

Editorial

Laura Steckley

Welcome to the September 2016 issue of the Scottish Journal of Residential Child Care. We have another great mix of informative and thought-provoking writing from near and far for your perusal. In our previous two issues, we included a thread of information, discussion and debate about the Named Person scheme. There have been further related developments here in Scotland and my first order of business is to revisit this thread. In our December, 2015 issue, we included opinion pieces by [Mike Burns](#) and [Maggie Mellon](#) arguing for and against the scheme. In our April 2016 issue, Joint Editor Graham Connelly offered further information about the scheme, including [an account of the subsequent appeal](#) that was being considered. We also included correspondence from [Hazel Whitters](#) and [Tracey Jarvis](#) in response to the opinion pieces in the December issue.

On 28 July 2016, the Supreme Court of the United Kingdom ruled unanimously in favour of the appeal. The Named Person part of the Children and Young People (Scotland) Act, 2014 was deemed to lower the threshold for sharing of confidential information about children and their families such that it was in violation of Article 8 of the European Convention of Human Rights (to which the United Kingdom is party), particularly in relation to interests of family life and privacy. In the [press summary of the ruling](#), the judges offer the following example of the disproportionate interference that would have been afforded by the legislation:

...information, including confidential information concerning a child or young person's state of health (e.g. as to contraception, pregnancy or sexually transmitted disease), could be disclosed to a wide range of authorities without either the child or young person or their parents being aware of the interference with their Article 8 rights, and in circumstances in which there was no objectively compelling reason for the failure to inform them. (Hale, Reed & Hodge, 2016, p.3).

Opponents of the Named Person scheme are claiming vindication of their arguments that this is an invasive and illiberal piece of legislation (for a particularly nuanced piece analysing the ruling from an opposition position, see [Leckie, 2016](#)). At the same time, Deputy First Minister John Swinney on behalf of the Scottish Government has welcomed the ruling, citing its reference to the **scheme's aim as 'unquestionably legitimate and benign'** (The Christian Institute and others v. The Lord Advocate, 2015/2016, p.41) and deeming attempts to scrap it a failure. **He committed to start immediately the work of 'providing**

greater clarity about the basis on which health visitors, teachers, and other professionals supporting families will share and receive information in their **named person role** (Scottish Government, 2016, n.p.). **So while it didn't come into force on 31 August as planned, it also doesn't appear that the Named Person Scheme will be abandoned.**

Also since our last issue, there have been resignations from not one but two chairs of public inquiries into historic abuse. Dame Lowell Goddard resigned from her position as head of the largest UK inquiry into historic institutional child sexual abuse in England and Wales (the third chair to do so since the inquiry **started in early 2015**), and Ms. Susan O'Brien QC resigned from her position of chair of the Scottish Abuse Inquiry (the second panel member to do so since this inquiry started in late 2015). So far as we know, the reasons for the two resignations are significantly different, but both reflect the complicated and politically troublesome nature of this kind of inquiry.

All of these developments reflect an underlying, much less visible problem in relation to the way we hold children in mind – **'we' as individuals and 'we' collectively**. Winnicott's (1984) *maternal preoccupation* and Bion's (1962) *maternal reverie* both highlight the developmental imperative for primary care givers to hold in their minds what their infant is experiencing. Bowlby (1988) also stressed the importance of care givers thinking about the thoughts and feelings of their child as a fundamental to development, with subsequent attachment theorists coining the related terms *mind-mindedness* ([Meins, Fernyhough, Fradley, & Tuckey, 2001](#)) and *mentalisation* ([Fonagy, Steele, Moran, Steele, & Higgitt, 1991](#)). There is a convergence, here, of seminal thinking in our field around this fundamental capacity – of how we hold the children we care for in our minds. Moreover, Winnicott and Bion offer deep insights into the complexities associated with holding in mind and the disruptive impact of anxiety on our ability to do so. Even under optimal circumstances **(especially during infants' many months of absolute dependency), holding in mind can be all-consuming and exhausting**. Many of the children and families served by residential child care have not enjoyed anywhere near optimal circumstances, and for some, this holding has proven impossible at least for **significant periods in the child's life**.

So what does all of this have to do with Named Persons and chairs of inquiries? I would argue that for some individuals or groups, within some circumstances, a collective holding in mind is as important to the welfare of those individuals or groups as it is on an individual, care-giving level for an infant. Furthermore, related contexts within which this holding is necessary often completely **compromise the collective's capacities to do so**. In describing inter-professional working for looked after children, Stott (2006, p.50-51) describes related challenges:

It is incredibly difficult for the network [of professionals] to hold its mind and protect thinking space in the face of such non-thinking and acting out of split off projections into various aspects of the **network ... it can be** envisaged that, to create a state of network, reverie is not just a matter of making space or time but involves an awareness of the ambivalent and opposing agencies and professionals represented.

Professionals will experience conflicting **(and 'unprofessional') feelings about** their clients, but also about each other. This can be acted out in unhelpful or even destructive ways, particularly when it remains at a semi- or unconscious level, and such acting out is often dismissed as an unsolvable issue of personality or politics. While the latter may sometimes be the case, I wonder how much more often well-intentioned groups limp along or become completely dysfunctional as a result of unprocessed disgust, rage or terror provoked by the work they must do and the context they must do it in. The child or group of children can get lost in all of this. In all of the major incidents of catastrophic child protection failure in the UK, deficient communication amongst the various professionals who were involved gets cited time and again. **The child wasn't** sufficiently collectively held. The Named Person scheme seems to me, amongst **other things, an attempt to identify who will metaphorically 'hold the baby'** when that holding is needed on a professional level. Who will engage with and/or facilitate communication between other key professionals, who will hold the whole thing together and with whom will the buck stop? Rightly so, concerns must be addressed about the scheme becoming an inappropriate conduit for blame – blame of individuals (primarily envisaged to be health visitors and head teachers) who will not likely be provided with the adequate resources to fulfil the responsibility. And, rightly so, more careful consideration is needed around issues of confidentiality and privacy.

The highly charged political contexts of both inquiries also make me wonder **about inquiry panel members' capacity to bear not only the horrifying and** painful basis of their remit, but related and multi-layered complexities, uncertainties and profoundly heavy responsibilities. For them to hold their collective mind and protect a space for clear thinking, the emotional dimension of the work (and the cognitively disruptive impact of difficult emotions) must be addressed. Processes of related support are clearly necessary to make the unthinkable thinkable, and to digest it. Such processes may be in place, but in our hurry-up, buttoned-up British culture, I would be more inclined to think such processes would be seen as a luxury at best, and indulgent navel-gazing at worst. **Scotland's inquiry continues to be chair-less**, and Professor Alexis Jay has been very recently appointed to replace Dame Lowell Goddard in England. In 2013 Professor Jay led the Independent Inquiry into Child Sexual Exploitation in Rotherham, South Yorkshire, and she gives an account of that inquiry in a [transcript of the 13th Kilbrandon Lecture](#) in our December 2015 issue. We at the

Scottish Journal of Residential Child Care wish Professor Jay well for what will likely be a difficult road ahead.

In our first peer-reviewed article in this issue, Charlotte Wilson explores the barriers to meaningful participation by disabled young people in decisions that affect them. In a small-scale study using innovative methods to elicit young **people's views (along with the views of their parents and professionals)**, Wilson illuminates the complexities related to both the meanings and practicalities of participation. She then offers an Experiential Model of Participation, one tailored to the issues identified in the study, but also one, I would argue, that has relevance for other children in residential child care. Her work is an important antidote to the tokenism that pervades too many approaches to participation with disabled children and young people specifically, and children more generally.

The next article addresses an area of practice often underestimated for its therapeutic **potential, though one we're beginning to see theoretically developed** in this journal. Storytelling, in this case informal storytelling, serves as the focus **of Lavinia McLean and Emmett Tuite's mixed-methods study**. They found that residential child care practitioners were nearly unanimous in their view that storytelling was an important part of their work. Stories were told informally, most often to address health-related issues or de-escalate emotionally heightened situations. They were seen to support connections and build relationships with children and young people. McLean and Tuite argue for a creative and extended utilisation of storytelling in residential child care and other **children's services, including its use in assessment, care-planning, and the co-creation of story-rich care cultures**.

Our third peer-reviewed article for this issue is a reflective and candid account **by Sinead Braiden about training she designed and delivered to enhance carers'** use of creative arts and play to promote positive experiences of attachment. It is offered as a case study and while the trainees were foster carers, there are strong parallels for residential child care in relation to both the content and delivery of the training.

In the first of our shorter articles, Alan, Paul Lee makes an impassioned case and offers practical advice for the use of experiential learning activities to **promote a 'growth mindset'** to improve outcomes for children and young people in care. A growth mindset can be characterised as having an open, flexible, positive and self-believing orientation towards life and the learning opportunities it throws at us. Those who have a growth mindset tend to be more resilient, and the good news is we can foster it in our children and young people. In the second short article, David K. Sezikeye explores the challenges of incorporating relational practice in **child friendly spaces**. Child friendly spaces refer to the deliberate creation of spaces within which children in areas of humanitarian

disaster can safely play. Sezikeye offers a counterview to the overriding focus on physical safety and quantitative outputs in relation to child friendly spaces, **arguing that a more holistic focus on children's needs will likely accelerate their recovery from traumatic experiences.** Next, Mariela Todorova-Koleva charts the process of deinstitutionalising alternative care provision for disabled children and young people in Bulgaria. Residential child care, in the form of small group homes, is now replacing larger institutions and resultant health improvements are being reported. The challenges, however, remain significant and Todorova-Koleva offers a clear account of what is needed for this process of deinstitutionalisation to succeed.

Jonathan Stanley reports on developments in England related to Quality Standards and a new, related inspection framework. Despite across-the-board improvements in recent inspection outcomes, government ministers continue to **express doubts about the quality of care provided by children's homes.** Stanley offers a disturbing picture of an under-resourced, still-stigmatised and yet **resilient service, and he calls for solutions from the 'wider system' to support children's homes in delivering the Quality Standards.** Janice Nicholson then tells us about *No Wrong Door*, a service utilising innovative approaches to prevent, where possible, entry into care and to reduce placement disruption when it cannot be avoided. **Early outcomes indicate positive impacts on young people's stability, education and particularly their relationships key and outreach workers.** A final report of a two-year evaluation of the service by Loughborough University's Centre for Child and Family Research is forthcoming.

Our series of reflections on doctoral studies continues with a very different perspective – that of a graphic designer – on how young people who are leaving care might be better supported in relation to housing decisions. Gayle Rice **describes the methodology she used for her PhD to 'redesign' the interaction between young people and leaving-care workers, and the results of her study are compelling.** Our article-sharing with the India-based journal *Institutionalised Children: Explorations and Beyond* also continues in this issue. K. Bhuvanewari and Sibnath Deb offer a review of the literature to establish why children enter institutional care, to explore how institutional care protects and violates their rights, and to suggest a course of action for better care of children in need of care and protection.

Finally, we have three book reviews for you. In the first, Aileen Nicol reviews the resource-rich *Positive Images – Positive Effect: Activities for Young People and Positive Results.* The next book, *Educating Children and Young People in Care: Learning Placements and Caring Schools*, is reviewed by Iain Matheson and Lisa Lee. Last but not least, Joanna McCreadie gives a review of *A Guide to Therapeutic Child Care: What You Need to Know to Create a Healing Home.*

Happy reading.

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Joint Editor

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