

## **'A Different Way to Look at Things': The Development of Consultancy in a Residential Service for Children and Young People**

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### **Introduction**

The support of consultancy and the tasks associated with consultation are considered to play a vital role in the development of good practice in residential care and in safeguarding children and young people. Back in the 1970s, Berry (1975) recommended that all residential workers should have opportunities for support and consultation and 'every residential unit requires a special senior supporter who devotes himself (sic) to the staff without being directly responsible for the children... a consultant, counsellor, supervisor or therapist (but not an inspector)' (Berry, 1975, p. 134). More recently, however, Warner (1992) highlighted that too often staff in children's homes are left to cope with abused, disturbed and violent young people without access to the specialist psychiatric and psychological services that are needed (Warner, 1992, p. 144). He stressed the need for support from specialists in other agencies such as child psychiatrists and educational psychologists and for staff care schemes such as stress counselling (Warner, 1992, pp. 154-155). Over half the heads of units in the survey of residential establishments in Scotland felt they needed additional support such as a specialist adviser, consultant or psychologist, and 'often such a specialist was required to provide a service both to residents and/or staff, such as an independent counsellor' (Harvey, 1992, pp. 27-28).

For Whitwell (1998), the role of the consultant is to help residential care staff and managers avoid the commonly negative dynamics of the sector, 'whether at the level of individual work with a child, group of children, staff team, inter-group dynamics and organisational dynamic' (Whitwell, 1998, p. 209). Hicks, Archer and Whitaker (1998) argue that consultancy is an essential element in developing a culture of learning within the workplace:

Supervision and consultation are essential because no programme of courses or of learning modules can anticipate or prepare people for the range of unique situations which face staff when actually in post. Ongoing learning, based on current experience, is needed. (Hicks et al., 1998, p. 370)

Staff teams also need opportunities to reflect on their work together in order to understand their own team cultures and to change their cultures where necessary (Hicks et al., 1998, p. 371). Watson and West (2001) describe the process of consultancy for residential care staff in a Scottish local authority in the context of the restructuring of residential care. Their initial consultative aim was 'to support staff to consider the change process associated with the authority's Residential Action Plan.' (Watson & West, 2001, p. 100).

The Support Force for Children's Residential Care (1995) set out three levels of action in creating a 'healthy climate in residential child care' in relation to external support:

- Employers should initiate liaison with other agencies to enhance the care services in residential homes.
- Local managers should develop effective vehicles of consultation to empower staff to improve the services they provide.
- Employees should be positive towards the development of consultation, involvement and staff care in enhancing individual contributions to service provision.

(Support Force for Children's Residential Care, 1995)

Skinner (1992) highlighted the important role that external consultants can play in supporting the development of this type of ethos within the sector. Moreover, Skinner's recommendation for a centre for consultancy and development was taken forward with the establishment of the Centre for Residential Child Care. The provision of consultancy continues to be a core element of the Centre's successor, the Scottish Institute for Residential Child Care (SIRCC). SIRCC also now offers longer term consultancy since 'there are a number of reasons that agencies may require consultancy that stretches beyond a single day... [ranging] from helping staff to work with a particular young person in difficulties to providing support with agency change or development' (SIRCC *Advice and Consultancy Services Brochure*).

Kara and Muir (2003) comment that 'there is no such thing as a typical consultant', and many are 'specialists' in one main area of work, such as mental health, children and families or criminal justice. Others are 'generalist-specialists' who focus on a particular kind of work that covers several areas. Kara and Muir assert that 'using a skilled outsider is really helpful in team building and can help even the best teams to be more effective and improve both performance and morale' (Kara & Muir, 2003, p. 15). They emphasise one of the key benefits of commissioning consultancy 'is their ability to bring a fresh perspective based on an external point of view' (Kara & Muir, 2003, p. 26).

They list some of the other key 'tasks' of consultation to include: group facilitation; team- and partnership-building; conflict resolution; policy development; and staff training and supervision issues.

Briggs (2001) highlights the need for attention to 'the vulnerability of workers and their supervision and training needs.' He suggests that 'only through the provision of containing structures can the staff in these settings begin to work with the kind of issues their adolescent clients are facing' (Briggs, 2001, p. 105). Briggs declares this style of 'group processing', also highlighted by Whitwell (1998) and pioneered by Menzies Lyth (1988), is critical for teams who work with children where the impact is 'extremely powerful' (Briggs, 2001, p. 104), and '... in painful and stressful work staff need to be given space to think about the anxieties stirred up by the work and the effects of these anxieties on them' (Mawson, 1994, cited by Briggs, 2001, p. 104).

## **The research**

Established in 1983, the Aberlour 'Sycamore Project' offers a range of residential and community services to young people aged 8–18+ and their families. Initially located in Kirkcaldy, Fife, the Project has provided placements for 16 boys and girls in three different residential units, one unit for six, another for seven and a third unit providing independence training for a further three young people. The Project has been undergoing a phase of expansion and development which has included the opening of a new residential unit in nearby Dunfermline with attached educational provision, and a Special Families Fostering Service in support of this program.

The research was commissioned by the Sycamore Project to evaluate the development of the work of the Consultant Group. It focused on the impact of the Consultant Group on: the management team; staff teams; individual staff members; practice with young people; and professional image. Data collection took place between September 2002 and December 2003. Six young people were identified as case studies and this involved analysis of case files, interviews with key workers (6) and telephone interviews with the young person's social worker (5). Interviews were also carried out with six Sycamore Project managers, one external manager and three consultants. In addition, the researchers attended three Consultant Group days which are held annually to review the work of the group and to plan input for the following year.

Ethical approval was granted by Strathclyde University Ethics Committee and informed consent was gained from social work agencies, Sycamore Project staff and consultants, birth parents (where appropriate), and young people themselves.

## The Consultant Group

The Sycamore Project had consultant support since it started in 1983. In 1999, however, the Project Manager decided to enhance the amount and the type of consultancy by identifying three more consultants, with a range of experience and perspectives, to form a Consultant Group. Its main aim was 'to assist The Sycamore Project as it strives to develop existing good practice towards excellence' (Sycamore Project, 1999).

In 1999, the Consultant Group consisted of:

- *Consultant A*: a consultant in social work focusing on therapeutic residential child care whose remit includes *group dynamics* of staff and young people, *team building*, *use of environment* and *therapeutic milieu*
- *Consultant B*: a consultant psychologist focusing on person-centred therapy whose remit includes *individual and group work with the management team* aimed towards development of skills in *client-centred working* and *staff team training in core skills*
- *Consultant C*: a consultant psychologist focusing on behaviour disorder whose remit includes *family work*, *proposed fostering scheme*, *training days* (e.g. family, sexuality) and *individual case consultation*
- *Consultant D*: a consultant psychiatrist focusing on mental health issues whose remit included *medical consulting*.

It was proposed that the Consultant Group would provide a focus on: practice with individual young people; staff training and development; the corporate management team and the three unit teams. The development of the group would also contribute to the maintenance of an open climate within the Project.

This will not only improve practice and provision but will also further enhance the Project's ability to safeguard our residents. (Sycamore Project, 1999)

At an early stage, however, the consultant psychiatrist had to withdraw from the consultant group and was not replaced. The lack of input in relation to the specific mental health issues of young people in the project was identified by a number of respondents and in 2004 proposals were in place to address this.

## The roles of the consultants

Over the four years of the Consultant Group, the roles of the individual consultants have changed. At its inception in 1999, the different consultants'

input to the Sycamore Project was envisaged to be very similar, although acknowledging that they would approach this input from different perspectives. Thus each consultant was scheduled to take part in: one full project meeting where the consultant would provide a training input; six unit team meetings (two for each of the three units) with the focus on individual young people; three practice review meetings (one meeting for each of the three units) to review previous work and identify specific needs of practice development; and one management team meeting to focus on practice development across the whole Project. Reflecting on the first two years of the consultant group, one respondent, stated:

*The first year that the group was in operation and I was happy with it, it went well, it seemed to be time-tabled well, people knew what they were doing, it was gearing up. For whatever reason, I wasn't happy with its functioning in the second year, and I think a lot of that came down to practicalities – people didn't show up when they were supposed, or turned up when we didn't know it, when we weren't ready for them, staff were off or whatever – it didn't seem to work well. (Manager)*

In 2001, there was then a refocusing of the role of the consultants and they have since provided more divergent input. *Consultant A's* role focused on offering support to the staff teams as well as individual consultations and training. *Consultant B's* role was to work with Unit Managers around person-centred practice and also to provide a training input. *Consultant C's* role emphasised training for staff and case reviews. A further change occurred in 2003, with the establishment of a Practice Forum (see below) facilitated by *Consultant B*.

This evolution of the consultants' role has taken place in the context of a great deal of change within the Sycamore Project itself. Unsurprisingly, then, some respondents, including the consultants themselves, commented on the process of development and some aspects of confusion about roles.

*... sometimes I get a bit confused about the roles myself to be honest, and that was with the first year with everybody. I think it was really a bit of.. really to see what happens, but with it really being new, and we had an idea and an agenda, what we were going to do. Sometimes it worked and sometimes it didn't. (Manager)*

*Maybe for me it is like I don't know what they do. I don't really know their role or what they are supposed to do apart from what I have actually seen. I don't know what goes on behind the scenes. (Keyworker)*

## Supporting the management team

Supporting the management team has taken place in a number of different ways such as full management team consultation days and work with unit managers as a group. There has been a focus on supervision and on the management of change. The work on supervision was identified as having a positive benefit which itself fed through to staff in the units.

*... from a management point of view [work of consultant] has been really good at giving ideas of how to work better with staff, to have more understanding, and how to use time. (Manager)*

The fact that the consultants are external to the project was also seen as a benefit, providing a different viewpoint. Their external perspective provided positive feedback in relation to the work of the Project.

*The most positive thing for the management team is an affirmation that what we do here is right. (Manager)*

A major issue raised by a number of respondents, however, was the amount of change which had taken place in the management team and the impact this had on the work of the consultants in supporting the team.

*I think it must be quite difficult for the consultants sometimes to keep abreast of what is going on... certainly towards the end of last year, we lost a bit of focus because there were so many changes within the project. (Manager)*

Despite this, one consultant commented on the coherence of approach of managers of the project, and 'their genuinely shared vision'. This was also reflected in the response of a staff member who stated that management styles 'have improved in the place... I think they are more person-friendly, they are more open... there is more structure to it' (keyworker)

## Supporting the staff teams

We have seen that after the first year of the Consultant Group, *Consultant A* provided the primary input in supporting the staff teams of the units. This input itself has varied between the different units, depending on the needs of the staff teams.

*There is an interesting distinction between the three different units. They use me in different ways, and always have done... (Consultant)*

With the changing role of the consultants and restructuring of the consultants' input, there has also been variation in the amount and regularity of the input. Generally, managers and staff reported that this input was valued by staff, highlighting the importance of an external perspective and the time and space for staff to reflect on their practice.

*... it might be a team issue or stuff like that and [consultant] would be involved with that, and that is beneficial because sometimes just coming in with a different set of eyes, you see things differently and it is a different perspective because we all get bogged down. (Keyworker)*

Some key workers, however, reflected on the difficulty of building up a relationship with consultants to enable them to feel more confidence in reflecting on their practice.

*You have to be comfortable and get to know people and I know from my point of view I was very wary of, 'What is [consultant] saying and what is s/he going to do about what you say,' and then just feeling confident to express yourself. And you have to be in the job a few years and feel comfortable with yourself to be able to give your opinion and get the feedback you get and not to take it personally and you define all your boundaries... (Keyworker)*

### **Supporting individual staff practice with young people**

Supporting individual staff members in their practice with young people has taken a number of different forms. In a formal way, this was built into the role of all three consultants in the first two years of the group. Following refocusing of the roles of the consultants, this was formalised through the consultants' role in case reviews and in supporting staff teams, which involved an element of individual as well as group consultation. In addition, there was also an informal element of individual support for staff based around, for example, consultants' involvement in training.

Given this, staff had different levels of contact with the consultants and varying opportunities for individual consultation. One keyworker also reflected that at different points of time and in keyworking with different young people, different consultants could be seen as more useful for support or advice.

*... you tend to seek out the one that you feel will give you more information, more assistance, more advice. (Keyworker)*

In the first two years of the Consultant Group, case reviews were conducted by each of the consultants separately in unit meetings. This was felt to produce

a degree of duplication and repetition. In 2002, this system was changed. Paperwork on individual children and young people was to be collated by keyworkers and forwarded to consultants who would then give feedback in individual sessions. It was felt, however, that the process of case reviews did not operate as planned. The amount of work involved in this compared to the limited amount of feedback was identified as an issue by both managers and consultants.

*Case reviews [were]... quite a significant piece of work in relation to the keywork load and they planned to have individual time with [consultants], and it never really worked out like that... They wanted individual time with the consultants, that they would look at their cases, and so the staff of [the] units, who all articulated the same things, felt a bit disappointed with the whole thing. (Manager)*

Keyworkers also indicated a degree of dissatisfaction with the process of case reviews, particularly in relation to the forms which had to be completed and the process of feedback. That being said, one keyworker identified how the case review process had been beneficial in looking at an individual young person.

*... then we came together with the staff team and [the consultants] were involved with that, and they gave us feedback on the kids as part of the staff team. So everybody sat there and got feedback, and we were able to discuss it or agree with their findings or not agree. They would maybe say, 'Stay on this road,' or, 'Have you thought of doing this.' So that was quite good. (Keyworker)*

In 2003, case reviews were again restructured to stagger reviews of young people in different units over the year and to involve the consultant earlier in the process. This would provide space for individual consultations for keyworkers and unit managers with consultant as well as group discussions. While some unit managers identified continuing confusion for some staff in relation to the role of the days, the process appeared improved and provided a useful forum for discussion of individual cases.

There were other informal opportunities for individual staff members to access consultants for one-to-one discussions.

*... but I know that [consultant] leaves time after training for anybody to go and talk about individual casework so people have found it really helpful. (Manager)*

One of the concerns raised in a number of different contexts was the preparation of staff for the input of the consultants.

*The work with the individual staff members was interesting and I enjoyed my sessions with them, but for the most part they did not seem to be prepared.*  
(Consultant)

Keyworkers tended not to be able to identify the direct impact of the consultants' input in terms of the individual young people identified for the case studies. They tended to discuss in more general terms the support of the consultants for their practice.

*I know that sometimes I would feel frustrations that maybe I wasn't doing my best to move [young person] forward... [consultant] would give me a different way to look at things...* (Keyworker)

## Training

We have seen that members of the Consultant Group have offered a range of training input to the Sycamore Project over the four years. The training has received very positive feedback from a range of respondents and through recent formal monitoring of the training.

*Maybe I just like the structure. I need to know what the purpose is... you learn a lot from [consultant's] training days, just the way [consultant] presents it and puts it across.* (Keyworker)

*... training days without a doubt. You can see the effect, people go away and no matter how tired they... they get so much out of [consultant's] training days.* (Manager)

Staff evaluation sheets (72) of consultant training days were very positive; an average score of 4.7 on a scale of '1 = poor' to '5 = excellent'.

## Practice Forum

During 2003, a Practice Forum was set up to improve communication and to enable staff to become more involved in influencing and owning practice. It involved groups of staff meeting to raise and discuss practice issues and look at how areas of practice could be developed at the level of individuals, teams and across the whole Project. Three separate groups were established consisting of staff groups who had undergone person-centred training. They met three times a year with *Consultant B* and the Training Officer. There was positive feedback from staff about the groups. They met regularly and had quickly developed a useful process. Staff and managers appreciated the protected time and the

perspectives of staff from different staff groupings. While attendance was generally good, some staff had not attended the groups. In addition, the fact that staff who had not undergone the person-centred training were not included in the groups meant there was a sense that these staff were missing out.

### **Overall success**

The consultants acknowledged that the group had taken time to settle into its work, questioned how success was to be measured and that different aspects of the group's work would have impacts which would be more evident.

*I think it is becoming more successful each year... I think it has taken time to settle down, but I do think that the particular skills of the consultants are now being used more effectively, so I think it is successful. (Consultant)*

The general consensus among managers in the Project was that the Consultant Group was increasingly successful but that there was the potential for the Project to benefit even more from the input of the consultants.

*I think it has been fairly successful but still needs some fine tuning... There is no doubt that the full potential has not yet been reached with the consultancy but I think it has been better, fairly successful. (Manager)*

We have seen that the keyworkers interviewed identified a number of issues relating to different aspects of the Consultant Group input. In general, however, they were very positive about the impact of the group on practice.

*I think it is very beneficial and productive and it is a learning experience for us as well because we don't have all the answers either, but we can discuss it, you can analyse it, you can be influenced. It makes you think and question... I think it is very important that people take on board that we do have emotions and certain situations can have a huge impact on you, huge impact. (Keyworker)*

Social workers were not aware of the Consultant Group or the role that it played in the Sycamore Project. For some, the first time they were aware of the Consultant Group was when they were contacted with regard to the evaluation of the group.

*I'm not really aware of it. It doesn't mean to say that it isn't happening but I'm not aware of it... I did get a phone call earlier in the year that this evaluation would be happening. (Social worker)*

Some social workers were aware of individual consultant's involvement with the project, but not their role in the Consultant Group. Generally, however, they were very positive about the work the project was doing with the young people for whom they had responsibility. Some social workers suggested a link between the input of the Consultant Group and the high standards of work in the project, but this was not based on a clear knowledge of the group.

*So I am presuming that the Consultant Group will have had some input into that, ensuring that the staff seem well trained, the staff seem well motivated. I think it is a fabulous Project... It was clear that we needed a therapeutic setting, which is what Sycamore said they offered, and I think I have got happier and happier with the staff and the way they handle (young person) as time goes on. (Social worker)*

## Conclusion

The Sycamore Project is possibly unique in Scotland in its development of consultancy to support the practice of management and staff. The issue of rapid change in the Project has meant that there has been an element of discontinuity at different levels in the consultancy project. The issue of change is, obviously, a constant in terms of residential child care, particularly in relation to staffing and management. This change has impacted on the work of the Consultant Group but, in turn, the consultants have worked with the project on the management of change.

This research has identified a range of positive benefits of the Consultant Group and that, in general terms, the group is achieving the aims set out at its inception in 1999. There are a number of issues, however, which could be addressed to ensure that the Consultant Group attains its full potential as a positive support for practice.

There continues to be some confusion surrounding the roles of the different consultants and the expectations of staff in terms of accessing the Group. Different staff members have different involvement with the consultants. It is therefore important that there is clear communication across the management and staff group to ensure that roles are explained and, particularly when there are changes in the roles of the consultants, that these are communicated effectively.

There was also a need for clear messages about what is expected of staff in terms of their involvement in different processes which involve the Consultant Group. At times, staff were unclear about what the agenda of particular meetings was and were not sure about the structure or process of particular events. This

might also involve clearer processes of feedback from the consultants which could involve more structured record keeping in relation to different aspects of their work.

Social workers interviewed were very positive about the work that the Sycamore Project was undertaking with young people. They had little knowledge, however, about the existence of the Consultant Group and the way that the Group supported practice with individual young people. The Sycamore Project should consider ways in which the work of the Consultant Group could be highlighted for external agencies.

The Consultant Group forms only one part of a range of training and professional support to the staff of the Project. The Project itself is also constantly developing and evolving. It is therefore difficult to disentangle the exact benefits and impacts of the group on management and practice. It is clear, however, that the work of the consultants is valued across the project and could provide a model for the development of consultancy for other residential services.

*I think nowadays you need consultants. I think we're all aware that there's specific things we would like to bring up, and that we could use more time with the consultants. I think that you can become blinkered when you're working one-to-one and it's good to get fresh ideas. You're maybe using the same angle all the time, and it's good to see things differently and I think that's important to look at. (Keyworker)*

## References

- Berry, J. (1975). *Daily experience in residential life: A study of children and their care-givers*. London: Routledge & Kegan Paul.
- Briggs, S. (2001). Commentary on 'Managing the process of change in residential child care: A consultancy approach.' *Journal of Social Work Practice*, 15(1): 103-05.
- Harvey, J. (1992). *The review of residential child care in Scotland - A postal survey of heads of residential child care units in Scotland*. Edinburgh: Scottish Office.
- Hicks, L., Archer, L. & Whitaker, D. (1998). The prevailing cultures and staff dynamics in children's homes: implications for training. *Social Work Education*, 17(3): 361-373.
- Kara, H., & Muir, P. (2003). *Commissioning consultancy: Managing outside expertise to improve your services*. Lyme Regis: Russell House Publishing.

Menzies Lyth, I. (1988). *Containing anxiety in institutions*. London: Free Association Books.

Skinner, A. (1992). *Another kind of home: A review of residential child care*. Edinburgh: HMSO.

Support Force for Children's Residential Care. (1995). *Code of practice for the employment of residential child care workers*. London: Department of Health.

Sycamore Project. (1999) *Consultant Group*. unpublished project document.

Warner, N. (1992). *Choosing with care: The report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes*. Department of Health.

Watson, D. & West, J. (2001). Managing the process of change in residential child care: A consultancy approach. *Journal of Social Work Practice*, 15(1): 91-101.

Whitwell, J. (1998). The experience of external consultancy in a therapeutic community for children. *Therapeutic Communities*, 19(3): 201-210.