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Creating a safe place to sleep: an analysis of night care staff interventions to reduce evening and night-time disturbance in a residential care unit

Margaret Conlon

Abstract

Behaviours and internal constructions regarding the meaning and purpose of sleep are established very early in the infant's life and continue through adolescence to adulthood. A sensitive and attuned caregiver will initiate interaction and be responsive to the infant's needs. It is within this relationship that the child learns to regulate his or her own feelings and behaviours (Sadeh, 2001).

Keywords

Sleep disturbance, residential care unit, interventions

Corresponding author:

Margaret Conlon, Lecturer, Napier University

Introduction

A restful night's sleep is known to have pronounced and positive effects on emotional and physical wellbeing. Children's sleep is significantly influenced by many factors including parenting style, the quality of the attachment relationship, as well as through the immediate sleep environment (Meijer, Habekothe and Van Den Wittenboer, 2001). Behaviours and internal constructions regarding the meaning and purpose of sleep are established very early in the infant's life and continue through adolescence to adulthood. A sensitive and attuned caregiver will initiate interaction and be responsive to the infant's needs. It is within this relationship that the child learns to regulate his or her own feelings and behaviours (Sadeh, 2001). Sleep behaviours are, in many ways, the external representation of the young child's internal working model. Howe, Brandon, Hinings and Schofield (1999) describe the internal working model as a set of expectations and beliefs about the behaviour of self and others, self-worthiness as well as the emotional availability of others.

Children and young people in residential care are likely to have suffered early life disruptions, stress and trauma (Berridge and Brodie, 1998). It is therefore likely that this particular group may suffer from sleep disturbance. Stores and Wiggs (2002) outline some of the sleep problems and disorders that are experienced by children and young people

who may be anxious, depressed or traumatised. These include such issues as insomnia, failure to settle, nightmares and a tendency toward easy disturbance through the night. Blatt (1992) also reported that an intense level of residual distress may be expressed by children in residential care around sleep and pre-sleep activities. The resultant sleep deprivation can have major effects on life through the day. Sadeh and Gruber (2002) report outcomes such as reduced educational attainment, inability to concentrate and deficits in social skills in adolescents under stress who have disturbed sleep.

The relationship between physical care and the benefit of healthy sleeping patterns is becoming popularly recognised amongst the public. Wolfson and Carskadon (1998) reported that adolescents who sleep six hours or less are more likely to experience depressed mood than adolescents who sleep eight hours or more. Equally, daytime behaviours are likely to have a significant negative impact on sleep quality and the stability of bedtime routines. These daytime behaviours may include the use of alcohol and or drugs; lack of age appropriate intellectual stimulation (such as attendance at school), as well as lack of physical exercise or activity. Healthy sleeping patterns can also be hindered by chronic and enduring lack of bedtime routine as well as in daytime routine overall. Given the nature of the issues that have faced children and young people prior to their reception into care, it is likely that staff in children's units will have to deal with sleep disturbances and their consequences. The most likely group of staff who may deal with this are the night care staff.

This article demonstrates the complexities involved in supporting young people to adopt positive sleep routines in the residential care setting. It is based on a period of consultancy with a team of night care staff and describes two care scenarios, involving bedtime and pre-bedtime activities implemented by four female staff members. Contextual factors such as the psychological needs of the young people are considered, alongside the capacity for skilful and sensitive caring from night staff. The focus of the analysis is to demonstrate practice that promotes healthy sleeping patterns for vulnerable young people in the residential setting.

The Role of Consultancy

EC is a multi-disciplinary mental health team, whose remit is to enhance staff capacity to recognise and understand mental health difficulties. Statistical evidence demonstrates the existence of mental health problems in young people in the care system (McCann et al., 1996; ONS, 2004). The team's position of being funded by, and working in partnership with local CAMHS (Community Adolescent Mental Health Services) and Social Work Services supports accessibility to the appropriate level and type of service. Individual mental health assessment and therapeutic intervention with children and young people is provided when and if required. The overarching aim of the team is to promote positive mental health and to prevent the development of, or deterioration into, mental ill health.

These core team functions are achieved primarily through a programme of consultation sessions to all of the residential units in the area. Kendrick (2005) outlined the importance of consultancy in residential child care when examining developments at the Aberlour Sycamore project. He describes how consultancy aims to give staff a space to consider

how they work with the young people in their care. At EC, the consultations occur on a three weekly basis, for a period of ninety minutes and aim to include the whole staff team. The purpose of these sessions is to provide a supportive and reflective space in which staff can consider young people's care needs in the context of their care history, early family and development history and current emotional and psychological needs. The consultations aim to look beyond the behaviour and into the child's internal world to consider the ways in which complex psychological needs impact on staff capacity to care. The sessions are 'owned' by the care staff in that they are asked to identify the young person they wish to discuss, and the key questions of their enquiry in relation to that young person.

Springwell* Young People's Centre was one of the units involved in the consultancy process. Springwell provides residential care for seven young people whose ages range from 12 to 17 years old. As a consequence of the consultancy relationship, the unit Manager requested increasing the consultation service to night staff in the unit. In response to this request, a series of three meetings was set up.

(*The name of the residential centre has been changed.)

The process of consultancy with night staff

Initially two members of EC met with four members of the night staff team to facilitate the first consultation session. All of the night staff were female members of staff. One member of EC facilitated a further three sessions. The period between each session was largely governed by staff availability and therefore ranged between three and six weeks.

It became evident fairly quickly, from observation of the group dynamics, that they were a well-functioning group who shared a sense of confidence and security with one another. They had been working at Springwell for five years or more and indicated on a number of occasions a degree of pride in their work. During the consultancy sessions, members frequently supported one another and expressed a sense of containment and warmth which demonstrated their capacity to nurture. Perhaps one of the secrets of this positive functioning was the visible and regular support to the group from senior staff members. There was an arrangement for night staff to meet six weekly with senior staff in order to consider the complex care needs of the young people. Night staff were also encouraged to work occasionally on day shift, thus emphasising their sense of importance in whole team functioning, as well as promoting continuity in systems and decision making processes. This practice also reduced the tendency for the day and night care teams to be completely divided by two contrasting sets of care needs.

Developing positive sleep hygiene using consultancy

During the consultancy sessions, the night staff focussed on the cases of two young people in the unit, who will be called John and Peter. John was 15 years old and described by staff as having been in care 'for years' with a significant period of time in Secure Accommodation. Night staff described John as being responsive to night time routines such as having to be in the building by 10pm, but had a tendency to challenge these rules and

return late. Night staff talked of their need to 'check him out' when he returned, as he could sometimes be 'high' and prone to volatility. Staff tended to bend the rules a little during suppertime to create an opportunity to assess his mood and to diffuse excess energy, if this was necessary. They strongly felt the need to be flexible with the rules over suppertime and talked of the importance of having the explicit support of senior staff over this.

The night staff reported that John's behaviour of not returning to the unit within a pre-arranged time could not be explained as a difficulty in comprehending the unit rules. They described how he could repeat the unit rules verbatim and yet he continued to be late. In some situations, day care staff were inclined to challenge John and view his behaviour as being conscious and deliberate. Night staff instead described enduring this 'dance' and employing the time instead, as an opportunity to 'check out his mood'. This was done through conversation over choice of supper or exchanges about the day's activities. The purpose was primarily to complete a mini risk assessment as John has a history of becoming volatile around bedtime, sometimes resulting in physical or verbal aggression. This was understood to be related to a combination of past trauma and a history of many years of living in a care setting. As a result of reflections during the consultancy sessions, night staff made a decision to be flexible with the rules. Experience had shown that John settled and slept more easily if the people around him remained calm and unthreatening. The need to confront him about rules was considered to be less important than the need for John to be settling to bed. An emphasis on the process of settling provided staff with an opportunity to connect with John emotionally. After John had his supper, he spent some time with an individual member of staff. Then, he was happy to go to his room, provided night staff came and 'checked him' once he was in bed. John tolerated staff giving a brief but meaningful hug. Staff described this moment as 'the most important one in the whole day'.

The night team explored their decision to be flexible with the rules during the session. They used the consultation sessions to affirm their confidence in their decision-making as it had been discussed, supported and understood by the day team, who clearly considered the staff competent and sensitive to John's needs. Although recognising the need for flexibility, the presence of an established bedtime routine for John sat at the core of much of our discussion during the consultancy sessions. When exploring the rationale and influences of the ideological belief that routine must be available to the young people, staff reflected on their own experiences as parents as well as of being parented. Discussion was peppered with comments such as 'children need to know where they are' and 'you need to let them know who's in charge', as explanations for their thinking.

There was acknowledgement that the flexibility of night staff in relation to the imposition of rules for John might have led to greater difficulties with a different young person. In this respect, staff began to describe Peter. This young person was aged 15 years and, unlike John, he was not a full-time resident. Peter had held a weekend respite bed in Springwell for nearly a year. He was perceived to be a vulnerable young boy and was described as 'having sexualised behaviours'. It is known that he was sexually abused sometime in the past but the details of the abuse are unclear. Although Peter was technically old enough to be allowed to stay up until 11.30pm, he often asked for his bed

much earlier and staff supported this. Staff described sensing his vulnerability and felt a need to respond to this by offering him many opportunities to have time alone with them. They encouraged Peter to nestle up on the sofa alongside them and talk about his week. Once in bed, Peter enjoyed listening to books on tape. He usually asked for the Tracy Beaker stories and would listen to them many times over. The repetition seemed to provide comfort through familiarity of a story he could identify with. Before going to sleep, Peter always played the same 'game' with the staff, which involved being rolled up in his duvet cover, his need for physical security being ever present.

In talking about Peter during the consultancy sessions, staff perceived his longing for emotional contact. They responded to this through what they described as 'hot chocolate moments' during which they could provide their whole selves as listeners and nurturers. The sensitivity of care continued until he got under the duvet, when he asked to be rolled up inside it. This was perhaps a request for physical security in the absence of emotional security, thus alluding to being the younger, needy child who allows his attachment needs to be expressed.

Both of these cases illustrate how a different method of settling for sleep was used for John and Peter, according to their needs. The consultancy sessions served as an important forum for checking out the rationale for the routines, and affirming staff competence in carrying out these activities. The importance of the unit culture was also emphasised during the sessions. In the case of Springwell, the dominant culture was to nurture staff and to provide support and containment from the senior and day care team. This mirrored the same level of emotional support available to residents.

Drawing lessons from the Consultancy : the relationship between the residential environment, sleep quality and emotional health

Knowing the young person and their story is important if care staff are to understand the place and presentation of their emotional needs. The experience of EC would suggest that staff often struggle to hold much more than fragments of the young person's story. A young person's past may contain protracted exposure to pain, distress and abuse that is too painful to hold in mind, so it is unconsciously rationalised or pushed out. Thomas (2005) suggests that effective and sensitive caring is dependent on recognising the complex interplay between staff and residents' trauma and the consequence this can have on perceptions of events and decision making in general. Night staff at Springwell reflected that they had to be available for the complex emotional needs of the young residents. The normally busy, noisy, hectic house was calmed and quietened. Lights were dimmed and efforts were made to minimise the chance of the doorbell or the phone ringing. A quiet but unobtrusive presence was created by staff as was the manner in which they were available for the young people. It was an opportunity for tuning into a young person's world and the complexities it may hold. Lanyado (1991) describes the importance of the adult being a 'non-intrusive other', in order to create the psychological space for the young person to be more of their true self. With this in mind, Springwell staff were impressive in their ability to 'know' the young person and weave their care response according to what they *saw* as well as to what they *knew*.

The night staff reflected on the importance of creating an appropriate environment to signal bedtime. The preparation for bedtime involved adapting both the external environment and preparing the children emotionally. One way in which they created an external marker that bedtime was approaching was by using a *Night Box*. The *Night Box* contained activities to support their efforts. It was a specially decorated box easily recognised by the young people. Many of the activities it contained would more normally be used with much younger children, but night staff described the distinct calming and settling benefits of items such as colouring-in books, books on tape, lavender oil or night lights, and how these were more likely to be accepted by older children particularly when they were not observed by their peers. Peter, in particular, used the books on tape from the box. Play activities such as these can form the basis of creating real understandings of the child as well as providing an opportunity for relief and release for a young person whose emotional development is lagging significantly behind their chronological age (Hoxter, 1977). Maximum emotional nurturing occurred when staff were able to participate in activities with the young people, and one member of staff commented on the particularly soothing qualities of brushing a young person's hair.

The exigencies of group living can have adverse effects on healthy sleeping patterns. The number of care staff within the care team in any residential setting can leave a young person bewildered and confused about the sheer scope of interpersonal and emotional responses to the same or similar situations. Ward (2004) highlights the difficulty of 'whole strings of different ordinaries' (Ward, 2004, p.214) as each individual care worker assumes that their 'ordinary' beliefs and assumptions are similar enough not to have to check, challenge or compare the details of care. To share decisions between a group of ten to 15 care staff who may often be split into a day team and a night team can therefore be extremely testing. The demand on the organisational structure to remain consistent is immense and the costs of any leakage can be high. Young people have a fundamental need to know who is *available* to care when they go to bed, and whether or not the same person will be *available* to care when they wake up in the morning. Details of care such as these can be overlooked as trivial issues in the bigger care plan. However, the consultancy process demonstrated that these are crucial issues for a child and for the staff team.

The positive effects of establishing healthy sleeping patterns for John and Peter in terms of their emotional well-being became apparent in the consultancy sessions and the whole experience of taking part in the consultations highlighted this as an area of good practice for residential child care workers.

Conclusion

The discussions and descriptions of care in Springwell demonstrated the positive residential practice of a night care staff team. Little attention has been paid to this group of staff in terms of research, yet their importance to the establishment of good sleep patterns is crucial.

As the consultant had the opportunity to have sessions with both day staff and night staff, it became clear that Springwell was a secure 'containing' residential centre where both groups of staff held the capacity to nurture and support. The commitment to the young

people was high and there was an explicit willingness to value and understand the young people's emotional needs and see beyond the presentation of behaviour. More importantly, there was free and open communication between all staff members. This mutual valuing of staff, no matter what their role, was seen to have important positive outcomes in terms of consistency of approach.

Berridge (2002) suggests that the success of a residential care unit is dependent on the quality of interaction between staff and the young people and this 'quality' can be described in terms of ability to be empathic, approachable and with a willingness to listen. The quality of care which the night staff at Springwell were able to provide and their ability to use consultancy to reflect on their practice, demonstrated that these elements of reciprocity were present in all members of this staff team, from basic grade staff to managers, and that all staff were viewed as equal partners in the care of their young people.

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