

Playing it safe? Staff and young people's views about play opportunities in residential care

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Introduction

Play, in its widest sense, is the way that children and young people develop physically, socially and emotionally. Outdoor activities, in particular, fulfil a special role in the health and wellbeing of the child or young person. Pursuits such as picnics, visits to the beach, swimming and playing games should be a normal part of life for most children and young people, whether they are in a residential setting or living in a family home. Residential care has a high proportion of teenagers but children under twelve also form a significant part of the population (Milligan, Hunter and Kendrick, 2006). For teenagers the word 'play' is not necessarily one they would use themselves when it comes to describing social recreational activities such as visiting a park or a beach whether in the company of friends or carers. In the professional world of residential child care, however, outdoor 'play' is also referred to as outdoor activities.

One of the main ways in which residential child care staff establish relationships with young people is through taking part in activities with them, and introducing them to new experiences. Vander Ven (1999) said that activities engaged in by children and young people mediate the development of relationships with others, encourage the development of a positive self-concept, and are developmentally productive. More recently, increasing attention has been paid to the health, both physical and mental, of children in residential care. Much of the evidence suggests that in many cases the health of these children is very poor indeed. Numerous reports have begun to measure the high levels of health problems (Meltzer et al., 2004; Meltzer and Lader, 2006) and a study, based on comprehensive health assessments of over one hundred children and young people in residential care in Edinburgh, revealed numerous health deficits (Residential Care Health Project, 2004). More widely in Scottish society, as with elsewhere in the developed world, there has been mounting concern about increasing numbers of children suffering from obesity.

Milligan and Stevens (2006) indicated that managers of residential services believed that the existence of 'outdoor activity policies' or general health and safety considerations often led to a situation where workers did not attempt to undertake ordinary outdoor activities because of bureaucratic barriers and the perceived need to avoid placing themselves in any situation where they might be criticised. They also found that children and young people are taken on certain types of activities such as trips to the cinema, or bowling, but not on activities which involve free exploration of the outdoors or sustained physical exercise.

In 2007, SIRCC was asked by the Children's Commissioner for Scotland to carry out a piece of research which looked at opportunities for outdoor play in residential care. The research was published in the report *Playing it safe? A study of the regulation of play for children and young people in residential care* (McGuinness, Stevens and Milligan, 2007). This paper reports on some of the findings of the research, focusing particularly on the views of children and young people, and the views of basic grade staff.

Key words: residential child care, play opportunities;

Methodology

Participants from six residential facilities took part in the research. The facilities were selected using the SIRCC database (2007) and were chosen to represent different parts of the country and examples of services based in urban and rural environments. They were also chosen to represent a cross-section of the type of residential provision in Scotland today. Hence two were residential units from the statutory residential sector, two were units from the independent residential sector, and two were residential schools. The research was designed to be small-scale and indicative, as opposed to providing a comprehensive overview.

Twelve young people and 12 basic grade staff members took part in the research. Within each of the six residential units or schools, two young people participated in the interviews in order to gain their views in relation to opportunities for play. The age range was nine to sixteen years. The gender balance was 7:5, male: female. Two basic grade staff from each of the units also participated. The research strategy for obtaining information was semi-structured interviews. The interviews were based on a schedule of questions designed by the lead researcher, and drawing upon the previous work of Milligan and Stevens (2006). The research took place between March and June 2007. Written records were kept of the interviews. These data were recorded, collated on Excel spreadsheets, and analysed through data reduction, data display, conclusion-drawing and verifying, as indicated by Miles and Huberman (1994). Ethical approval for the study was granted by Strathclyde University Ethics Committee. All participants had the process explained to them, so that informed consent could be gained. A written explanation of the uses of the data and the process was given to the staff and young people and this was also explained again by the lead researcher at the start of the interview. Confidentiality of the participants was assured as no names were used in the report or in this paper.

Findings: views of children and young people

Types of activity

The children and young people were asked what sort of things they liked doing if the weather was good enough. Six of the young people identified playing football as a favourite activity. Four said they enjoyed riding a bike. Half of the sample also identified swimming to be one of

their favourite hobbies. Two young people also liked to play basketball. There was a wide variety of other sports/dance and informal activities, ranging from running around in the grounds of the unit or the local park to more unusual activities such as mountain boarding and free-running. Some of the younger children in the units were happy to play simple games. Some described their favourite activities:

Playing tig outside. Walk down the woods, play basketball, going out on my bike (Boy, age 10).

I like going out on my mountain board, I play rugby, football and 'field craft' where we crawl about in the mud like toy soldiers (Boy, age 11).

One young person, who is now 16 and has been in the same unit for several years, gave a full list of activities that she is involved in within the unit throughout the year:

In summer water activities, water slide in the garden, we also play tennis, badminton, football, hula hoops, we do everything! In winter we do snow sledging, go for a drive to Largs or Luss, play football we go on boat trips, canoeing and water-rafting (Girl, age 16).

Four young people reported that they had been allowed to continue with activities and clubs they had been involved in prior to their placement. Four other young people who had also been involved in a club, team or activity prior to their current placement, however, had not been able to continue this. There were various reasons for this. Two young people cited distance to the activity. One young person did not know why they could no longer attend. The final young person thought that it was linked with his behaviour.

Views on current levels of activity

When asked if they would like to do more than they do at the moment, seven young people identified sports or activities that they would like to do. Two of these young people were getting assistance from staff within their unit to attempt to source these activities. The other five of the young people were not receiving assistance, one of whom was told that he would not be allowed to take part owing to his behaviour. The other five young people stated that there was nothing else that they would like to do at the moment. One young person reflected the general attitude of her peer group in her response to this question:

Not really, I stay in a lot and watch TV (Girl, age 14).

Barriers to outings

Six young people reported that there were no barriers. The remaining six identified various problems ranging from the behaviour of others to their own behaviour which resulted in either that young person not being able to participate in the activity or the activity having to be cancelled owing to ratios of staff to young people.

A number of the older children were aware of, and concerned about, health and safety procedures. A particular cause of concern was going to the beach and not being allowed to swim in the water unless, in some cases, a rope is carried by a member of staff. Two older boys also raised their dislike for the procedures concerning bicycling, as did two 14-year-old girls from another unit. The two boys objected to the risk assessment that had to be carried out before going on a bike and that they were forced to wear not only a helmet but elbow and knee pads and be accompanied by a member of staff. They recounted that they were the only people in the area who had to do this, and this led to a feeling of stigma:

It's shocking, it looks stupid, so I don't get (Boy, age 15).

One of the young people pointed out her annoyance at losing spontaneity if she wanted to go cycling. She was one of the young people who in a previous question identified riding a bike as one of the things that she liked doing outside:

Consent forms need to be signed every time you go on a bike, there's a risk assessment done, then you've got to read it and sign it and say you'll follow the rules e.g. don't go where cars are (Girl, age 14).

Three young people highlighted their concern about barriers to outings to the beach. One example is reported below:

If we go to the beach we can't go in the water. Some outings depend if there is a driver on shift. At the beginning of summer parental consent forms need to be signed, now I'm sixteen it's not needed (Boy, age 16).

Activities encouraged by units

Most young people highlighted the facilities available within their unit. One young person looked to their own behaviour and the impact that had on their opportunity for play:

I'm encouraged to behave by staff so I can go on outings (Boy, age 11).

Two other young people also looked to the encouragement of the staff :

If it's sunny there's no TV and we're encouraged to go outside and play (Boy, age 8).

My keyworker gave me some ideas, there's room here to play on my bike and in the garden there's the playhouse and swings (Girl, age 9).

Another young person acknowledged that their unit had large grounds and facilities. They felt, however, that they did not have the level of freedom that they would like to have:

People ask me what I want to do. There's lots of space here but I don't like staff following us around all the time (Boy, age 11).

One young person highlighted the positive participation embraced by their unit:

Staff bring in leaflets or we suggest what we want to do, staff take our ideas at Monday meetings to book (the activity) in advance (Boy, age 12).

Findings: views of basic grade staff

There were significant similarities in the themes that emerged from the responses of the staff members from different regions and sectors. The main theme which emerged from the interviews with staff was their overall concern that policies and procedures within their units (either real or perceived) often adversely affected the experiences of play for the young people for whom they provided a service.

Types of activities

Difficulties in visiting a beach with young people were particularly highlighted by staff in the statutory sector:

Going to Largs, we can walk along the front, but we can't go near the water, only the beach (Residential Worker).

We can go to the beach but young people can't even dip their big toe in the water (Residential Worker).

In relation to this particular activity, however, staff within two independent units had other views. Their policies and procedures had no restrictions about allowing young people to go to the beach and go into the sea. The staff from these two units felt that their risk assessments were sufficient and also encompassed activities at the beach and in the sea. All twelve staff identified some form of water activity as being popular within their unit. Such water activities included fishing, swimming (in a pool) or going to the beach.

Nine staff identified swimming or going to the beach as being a popular activity for young people, six of whom work in units where the policy and procedures do not permit the young people to enter the sea if visiting a beach. On these visits, children are only permitted to walk or play in the sand. The four members of staff who reported that children were permitted to swim in the sea belonged to the independent sector. Other regular activities identified by staff covered a broad spectrum of sports and activities including playing at/with scooters, skate boards, roller blades, tennis, rounders, bowling, cycling, mountain biking, go-karting, horse-riding, gymnastics, golf, football, swimming, going to the gym, fishing, river-rafting and the climbing wall. In one of the independent units, a member of staff felt that the activities that the young people in the unit participated in were similar to those of their peer group in the community. They placed a great emphasis on the young people in the unit being involved in groups, clubs and activities in the local community. They reported two types of benefits. One was that it gave the young person the opportunity to prove themselves as being capable of mixing with other young people in the community. The other was that it helped to break down the stigma attached to being looked after and accommodated which can often be very negative, especially in small rural settings. This staff member reported that activities should be 'just as you'd do with your own child.'

Reasons for choosing activities

The activities identified by most staff appeared to reflect the skills, attributes and confidence of the staff member as opposed to relating to the children or young people's specific interests. Two staff members described a process of decision-making which included the young people. Five members of staff felt that the activity was driven by the specific interest of a young person. One staff member felt that some activities could be both a general activity or part of the young person's specific interest. When staff were asked if they had a personal interest that they passed on to young people, 11 of the staff were able to identify interests that they currently have and which they carry out with young people, or would like to do in the future. Only one staff member felt unable to identify an interest but was very positive about young people having an enjoyable experience:

Just have fun and let them develop in their way (Residential Worker).

One of the 11 members of staff who were able to identify personal interests also shared similar views to the above member of staff as they described the 'fun' element which was particularly enjoyed by young people:

Competitions to see who is the muddiest, it is light-hearted fun (Residential Worker).

Staff also highlighted the level of enjoyment that young people have playing basic games like 'hide and seek' or running in the park. The length of time spent on activities varied but was often dependent upon the behaviour of the young people. One staff member responded that the length of time spent on an activity was two to three hours while another staff member from the same unit reflected on the most recent activity the previous week which had to be curtailed after 25 minutes, owing to the behaviour of the young people in the group. Most staff felt that at least an hour would be spent on an activity, excluding travelling time. All 12 members of staff when asked if they enjoyed doing outdoor activities with young people were very positive about this:

I love it, it's great fun! (Residential Worker).

Yes, it's great to get out, it can sometimes be claustrophobic in here (Residential Worker).

Yes, that's one of the things I bring to the job (Residential Worker).

Nine members of staff identified the facilities, equipment and garden within their units as being factors that would encourage staff to do things with young people. This included facilities that were currently available or the plans to build them (such as a skate park). One of the units had an existing adventure playground and another unit had a smaller scale play-activity set. One staff member described the facilities in their residential school:

A gym with new equipment, (young people) can also play badminton or use the punch bag to alleviate stress (Residential Worker).

Two members of staff felt that staff attitude was important in encouraging young people to take part in activities. Another member of staff acknowledged the importance of the facilities both in the unit and in the local area:

Grounds with the chute, climbing frame, at the moment we are spending more money on outdoor equipment. Also the close proximity to well-maintained parks and skate parks (Residential Worker).

Two members of staff looked to traditional forms of researching and more up-to-date methods through accessing the internet:

Leaflets on parks on board or in the communication book. Access to the net to research outings (Residential Worker).

Two members of staff from a unit which did not have the advantage of having large grounds looked to the facilities on offer in local public parks and leisure centres. When asked what existed within the unit to encourage them to do things with young people they responded that they had 'membership of the gym.'

Another member of staff highlighted the use of an outdoor resource centre which allocates three days a year to the unit to participate in canoeing, mountain biking and white water rafting.

Activities and health

All of the units identified that at some point they had been or were currently working with a young person who was overweight. All staff were able to identify the necessity for young people to be involved not only in healthy exercise but a balanced nutritious diet. When asked

about the benefits young people could get from outdoor activity, nine staff highlighted the direct health benefits in relation to both the physical and mental health of the young person. Two members of staff, from the same unit, identified the improvement of the young person's self-esteem.

Enjoyment. Builds on self-esteem (Residential Worker).

Self-esteem, self-achievement and practical skills (Residential Worker).

One staff member did not link the benefits directly to health, but reflected more on a spiritual level, reporting that the surrounding area and the environment could have a positive impact on young people:

Especially here, one of the most beautiful parts of Scotland, for example the wild life and the surroundings (Residential Worker).

Barriers to activities

In relation to barriers that hinder staff from doing things with young people, most staff identified several issues. The barriers were predominantly related to organisational factors. In one of the more rural settings, a member of staff shared the view that activities could be constrained by lack of resources (for example if no car was available). Another staff member acknowledged that the behaviour of a young person can cause issues with the original planned outing. They reported that they would have a contingency plan in order that the other young people in the unit did not miss out:

If there is adverse behaviour from one young person we still try to facilitate another activity with young people (Residential Worker).

This staff member went on to identify other demands on their time which hindered activities with young people:

Restrictions in time, like facilitating family contacts (Residential Worker).

Another member of staff from the same unit added two additional issues:

Time constraints, enough staff if family contact is at the weekend and balancing the child's own activity, for example, swimming class, with group activity of the unit.... and the weather (Residential Worker).

Perhaps surprisingly, for Scotland, this was the only member of staff who identified the weather as being a barrier to doing things with young people. Other organisational issues raised by staff included bureaucracy, finance and staff training in relation to outdoor education.

One staff member had trained to a high level of proficiency in hill-walking. The staff member shared her frustration that the organisation hindered her from taking this further, as she would need to carry out the second part of the practical training in order to gain official accreditation. This staff member felt that this is short-sighted as achieving this level of accreditation would enable the young people and the organisation to use the staff member's skills to the advantage of the unit. Another member of staff from the same organisation also highlighted frustration at similar issues:

Bureaucracy, it feels like insurers run here. There are restrictions from the organisation, although I have the (BELA) Basic Expedition Leadership Award, I am held back and not able to put this to best use here (Residential Worker).

Risk assessment procedures were identified as barriers by a number of staff:

So many consent forms, red tape, policy and procedures. Risk should be proportionate (Residential Worker).

Risk assessment, for example a 10 point assessment (is carried out) and then the young person needs to sign, (they) don't want to wear helmets. If it were our own kids we'd want helmets used (Residential Worker).

Whilst the above member of staff embraced the need for safety and treating young people in our care as we would our own children, the main difference would be that the young people need to read, sign and agree to the risk assessment before they can go on the bike, which reduces spontaneity.

Policy and procedures in relation to the insurance of a venue was an issue raised by three members of staff. The staff member below felt that this could hinder the development of some of the young people within their unit:

Skiing, snow-boarding, there are constraints with insurance and instructor's qualifications. Paperwork, outdoor pursuits holiday, we need to verify the certificates of staff there and get a copy of the insurance. A young person wanted to do the West Highland Way Walk and I was willing to accompany them, but they are not allowed. Swimming in the sea, or paddling or pedalos, even when water is only knee high is not allowed (Residential Worker).

The procedural issue forbidding young people to go into the sea remained a consistent theme throughout the interviews and was shared by other members of staff who saw this as a barrier.

Motivating young people to become involved was also a barrier:

Motivation. Risk assessments - the ratio of staff to young people. The recent activities didn't last long (25 minutes) owing to a fear which comes from the management issue of keeping young people safe and them not running away (Residential Worker).

A few staff made comments to the effect that children and young people who enjoy the benefit of a wide range of activities may find it harder to return home because of the range of activities they have experienced while in care. They implied that perhaps children were being given too many outdoor activities, especially those costing money or requiring access to transport.

Parental consent

The concept of parental consent seemed to be something that was not widely understood by the staff who took part in the research. There appeared to be some confusion around this concept in general and also uncertainty as to when it was necessary and also how this was obtained. In some units it was felt that if parental consent could not be sought, then consent from the child's social worker had to be obtained:

Yes (consent needed) for everything; sometimes it is difficult getting hold of parents and if not then social worker, senior or Area Manager's signature is sought, if they can sign they will (Residential Worker).

Discussion

The issues facing organisations in providing residential services for children can be challenging. Not only does the organisation have a duty of care to its young people, it also carries all the responsibilities of the safe workplace under the Health and Safety at Work Act (1973). The findings of this small piece of research indicate that staff are committed to providing a good service for their children and young people but that they feel constrained by policies and procedures, particularly in relation to risk.

Staff appeared to recognise the importance of providing opportunities for young people to be involved in outdoor play and activities and generally worked hard to offer such opportunities to the best of their abilities. There were, however, challenges to this aspiration. Finances and staff/child ratios could be a barrier to activities taking place. Activity planning as a separate aspect of unit planning was more prevalent in the independent sector than in the statutory sector, if it was present at all. It was felt that staff were disempowered to an extent by organisational and procedural issues. It was also felt, however, that these issues could be used by some staff as an excuse not to pursue outdoor activities and to remain within the safe confines of a familiar set of activities.

All staff, and particularly those from statutory agencies, highlighted the frustration they felt at the 'guidance and rules' of their organisations. Whether these 'rules' were real in the sense of explicit written guidelines or whether they were the 'perceived' rules, they had the real effect of limiting or restricting the experiences of young people in care, especially in relation to going to a beach and not being allowed even to paddle in the water. Some of the health and safety measures (e.g. taking a rope with a young person before they go near water) would create a great deal of negative attention and stigma being attached to the young people. Again, a small difference emerged in that the independent sector reported greater spontaneity in activities, while the statutory sector felt that there was no spontaneity in activities. This was frustrating insofar as staff felt that they could not take advantage of nice weather or of special events which came to the attention of staff at short notice. One of the most striking findings was the way in which staff handed down the knowledge of what should and should not be done by word of mouth. When the researchers asked to see copies of the policies and procedures that actually stated some of the more stringent barriers that staff were mentioning, e.g. taking a length of rope to the beach, or wearing full knee, elbow and head protection when cycling, staff were unable to provide them. Somewhat ironically the one unit that did have a comprehensive policy provided a copy of Strathclyde Regional Council guidance on outdoor activities, a document which appeared to have been based on requirements for schools in the 1980s.

While the policies and procedures seemed to establish an over-protective environment, the practice of undertaking risk-assessments, which has proliferated in recent years, was also recognised by staff in this study as a significant factor affecting their capacity to provide a range of activities. Risk assessment appears to be the main block to spontaneity and normality in activities for children and young people in care. However, risk assessment was another area where staff from the independent sector had a more measured approach than the statutory sector. This included risk assessments relating to individuals and also the group dynamics of those involved in activities.

Comments from the young people indicated that a range of activities was available to most of them. A recurring theme for young people, however, was the impact of challenging behaviour by other young people on whether or not an activity would take place. This was confirmed by some of the basic grade staff. It appeared that if a young person was challenging, then an outing or activity planned for a group might be suspended or cut short. There was also a suggestion that a young person could be excluded from a potentially enjoyable activity because of behaviour they might exhibit. Challenging behaviour as an issue was not

specifically addressed in the questions for the research. It emerged often enough, however, to be worth highlighting at this point.

Some of the young people raised issues around restriction on play, and demonstrated a good knowledge of the impact of policies and procedures, particularly in relation to risk assessment. They were as fully aware as the staff that policies and procedures do not allow them the same level of freedom as their peer group living in the community, particularly in relation to going to the beach and not being allowed to swim in the water. One of the boys put the issue of stigmatisation well when he described having to wear helmet, knee pads and elbow pads when cycling. He did not wish to be standing out from others, so he missed going out on a bike.

In general, it was found that unit staff were confused about the role and meaning of 'parental consent'. It seems to have become a standard practice that staff in residential units should seek parental consent before a child goes on an outdoor trip or activity. This seems to have become a 'taken-for-granted' task and duty of the unit, and is not challenged at unit level. This was an interesting finding, because children in residential care have been removed from their parents. They are subject to legislation which gives the officers of the local authority the power to arrange all other aspects of the child's life in line with the care plan. Specific parental consent is not sought for other aspects of the child's life within the unit, so the adherence to this practice vis-à-vis outdoor activities raises some questions. The legal and practical situation of looked-after children is that the residential care staff have the daily care of, and responsibility for, the child. As far as can be ascertained, there is no legal basis for requiring staff to get parental consent before taking looked-after children on trips; certainly it is not a requirement of the Children (Scotland) Act 1995. It is emphasised within the guidance which accompanies the Act that social work staff should inform parents about their child's progress and involve them in the decision-making and care of the child (Social Work Services Group, 1997). Best practice should involve consulting and informing parents about various activities and perhaps even including them in certain trips. This type of practice, however, is quite different from gaining parental consent for each and every activity. The high priority given to seeking parental consent is an anomalous finding in terms of care practice, because research indicates that parents often feel pushed out or excluded when their children go to live in residential care. Yet in the area of outdoor activity, parental consent is avidly sought.

The staff who commented that children and young people in residential care should not have their expectations raised when it comes to activities caused some concern to the researchers. This is akin to the argument which says that children and young people in residential care should not have good quality clothes or designer trainers because they may not get these when they return home. The confusion that exists here is around mistaken notions of normalisation. In fact, the United Nations Convention on the Rights of the Child holds that children in care are entitled to 'special protection' and if that includes having good quality clothes or a wide variety of activities for a short time, then this should be accepted (United Nations Committee on the Rights of the Child, 2002). A positive aspect of the research was the amount of 'ordinary' activities that were provided by the units, particularly in relation to using local facilities like the park, despite the requirements for risk assessments and insurance. This was heartening as it would enable the young person to continue to have a similar level of enjoyment if they returned to the care of their families. This is also the type of activity that perhaps should be incorporated into contact with family members (where appropriate) as opposed to going to a burger café which is perhaps not an experience of high quality contact for family members or children. Nor does such an experience focus on the health benefits for the child or young person to the degree that a physical activity or simple game with a ball in a park would. The latter is also an experience which is easier to replicate if the child or young person does return to the care of their family.

Conclusion

In conclusion, the study found that while staff in the units were undertaking a range of outdoor activities, they reported a general culture of caution and risk aversion. Specific constraints meant that there were restrictions on the kinds of ordinary outdoor activities that could be experienced by children and young people. It is clear that at agency or organisational level action needs to be taken to review policy and practice in this area, if children and young people are to have a good-quality care experience and if the guidance and expectations set out in the National Care Standards are to be met.

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