it should be. In both countries there is a dominant view from policymakers that adoption should be a key goal for children

and young people who are looked after. This tends to diminish and devalue the merits of, and place for, permanence in residential care.

The residential sector in Scotland has benefited from a growing sense of its own professional identity with a shift from a 'care and control' model of care to a more developmentally informed approach. It has begun to reclaim caring for young people in residential settings as its own, having been on a journey from 'intuition' (this appears to work) to 'insight' (we understand why it works). Responding to past criticism, residential child care has come out fighting for children and young people in their care. In spite of this progress we believe there is still more to do in both Scotland and England.

A philosophy of care, based on the importance of relationships, is essential for residential care. It needs to be informed by fundamental principles, such as compassion and empathy. We need to better communicate our models of practice to those we work with and to communities. A philosophy of care should be clearly understandable by even the youngest child resident in the home and should help staff to make professional judgments.

Alongside this, we need to reclaim the positive benefits of living and working in a group setting. Concerns about ensuring that individual needs are met have meant that we have lost sight of the positive power of the group as an agent for change.

There are many different types of residential child care and the question about quality should be individualised to 'what does this home do well'. There is an obligation to promote the best practice, as professionals. We must ask 'how we can do it' rather than 'why we cannot do this'.

We have to ask if the systems and ways in which residential child care is set up are conducive to providing the right kind of care. This includes how we hold on to children and young people through the really difficult times, and continue to give them a message that they are claimed by residential staff, that they belong, and that they are cared for.

There is a potential cost to young people when they realise that the care and commitment offered by trusted adults could stop, especially as they leave care. We know that several suicides in care leavers occurred shortly after leaving an apparently positive residential placement. If, however, we expect adults to make a longer more personal commitment, how do we support them? It was noted that in Highland region in Scotland the authority have made significant progress in claiming care leavers. It was suggested that this was linked to the developmental work arising from the Pathfinder Getting it Right for Every Child (GIRFEC) programme.

At the same time how do we support staff to claim children and young people as part of their practice? It is complex to work in this way, recognising that the current 'professional boundaries' which restrict levels of involvement, contact and continued involvement have emerged as a response to the identification of abuse in residential care.

In order to feel claimed and to have a sense of belonging, children and young people need to be properly known and understood. Many staff still do not understand the importance of a child or young person understanding his or her history and identity. Remembering and acknowledging the important aspects of children and young people's relationships and history should be lived "life history" work rather than just the creation of books and boxes.

### **Children and young people's needs**

Every child and young person needs to know that someone cares about them in the home. Children's rights have helped to improve practice, especially in a legal context.

Any model of care should be developmentally informed and recognise that children and young people's needs and capacities change over time. Children and young people's development may be patchy because of the many adverse experiences they may have had. They may behave or respond in ways that are not congruent with their chronological age. There was a plea for those involved in children's lives to recognise that much of young people's behaviour was normal, not pathological. For example, the 'Every second counts' model of the organisation Spark of Genius explores the belief system of young people and helps them see links with their behaviour.

There is anecdotal evidence that children and young people are being encouraged to do well at school and to think about going onto further and higher education. For example, one university is running innovative events for looked after children who are aged 12 to 15 years with inputs from poets and people who have been in care to talk about different kinds of university courses.

Recent research on educational attainment in different settings shows that residential education is doing well and matching foster care in terms of young people's attainment. However, we should also be noticing, recognising and celebrating other achievements. Overall, attention needs to be given to the importance of literacy as a passport for life.

In some instances, private residential child care providers who have had difficulty in keeping children in mainstream schools have started their own small schools with individualised education programmes.

Where independent sector providers are based on a venture capital model, there is a real danger that financial motives rather than children's needs becomes the overriding preoccupation.

### **Listening well**

There has been more attention given to hearing the voices of children and young people, and this has helped improve practice. As residential child care staff we need to listen well and have dialogue with children and young people just as good parents do.

Helping children and young people understand what they have gone through emotionally and talking about feelings is a part of the residential worker role. In the best places which know how to make good use of self-assessment, staff *listen* to the young people thoroughly and carefully. This can give young people a sense of being valued and hence belonging. Examples of where care leavers have been properly consulted are valuable to note.

The issue of staff writing everything down, and then telling others, can undermine the ability of children and young people to talk about important personal things. This means that attention should be paid to what is confidential or private and what is shared.

### **Belonging: How can we give children and young people a feeling of belonging, even when they leave residential child care? How can we make sure that they know when they leave they will always have a place to return to?**

The residential workforce has a more important role now in care planning for a young person, and that positively impacts on relationships and outcomes. We need to minimise the movement between placements to give children and young people the stability, not just of place, but of people too.

Many young people are still placed in residential care because they do not meet our 'expectations'; this has to change. There is often a poor matching of residential child care placements to a young person's needs. Similarly, placements in foster care need to be based on good assessments.

It is essential to plan for permanence for children and young people in residential child care. Care planning going back to families, or leaving care, is critical. In addition, the 'care' from staff must extend beyond the care home. When a young person moves into secure care, their placement and their home needs to be ready for them when they leave. Caring must not start or stop at the threshold of a children's home.

The 26 week timetable for hearing court cases relating to care recently introduced in England appear to be forcing a change in practice. Local authorities are moving more quickly to assess cases, and evaluate options. Decisions are being made more quickly. However, there has been a significant increase in decisions for care placement in England made primarily on cost rather than a focus on meeting needs. This is a retrograde development. There is a reducing consideration of the philosophy of care and practice. Some authorities in England have plans to re-establish assessment centres and programmes so that the needs of young people can be assessed with rigour.

The current 'traffic light' protocol for responding to a child absconding is not effective when a Scottish young person runs away to England. There is a need for joint cross border partnerships to ensure that children and young people are found and have access to support. It is important to not lose track of children and young people who are placed out of area. Regulations are currently being provided and it is important to acknowledge the good work beginning in this area.

Young people generally do not know that they can stay on in a children's home and this uncertainty causes distress. It is important for residential staff to have contact with young people who have left care and that this continues into young adulthood. At the same time, we should explore how children and young people are welcomed back, providing them with a physical space to return to and a clear message that they are welcome no matter what is going on in their lives.

There is a need to analyse common assumptions of practice that residential child care workers should not have contact with young people for a minimum of six months after they have moved. It is vital to challenge the notion that giving time to returning young people (or older young people or adults) is 'extra work'. It has to be built in to the workload of everybody. As an example of good practice, one children's home keeps in touch with care leavers through a closed group Facebook page.

## **Caring: How do we care for children and young people in residential care? How are relationships developed and maintained? How do we express emotions like 'love' within the sector?**

Relationships continue to be the key factor in positive care placements. Children and young people need to feel there are authentic relationships with professionals. Care planning should reflect this. The whole system has to better address children and young people's need for attachment and resilience and their ability to deal with grief and loss. Therapeutic resources alone will not do this.

We need to integrate our new understanding about neuroscience and how that should underpin attachment informed, trauma sensitive and resilience building approaches with all children and young people in residential care.

Many children and young people get loved as part of their care. Many do get stability with the opportunity for long-term follow-up and are welcomed back. Where staff offer genuine, authentic relationships, it is not just listening but staff appropriately sharing something of themselves. It follows that staff should feel appropriate anxiety and concern for the young person. The distinction between 'private' and 'personal' in the 3Ps (professional, personal and private) of social pedagogy is helpful here.

One profound question is whether although we should and can ‘care’ for children, do we need to love them? Is that going above and beyond the residential role? Love, after all, means different things to people. We need to allow young people to experience a range of emotions; ‘do you remember when’ times. This is just as important for staff, as it helps them build a layered relationship with a young person. For example, Harmeny School in Midlothian uses ‘trusted adults’ to positively reinforce relationships.

Children and young people get a sense of being valued in the best children’s homes which know how to make good use of self-assessment and listen to the young people thoroughly and carefully. This includes listening to them and their families. There is increasingly a ‘mutuality of relationships’ in many children’s homes. A tiny gift, a simple communication; it’s these things that pay huge dividends.

The issue of love and care is one that goes beyond residential care. We need ask how we can break the cycle by looking at this as a community issue. Families should be part of ‘residential care’ life but how do we involve families? Children who thrive in residential care are often those who have positive relationships with members of their family.

A relational approach needs to encompass all relationships, adult to adult and child to child, as well as the relationships between children and adults which are more commonly focused on. We have become accustomed to viewing relationships between young people as mainly destructive rather than empowering and potentially therapeutic. However, positive friendships are associated with resilience and for some young people the relationships with peers in residential care are analogous to those among siblings.

### **Skilling: As a sector, what skills do we need and what tools do front-line staff require to ensure that children and young people are looked after emotionally, mentally and physically? How can we build confidence within residential child care staff?**

It is important that the role, value and status of residential child care staff is acknowledged by a wider group of professionals. Effective relationships with service partners are central to the effective care of children and young people.

Residential child care workers are not, and should not be seen as, social workers. Both professional roles are important, but they require different skills. In residential care work, the role is about ‘caring’ rather than ‘supervising’.

Residential child care workers are often disempowered in their caring role and this is to some extent supported in law and procedures e.g. not having the right to attend Scottish Children’s Hearings or challenge decisions. This can be reinforced by the lack of understanding from other professionals including field social workers about their role.

There are models that appear to be paying dividends in partnership with other professionals and services. Health and social care integration should bring benefits in respect to ‘ownership’ from universal services. There is good practice in briefing the police and trying to dispel myths about children and young people in residential child care. There have been considerable efforts to reduce calling police for minor incidents inside residential homes. Colleagues from England consider that the Children’s Hearing system has had an influence on the overall care system. In England, education authorities have created a new post, a virtual head for all looked after children in schools with responsibility to ensure someone is monitoring and ‘fighting for’ them. Feedback has been positive. Children and young people are also



‘untapped’ experts on their experience; their views and experiences should be used more in the development of professionals, such as nurses and teachers.

### **Supporting residential child care staff**

The importance of a cohesive staff team, who understand the wider vision and values of the organisation is an essential ingredient in caring for children. The physical space that children and young people live in also demonstrates the value we place on our looked after children.

One of the most challenging areas is how a residential staff team continues to work and care for the child in a caring, loving and empathetic way through difficult and stressful times. To address this challenge, quality professional supervision, a space for reflection and analysis and the need to view the child from an attachment perspective are all required. Residential managers should also have an understanding of group dynamics as part of their role.

Being a care worker is a parenting task and as a consequence, staff sometimes have to take risks with relationships. Bringing the social pedagogy philosophy into our work can help. Staff need to share an authentic part of themselves with young people and have reflective opportunities to explore relational practice.

When the staff group is valued, children and young people are valued. Staff and children need to have the “skill to be reflective”. Managers need to give them the space in which to develop and exercise this skill.

There are a number of management challenges which can impede residential child care. Thorough recruitment processes are vital. As an example of good practice, recruitment materials developed by Kate Skinner are very helpful.

The importance of ensuring that regulatory and managerial pressures do not create a sterile environment was also emphasised and this included the normal mess and “footprint” of doing family. There can be perceived and real restrictions for residential child care staff being imposed by scrutiny and regulatory bodies such as the Care Inspectorate in Scotland and the Scottish Social Services Council.

Even in excellent services there can be staff who are disaffected or negative and this can impact on a children’s home culture and undermine the attempts at forging a relational approach. This is an area that needs to be handled well by managers.

Much direct work with children and young people in the community is now undertaken by third sector organisations with staff not generally social work trained. On the other hand, most social workers are not now trained or experienced in direct work with children.

In some children’s homes, outcome frameworks have been developed and applied, demonstrating that residential staff are thinking in a focused way about what they are trying to achieve and how to measure outcomes. However, it is important that approaches to outcomes are flexible for each setting. We need to be confident that these interventions make difference.

### **Staff education and training**

A culture in residential child care that views training as important is essential. Training needs to be available in spite of current restrictions on budgets. Innovative ways should be explored to ensure that staff access the training and professional development opportunities they need. For example, one university provides fee waivers for residential child care staff attending training in exchange for placements.

The current qualification level for residential staff is not good enough and does not take into account the high level of skills and in depth understanding that are needed in a staff team. The move to degree level is appropriate. However, training and qualifications alone do not protect against poor practice. A strong positive philosophy of care and good leadership are also necessary.

The development of registration for social care staff in Scotland is regarded as important and has led to increasing demands and aspirations for training and qualifications.

Social workers graduate with the basics but are frequently thrust into complex and frightening work in child protection and with looked after children. The importance of developing a protected time for new social workers and enhance their capacity for direct work was emphasised. One suggestion was that all students should have a mandatory residential child care placement.

In both countries, there appear to be moves towards increasing the required level of qualification SCQF level 9 in Scotland and foundation degree in England. Serious questions were raised about how this could be funded, what the appropriate curriculum should be and how any programme could be delivered.

In England a number of residential providers have developed their own degree programmes in partnership with universities and all staff are expected to undertake this training. Where these are in place, the opportunities provided by the intense and immediate interaction between theory and practice seem to lead to accelerated learning.

Although training and qualification can be helpful in improving practice, there is a danger that accessing only in-house training or accreditation of qualification can entrench poor practice rather than challenge it.

We also need to embrace new and different modes of delivery. As well as onsite training, technological approaches such as distance learning and MOOCs (massive open online courses) might work effectively for younger workers.

However, training and qualifications alone do not protect against poor practice and a strong positive philosophy of care and good leadership were also necessary. Many people could, for example, recount examples of appalling cultures of care where almost all staff had professional qualifications.

The focus on evidence based practice can mean that it becomes difficult to develop and evaluate new ways of working that fit our children and young people and our culture best. Sir Harry Burns, Chief Medical Officer for Scotland, reminds us that if we have a sound theoretical base, we need to change things, evaluate and share what is working rather than wait for the evidence base to be built.

We should continue to develop a distinctively UK model that builds on our own tradition of therapeutic care but draws on ideas from social pedagogy and other work with children and young people.

## Positive relationships with children and young people

- Always speak warmly of children and young people
- Let them see and feel you care. Build relationships at their pace.
- Promote and champion children and young people across and within care settings wherever you can.
- Fight hard for them and role model good practice and strategic approaches.
- Support and respond appropriately to the needs of children and young people.
- Always try to understand them and apply meaning to their behaviour.
- Keep families and friends involved in children and young people's care.
- Speak to children and young people in a familiar tone and language.
- Show respect, see and treat them as individuals who often have extraordinary stories of survival and evidence.
- Be creative, innovative and persevere in your work with children and young people. Help them to heal, grow and develop as much of their potential as you possibly can.
- Praise, celebrate and smile at big successes, events and when they leave.
- Ensure that children and young people have many happy memories of their children's home and tangible things that have been part of what will be their happy past.
- Send post cards, birthday cards and acknowledge special occasions. Keep your relationships and contacts with children and young people alive.
- Take appropriate risks, help children and young people take risks and challenge those who hinder growth by not taking risks.
- Never lose sight of their rights.
- Have children and young people's physical, emotional, spiritual and verbal footprints all over their home.
- Be authentic and let children and young people be. Help them to tell it how it is.
- Make sure your language is warm, nurturing, has structure and flexibility.
- Keep children and young people safe – to be and feel safe and respect themselves and others.
- Cast off the institutionalisation – don't take or / allow others to take a mechanistic approach to children and young people's care, support and protection.

*These were the thoughts of a group of practitioners and managers from a local authority.*

## Creating a legacy for the Summit

### Keep the conversations going

There was strong support for a further event to bring together practitioners, policymakers and managers from Scotland and England with a suggestion that the next event should be in England. More participants should be able to attend. Reflections from this summit should be shared with a wider audience.

### Supporting the residential child care sector

Residential child care needs solid investment and leadership with a focus on the entire care system. We need to explore how to ensure the consistent application of philosophies of care and social pedagogy. We recognise that Scotland's smaller size makes it easier to implement change than the more complex situation in England. However, we do need a model across both Scotland and England that offers a commitment to a philosophy of care. In the UK, we should develop distinctive and appropriate models of practice, building on our own models of care with a developmental focus rather than import models of care.

Standards are important and need to be matched by what happens on the ground. Performance management should be linked to a philosophy of care, effective support and protection.

### Establishing a community of practice

There was significant interest in establishing an online community of practice and learning exchange so that practice and policy can be easily shared. Children's homes in England and Scotland should link with, and buddy each other in order to build philosophies of care and communities of practice.

### Creating positive, caring relationships in care

We must focus on creating relationships with children and young people which are based on care and love. We need to ensure that children and young people have a sense of belonging and experience kindness in care. We must support young people develop skills in both independence and interdependence.

### Children and young people's voices

There is need for the voices and experiences of children and young people to be more directly present and for this to be facilitated in a meaningful way by adults or by peers.

We should find ways to celebrate positive stories of care. There should be more events with care leavers with the opportunity to learn from their stories. Oral history projects offer us a way to capture good stories of care.

### Recognise the lifelong impact of the care system

We must recognise the lifelong impact of the care system. We should aim to help young people become adults who can love, work and engage. When they face difficulties in life, they need to be able to draw on positive engagement with adults who have cared for them. We want to see their children coming as visitors to the homes their parent(s) lived in rather than as future residents.

### Developing skills, learning and training opportunities

We need to develop innovative models of education and training using the latest technology. Exploring what is the model of leadership and management most appropriate for residential child care would be beneficial. We should also explore what can be learned from other professional cultures such as community involvement.

## About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

## For more information

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