

## **Residential Child Care in the Spotlight: Reflections on Being Involved in the BBC Series 'Social Workers'**

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### **Introduction**

In February and March 2004, the six part series 'Social Workers' was screened on BBC Scotland. The series took the form of a fly-on-the-wall documentary, covering various teams and services from the City of Edinburgh Council Social Work Department. One of the six programmes focussed on a young people's centre, a residential unit offering services for eight children and young people. The following is an account of how the unit became involved in the project, our experience of the filming process, reactions to the screening of the programme and some of the issues raised by our involvement in the series.

### **The build-up**

Many people within social work would recognise that they have an image problem; a lot of the public do not like or understand what they do. Likewise, many people in residential child care would recognise that we have an image problem also; a lot of people in social work do not like or understand what we do. A social work colleague recently commented that workforce registration should start in the residential sector, as that is where all the terrible things have happened. Despite rhetoric, we have never really achieved the situation of residential child care being accepted within the profession as a positive choice for the care of troubled and damaged children and young people.

I took part in a managers' development day in Edinburgh and in a small group exercise we were set the task of identifying strategies for improving the profile and public image of residential child care. We devised two lists, the first fanciful and the second more realistic. Included was a Hollywood blockbuster showing residential child care in all of its positive glory as well as a sympathetic storyline in Eastenders or Coronation Street. Both were placed in the first list. However, in the realistic list we included the challenge of grasping and using opportunities, less glamorous though they may be, when they come our way.

When the City of Edinburgh Council Social Work Department agreed that the BBC produce six programmes detailing different aspects of the department's work, a realistic opportunity was presented. This would give one unit the opportunity to be involved in a 30-minute programme showing residential childcare in a realistic light, illustrating the complex nature of our job. Researchers began to visit the department to meet with different teams and resources, scouting out potential filming venues and opportunities.

However, doubts remained. When my team became aware of the planned programmes their initial responses were mixed, with the negative and fearful views being expressed more vociferously. They questioned whether the media would be interested in the positive aspects of our work or would they concentrate only on the conflict and difficulties? Could a positive picture be achieved or would we end up portraying out-of-control children causing endless difficulties for staff members lacking in the appropriate skills? Further to this, could we contemplate clients being filmed? Surely ethics and confidentiality would dictate otherwise?

Our contact came when the Head of Operations for Children and Families passed our name onto the BBC as a resource that would be good to visit. As unit manager this caused me to feel more confident about the possibility of becoming involved. The Head of Operations had formerly been my line manager and was familiar with how the unit operated. If she was recommending the BBC to visit I took this as a vote of confidence in what we were doing. She obviously felt comfortable with the possibility of us being filmed. It also became apparent that there was no filming happening in any other units. Accurately or not, it felt like we had been hand picked as a showcase for residential child care.

After several visits to the unit by a BBC researcher we were introduced to the programme's producer. It became clear that the BBC liked what they were seeing and were interested in filming. As the BBC spoke to staff members, we began to form a clearer picture about their motives for making the programme. They felt we did a good but difficult job and wanted to show this to the public. They were particularly intrigued that the 'myth' of social workers removing children unwillingly from family homes was not apparent in the unit. Instead we were supporting children and families when breakdowns had happened, and encouraging and supporting family contact where appropriate.

I became convinced that being involved could be realistic and positive, but of course my involvement on its own would mean nothing. The task was to film the workings of the whole unit. Therefore, there were other issues to be considered. How many staff members were willing to be filmed? Residential child care is very much a team task. Without the involvement of all, or a sizeable majority, of the team, it would not be a feasible proposition. There were also ethical decisions

to be made in relation to the potential filming of service users. What impact would being filmed and appearing on TV have on them? How would families and social workers feel about this? The process of establishing some common ground in the attitudes of staff members to the project began to take shape. In conversations, I was able to build up a picture of where individuals stood on the issue of filming. This allowed us to make a commitment to be involved.

Once the decision was made our minds began to turn to the practicalities of filming. We wondered how the process would work on a day-to-day basis and what impact it would have on the running of the unit. Which young people could be filmed? Were we happy for all aspects of life and care in the unit to be filmed?

Discussions with the BBC began to clarify some of these issues. We confirmed that cameras would not be with us permanently. They would be in the unit at our arrangement on specific days. However, if workers at any time became uncomfortable with the presence of the cameras, or felt they were contributing negatively to situations with the young people, the filming would stop. The staff members would be in charge of the process and had the power to ensure that filming never got in the way of our primary purpose, providing care to the residents. The cameras would film and follow the stories of a number of the young people. The programme would be their stories and through this a picture of life in the unit would emerge.

Discussions in the staff team then concentrated on individual clients; whom did we feel could be filmed? Of our eight residents, we ruled out two because of their age which, linked with other factors, led us to assess them as extremely vulnerable. We were concerned about how they might behave or act on camera without being able to think through the possible consequences if this were screened on television. We did not feel that they would be able to give 'informed consent' and saw it as our responsibility to protect them from potentially harming themselves.

Three young people were in a slightly different situation. They had either only been in the unit for a matter of weeks or were still in the process of moving in. We felt that our priority was helping them to settle in to the unit. We had to get to know them and begin the process of establishing working relationships. We did not, however, rule out the possibility of them becoming involved in the filming process at a later date.

This left three young people that we were happy for the BBC to talk to alongside their families. The three young people were aged between 14 and 18. All three had expressed interest in the project. We were comfortable with them exploring it with their families as long as full discussions had taken place to ensure that

they understood the implications of being filmed.

Considering which young people might be involved with the programme highlighted another concern. We could find ourselves admitting residents to a unit where filming for television was taking place. Young people often have little choice in the process of being accommodated or about their placement. We were adding to this the issue of being accommodated in a unit being filmed. Regardless of whether they were ever involved, they still had no choice about the cameras being present in their living space and their home eventually being displayed on national television.

This became most pronounced for me when I found myself having to put filming and cameras on the agenda of a young person's admission planning meeting. This caused me to experience serious doubts about some of the ethical implications of the project. It was an issue that I was to revisit periodically during the next five months.

### **'The shoot'**

Identifying young people and their families who were happy to be involved allowed the actual filming to begin. Initially, most staff members were very nervous and felt aware of the cameras. It quickly became apparent which staff members could practice in an uninhibited manner and which could not. As the unit manager this was a dynamic I had to manage and make decisions about, as the filming could not get in the way of us carrying out our job as effectively as possible.

Consequently, we adopted a process where the cameras came to the unit on arranged shifts, when combinations of staff members were working that would make filming possible. When in the unit there were still obvious limitations. Given the fact that there were some young people who were not being filmed, filming in the 'livespace' was often not appropriate. This meant that many of the everyday interactions within the group were lost, such as groups gathered at mealtimes or sitting in the living room watching television. Instead the filming concentrated on individual children and young people, and was more likely to involve meetings, one-to-one work, activities outwith the unit or time with their families.

Questions and considerations constantly arose during the filming. When one of the young people being filmed became involved in an incident with another resident who was not part of the programme, there was a limit as to what could be filmed. Similarly, whilst on camera, other residents often referred to personal and family issues which the staff team were not comfortable to have

filmed. Incidents such as these were discussed and resolved with the BBC as filming progressed.

As time progressed, the camera crew were also able to film more spontaneous practice. This is where I feel another important aspect of residential work was captured. Obviously planned interventions are a big part of residential work, but a lot of important unplanned work takes place also; workers using everyday activities and events with young people to help them deal with situations, and to think about how they live their lives. This was an area of practice that I felt was a major strength of the staff team, so I was glad that this was getting caught on camera.

Despite the concerns that existed at the beginning of the process, there were no major difficulties with the filming. I cannot recall the camera crew being asked to leave because it was felt that their presence was in some way heightening tensions or preventing workers from completing their tasks. It has to be said, however, that the cameras were not present when the most difficult situations that staff members had to deal with occurred. During the period of filming, there were several incidents where the unit was particularly unsettled at bedtimes. Some residents refused to go to bed, damage was caused to property and, on one occasion, a resident was physically restrained for a period of time.

Had the cameras been present, it is hard to say what might have happened. It may well have been the case that they would have been asked to leave. The issue of physical restraint being filmed had been discussed in the negotiations prior to filming. I was clear that whilst I was keen for the film to present an accurate depiction of life in the unit, I was uncomfortable with a long and difficult physical restraint being recorded on film. I felt this way for two reasons.

First, whilst the young people and their families had taken the decision to become involved in the programme, I felt we still had a duty and responsibility to them in terms of assessing how their behaviour, if filmed and eventually transmitted, would look. In a heightened state, many children find it difficult to make connections between their behaviour and immediate consequences. It is almost inconceivable that they would be able to think about how their behaviour would look on television and the consequences of this.

Second, when a young person's behaviour has escalated or is proving so unsafe to the point that physical intervention becomes necessary, this intervention has to be kept to a minimum. De-escalation of the incident is the priority. This would be one occasion where, no matter how sensitive they tried to be, the presence of a camera crew would interfere with the tasks of the workers.

## Post-production

The programme aired on BBC approximately four months after filming had ended. Prior to the final edit being made, I viewed the programme to provide feedback on how it looked. My immediate reaction was that it was a balanced portrayal of life in the unit. Any lingering fears that the end product would be skewed towards the negative or dramatic were allayed. What I saw was as realistic a summation of practice as I think was likely to be achieved in thirty minutes.

The young people and staff team saw it when it was screened. The young people felt they had been represented fairly. I have not heard any expressions of regret regarding their decision to become involved. The immediate reaction of the staff team was similar to my own, largely positive. Like me they felt the programme was a fair portrayal and that they had looked competent, caring and professional. Response to the programme was quick to come in. The morning following its screening, the phones at the unit were busy with a succession of calls passing on congratulations. It was with a mixture of relief and pride that our involvement in this long process was complete.

Feedback from members of the general public highlighted that the programme had been an education. They had no real notion that residential child care existed, what happened in it, or the circumstances that lead young people to be accommodated. The most frequent comment I had directed to me was that people had little idea of the difficult nature of the job that we do. This was interesting as many of us, whilst happy with the final programme, acknowledged that it by no means provided a warts-and-all exposure to what can and does happen in a residential unit. There are far more difficult and, at times, confrontational situations that we are required to deal with. I found myself reflecting on the likely public reaction if such incidents had been filmed and screened.

The responses from those in the profession were obviously different, as they did not need a television programme to confirm to them the difficult and demanding job that we do. Feedback centred on other issues and led to discussion about appropriate practice in a residential setting.

The most contentious issue concerned an incident where staff members had briefly physically intervened to prevent a 14-year-old girl from leaving the unit late at night. Comments included that this had not looked good and that we should never physically prevent a young person from leaving a unit if they intend to abscond. Some of these comments reflected the anxieties that currently exist in relation to physical restraint. What this section of the programme did, more than any other, was to highlight the difficulties which arise when small

portions of practice are screened and the overall context of that practice is not clear, other than to those directly involved.

Another contentious issue related to the ethics of filming young people and broadcasting their lives. I was comfortable with what was shown in our programme. The young people and the families involved had all volunteered to be filmed and were able to take these decisions for themselves. I am aware that others may hold different views.

Overwhelmingly, however, the feedback reflected how clearly the staff cared about the young people they were working with; that they knew them well, had formed good relationships and tried to work with them in a way that was both respectful and realistic. It was also recognised that the nature of the programme, three five-month storylines edited and crammed into thirty minutes meant that it had been presented in a particular fashion, moving from episode to episode, losing the time in between.

As we had identified during the filming process, this meant that much of the everyday interaction that is vitally important was missed. Whilst snippets of spontaneous, unplanned work had been used, there was little evidence of staff members spending time and sharing lifespaces with young people. This is the important groundwork that allows deeper relationships to be established and for staff members to construct in-depth assessments of young people and their needs. It is unfortunate that this aspect of residential child care was not more accurately represented.

We have been left to reflect on our initial motives for getting involved in the project. We wanted to present a realistic, and hopefully positive, image of residential child care. I think we managed this. I was pleased that the public had the chance to view some of the work that is undertaken in residential units and to counter some of the myths and stereotypes that exist. A simple comment from a friend who stated that prior to the programme he had thought that all young people who lived in such establishments were 'bad' struck me as exactly why such publicity is necessary.

Ultimately, our task was to continue to care for our clients whilst contributing to the programme. I think we achieved an acceptable balance. The long-term challenge for the profession is how we can do this on a more regular basis so as to achieve a real shift in way in which our role and task are perceived. Only then can we win the debate regarding residential child care as a positive choice.

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