

Scottish Journal of Residential Child Care



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Editorial

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Welcome to the spring 2023 issue of the *Scottish Journal of Residential Child Care*. We have very exciting news for regular readers and authors. The Journal's editorial team is engaged in a project with colleagues in the Information Services Division at the University of Strathclyde which will lead to improvements in the reach of the Journal, both professionally and internationally. The project involves adding all articles in the Journal's 20-year back catalogue to the University's institutional repository, [Strathprints](#).

The most obvious feature readers will notice is the addition of a Digital Object Identifier (DOI) to every article which provides a unique identifier and permanent web address (URL), making articles easier to locate directly from citations. Among the other benefits which the project aims to realise are greater promotion of articles and improved metrics. Journal information and issues will continue to be available on the *SJRCC* web pages of the CELCIS website, and individual articles, and their associated metrics, will also be accessible via Strathprints.

In another important project, CELCIS has been asked by the [National Library of Scotland](#) to deposit CELCIS's own research, reports and practice guidance related to children's services and the needs of children and young people in need of care and protection, on behalf of the six legal deposit libraries of the UK and Ireland. The aim of the project is to broaden the resources catalogued by the libraries related to equality, inequalities, and diversity. This means that these materials will return in searches of the libraries' catalogues, as well as via search engines. The project will catalogue material from 2013, and this will include all *SJRCC* journal articles from that year onwards.

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In the lead-up to publication of this issue, enforced migration and dislocation of children and families has featured in news reports about current world events and those in the past. We include in this issue two articles about supporting refugees: one by the team at Barnardo's Scotland providing support for refugee Ukrainian children and families forced to flee the conflict and now living in temporary accommodation on two cruise ships moored in Scotland; and another about the Drawing Together project which works alongside young refugees living in Scotland, Finland and Norway.

In March, the International Criminal Court (ICC) (2023) issued an arrest warrant for the Commissioner for Children's Rights of the Russian Federation, Maria Alekseyevna Lvova-Belova. Along with Russian President, Vladimir Putin, Ms Lvova-Belova is accused of the war crime of the unlawful transfer of children from Ukraine to Russia. In what is an extraordinary statement of censure of a government official in a significant child safeguarding role, the ICC says: 'There are reasonable grounds to believe that Ms Lvova-Belova bears individual criminal responsibility for the aforementioned crimes, for having committed the acts directly, jointly with others and/or through others (article 25(3)(a) of the Rome Statute).

News agency Reuters reported that Ms Lvova-Belova denies children were moved against their will or that of their parents or legal guardians and says that her commission acted on humanitarian grounds to protect the interests of children in an area of military conflict. She also denies that children were given up for adoption, saying they were placed with temporary legal guardians in foster homes (Faulconbridge & Osborn). Journalist Ed Vulliamy, (2023) writing from Kherson, reports chilling eye-witness accounts of the abduction of children to so-called 'filtration camps,' quoting a Ukrainian government official alleging that from these camps children are: 'collected, indoctrinated and prepared for "adoption" of the kind that commissioner Lvova-Belova has herself boasted'.

Historical enforced migration is also the subject of a report recently published by the Scottish Child Abuse Inquiry on the experiences of children sent from

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Scotland to Australia and Canada as part of the child migrant programme in the late nineteenth and early twentieth centuries. The report includes the testimonies of 55 former child migrants as well as descendants of migrants. A future report will detail 'the history, policy, and practices of child migration, with a focus on the Scottish context and the responses of organisations involved in child migration schemes' (Scottish Child Abuse Inquiry, 2023, p. xii). More than 1,000 children were migrated over a period of approximately a century, in processes that today would be regarded as criminal – practices which included invalid consent to migration, names being changed and links with families at home severed, and children subjected to physical and sexual abuse, degradation and the loss of human rights.

The spring 2023 issue

We open the issue with two long-form, peer-reviewed research papers. Bethany Shelton used a story completion approach to explore how birth children of foster carers make sense of being in a foster family, concluding that: 'Reframing birth children as active members within the foster family makes it appropriate to approach them as part of the fostering team'. Ed Janes, Eleanor Staples and Alyson Rees evaluated the Caring Changes course for residential child care practitioners in Wales, finding evidence of 'increased team solidification and communication, as well as individual practitioners' confidence and positivity', but also disadvantages to whole staff training because of 'the diversity and complexity of the needs of children in residential care, with a need for more advanced content and the tailoring of the course to individual homes'.

This issue includes the full-text transcripts of two major lectures. Ann Skelton of the University of Pretoria gave the 20th Kilbrandon Lecture on Children of the Beloved Country: Lives and Legacies from Kilbrandon to Mandela, and we also include a response to the lecture by Sophie Shields who took up the theme of holding decision-makers to account in a Scottish context. Readers can find all previous Kilbrandon lectures archived [here](#).

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The SIRCC 2022 keynote lecture was given by Bill Kahn of Boston University who addressed the conditions required for resilient caregiving organisations and proposed that they are: 'a function of having the capacity to absorb, to contain, to work with and release painful emotions, and to keep going without lasting damage'.

We also publish five short-form articles on practice issues. Kirsty-Louise Hunt, Karen Campbell and David Finlay of Barnardo's outline the Barnardo's Scotland Welcome Ukraine Service, concluding that: 'Families from Ukraine will need support for a considerable amount of time as the war in Ukraine continues, and the need for mental health and wellbeing support will be crucial to children, young people and their families learning to cope with the trauma caused by the war'. In an article first published as a feature story on the CELCIS website, Ravi KS Kohli describes the Drawing Together project which aims to examine how young refugees in Scotland, Finland and Norway draw and describe their networks and relationships via art workshops and interviews.

Margaret Davies describes the Lovin' Care programme which aims to introduce love-led practice in three residential care organisations in England. David Woodier asks: 'How do we ensure a relationship is good for a young person?' and considers 'how trust and the capacity to love can be enabled when the workforce has time to focus and reflect on relationships'. Laura Steckley has updated an article she originally contributed to the Goodenoughcaring journal in 2014 in which she reflects on her experiences as a child and youth care worker, (and now an academic) in Colorado, USA, and Scotland.

As usual, we end with book reviews and in this issue, we have four. Marianne Macfarlane reviews Embodied Approaches to Supervision: The Listening Body by Celine Butté and Tasha Colbert. Jeremy Bayston reviews The White Bird Passes by Jessie Kesson. Seonaid Graham reviews Improving Outcomes for Looked After Children by Jacqui Horsburgh. And Graham Connelly reviews Children in Care 1834-1929: The Lives of Destitute, Orphaned and Deserted Children by Rosemary Steer.

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Making sense of family: A story completion study of birth children of foster carers

Bethany Shelton

Abstract

Birth children of foster carers are active participants in the foster family unit, and yet their contributions, outcomes, and potential have been consistently neglected in research and policy. Research suggests that birth children within a fostering family provide significant resources and can be hugely influential in the success of a placement. This study explores, through story completion, how birth children of foster carers make sense of being in a foster family. An inductive thematic analysis was conducted on 34 story completion texts from 17 UK-based birth children of foster carers, aged 8-49 years. Three themes were identified: costs, family identity, and empathy. These themes refine the key markers of birth children's experience identified in existing literature and highlight the strategies employed to make sense of their experience. These findings further the discussion that birth children of foster carers should be more widely recognised for their role in the foster family unit, better supported through it, and more officially involved in the decisions and processes of fostering. Existing research and the current study suggest that doing so may help prevent placement breakdown as well as aiding in the recruitment of potential foster carers.

Keywords

Fostering, foster carers, birth children, care experience, story completion

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Introduction

Fostering is the main form of care for children being cared for away from home in the UK, with over 70,000 children living with foster families (The Fostering Network, 2023). The narrative on UK foster care has been clear for years: the supply of foster carers is outstripped by demand. The number of children entering the care system is increasing year on year and the number of foster carers is not increasing proportionately, resulting in children being left waiting for homes (Home for Good, 2023). This disparity was exacerbated throughout and in the wake of the coronavirus pandemic. Following the UK lockdown, the children's charity Barnardo's declared a 'state of emergency' for children in, and waiting to enter, care (Barnardo's, 2020). During the initial national restrictions (implemented on 16th March 2020), Barnardo's received 44% more referrals of children being abused or neglected at home than in the same period in 2019. Meanwhile, people contacting the charity with an interest in fostering fell by 47% (Barnardo's, 2020). The Fostering Network (2021) has called this a retention and recruitment crisis. It is therefore vital that there is recent research supporting and improving the outcomes for all those involved in the lives of children and young people with experience of foster care.

Understanding birth children's experiences may prevent placement breakdown, which could support the retention of current foster carers. Difficulties arising between foster and birth children have been reported as a prevalent factor in foster placement breakdown worldwide (Kalland & Sinkkonen, 2001; Oosterman et al., 2007; Thompson et al., 2014; Tonheim & Iversen, 2018). The likelihood of birth children influencing placement breakdown varies depending on the ages and closeness of the birth children and foster children (Rock et al., 2015). However, since there is little research understanding birth children's experiences prior to the point of placement breakdown there is no possibility of evidence-based support to prevent this outcome.

Better understanding birth children of foster carers' experiences may not only support the retention of current foster carers, it may aid in the recruitment of

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future foster carers. Research is needed to enable prospective foster carers to make better informed decisions about how fostering might impact all members of their family.

The majority of existing literature on families who foster focuses on the outcomes for children and young people with care experience. Unsurprisingly, positive family relationships increase the chances of better behavioural outcomes for young people with experience of foster care (Cooley et al., 2015). Positive peer relationships have also been seen to offer benefits with respect to care experienced young people's school engagement, self-esteem, and social skills (Farineau et al., 2013; Farruggia & Geramo, 2015; Thompson et al., 2016). Young people in foster care with more close friends were also found to be more resilient (Jones, 2012). The benefits of peer relationships for young people with experience of foster care are clear, however the experiences, challenges and outcomes of these peers remain unreported.

Located as a subset of foster children's peers (in a sibling-like relationship), birth children of foster carers also influence the foster child's psychosocial outcomes (Wojciak et al., 2013). Internationally, siblings and foster siblings were expected by the foster parents to be role models, and they were found to be so, showing care for their biological as well as foster siblings (Nordenfors, 2016; Sutton & Stack, 2013; Thompson et al., 2014; Twigg & Swan, 2007). When taking on a caring role, including babysitting their foster sibling, birth children felt they were on the same team as their parents, working towards the shared goal of caring for the foster child (Sutton & Stack, 2013). These increased responsibilities had a largely positive impact on self-worth and prevented feelings of rivalry between birth and foster children (Stoneman & Dallos, 2019; Watson & Jones, 2002). However, for some birth children, particularly those who were not close to their foster sibling, these responsibilities were 'unwanted' (Stoneman & Dallos, 2019). Some birth children also experienced a sense of displacement with this shift or sharing of a familial role (Mainpin et al., 2016). What remains unknown is whether there is any overarching, theoretical framework which could be useful in anticipating this shift, preparing birth children for it and supporting them

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through it (cf. Thompson et al., 2014). There is little consistent and systematic research conducted on birth children of foster carers' experience of fostering as its own distinct entity (Twigg & Swan, 2007).

Despite this research being sparse, there are some internationally recurrent markers of birth children's experiences. Common across countries, including the UK, are themes of changes to family life and placement endings (Fox, 2001; Njøs & Seim, 2019; Sutton & Stack, 2013; Watson & Jones, 2002). International research also evidences that many birth children felt they were unaware of the realities of fostering (Nordenfors, 2016; Pugh, 1996; Raineri et al., 2018; Younes & Harp, 2007) and wished they had been better informed before embarking on a foster placement (Watson & Jones, 2002).

When it comes to placement endings, it is consistent throughout the literature that birth children experience grief when a foster child leaves (Sutton & Stack, 2013). Positive bonds between foster and birth children make the end of a placement more emotionally challenging (Stoneman & Dallos, 2019; Sutton & Stack, 2013). As a means of coping with the loss of a child from their home, some birth children dismiss their own sadness to focus on the positives for the child leaving, such as them going to a new family (Stoneman & Dallos, 2019). Others experienced an emotional ambivalence when a foster child to whom they had not been close or who had problematic behaviour left, 'wanting them to leave yet feeling that they had let them down' (Stoneman & Dallos, 2019, p. 180). Particularly when foster children were moved on earlier than expected, birth children of foster carers often felt excluded from and powerless in the decision-making (Njøs & Seim, 2019), and unprepared for the move (Watson & Jones, 2002). Whilst research is aware of loss being a key aspect of birth children's experience of fostering, little has been done to study this grief and its lasting impact on birth children. Increased knowledge and research-informed support could help birth children adjust to their responsibilities, anticipate the changes in their family, and support them to feel more confidently part of the care giving team with their parent(s). The wider impact of this research is unknown but, as indicated, may help solve the retention and recruitment crisis.

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The current study

As an understudied area of interest and as the nature of this topic is subjective, qualitative exploratory methods of enquiry have been employed. This qualitative approach does not seek to remove bias from the data, but to explore the meanings participants give to a subject through the stories they tell, and to understand the data in context (Sutton & Stack, 2013).

The current study makes use of story completion tasks to focus on participants' meaning-making with respect to family. Originating from psychoanalytical practice, story completion presents participants with a brief and ambiguous story beginning (a story stem), from which they continue the story (Braun et al., 2020). Within qualitative psychological and psychosocial research, story completion is considered to reflect something of the writer's 'essential psychological truths', whilst also evidencing their world constructions and 'the meaning-making worlds they operate within' (Kitzinger & Powell, 1995, p. 48). Story completion has been used in a number of research areas, such as subjective wellbeing (Lam & Comay, 2020), sense-making of particular phenomena such as the 2020 pandemic restrictions (Braun et al., 2020), and constructions of gender (Jennings et al., 2019).

Being a traditionally projective technique, story completion enables participants to indirectly deal with a phenomenon. This gives participants creativity, control and ownership of their responses while also facilitating access into participants' psychological and psychosocial worlds, their assumptions, and constructions (Braun & Clarke, 2013; Braun et al., 2019). Therefore, this study explores participants' conceptualisations of family using story completion tasks to ask: how do birth children of foster carers make sense of their experience of family?

Method

Research design

Respecting participants as experts of their own experiences, the current project conducts a qualitative, exploratory study into how birth children of foster carers make sense of being part of a foster family. Following the theoretical frameworks used previously within story completion literature (e.g., Clarke & Braun, 2019; Clarke et al., 2019; Frith, 2013; Jennings et al., 2019), this study employs a social constructionist perspective informed by Foucault's (1969) post-structuralism. This understands the individual as being in constant reciprocal relationship with external ideas from other people, the environment, and the existing social structure (Joranger, 2016). With respect to story completion, this enables the exploration of the data as psychological discourse of constructed ideas, such as family, and appreciates the interaction of social factors affecting the sense-making processes of individuals.

The discussion of one's own family is often a sensitive subject, particularly for children who may worry about casting judgement on their parents' choices, including the choice to foster. In light of these concerns, story completion enables participants to reflect indirectly on these concepts and their experiences. Due to persisting COVID-19 restrictions during data collection, this study was designed and conducted remotely. Story completion is well suited to remote working (Braun et al., 2020), further supporting it as being an appropriate choice for this study.

All interactions between the researcher and participants were via email. Each participant was provided with an age-appropriate information and debrief document, which included signposts to further support. Consent (or parental consent and participant assent where appropriate) was collected from each participant. The researcher maintained online correspondence with participants throughout the research process.

In line with Gravett's work (2019), participants were encouraged to spend around 10 minutes on each story stem and to write around 10 lines, but were

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free to complete the task in their own time, and could return to it as many times as they wished before submitting to the researcher. Following the examples in Gravett's (2019) study, the two story stems below were written by the researcher:

I. Alex's parents are foster carers. One day, one of Alex's friends asks Alex what it's like to be part of a foster family.

II. Robin's parents are foster carers. At school, Robin's class are given a homework task to describe their family. At dinner that evening, Robin asks each family member how they would describe their family.

Being inductive, exploratory and constructionist in nature, thematic analysis (TA) was chosen as the appropriate means of analysis. The researcher followed Braun and Clarke's (2006) six-phase model of TA to identify precise and exhaustive latent and manifest themes present throughout the data (Clarke & Braun, 2017; Nowell et al., 2017).

Ethical approval was granted by the University of Glasgow's School of Psychology Ethics Committee.

Participants

In line with guidelines from previous story completion research (cf. Braun & Clarke, 2013; Braun et al., 2019; Gravett, 2019; Lam & Comay, 2020), 17 participants (male $N = 5$, female $N = 12$) were recruited, with a mean age of 19 years (range 8-49 years old, median age 15 years). Participants had an average of five years' experience of being a child in a family who foster (range 1-14 years, median experience five years). Fifteen participants identified themselves as white, white British or British, and two participants identified as white other.

Reflexivity

Aware of her alignment with participants as a birth child of foster carers, the researcher took measures to mitigate the potential for personal bias to influence the study. These measures included taking an inductive approach to data analysis, and checking the codes with an external researcher to ensure they

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were generated from the data. No integral changes were recommended through this peer-review process.

Analysis and interpretation

Following Braun and Clarke's (2006) six stages of thematic analysis, three core latent themes were identified: costs, family identity, and empathy.



Figure 1: Thematic analysis map

1. Costs

All participants reflect on some aspects of fostering negatively, perceiving them as costs directly associated with adjusting to the needs of a child in their home. The most overarching and frequently explored narrative presents these costs as

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worthwhile in order to help someone in need. Throughout the data there is an indication that birth children of foster carers suppress some of their emotions for the sake of appearing cooperative in the goal of fostering.

1.1. Redistribution of family resources

The changes to family life experienced when a foster child joins the family ranged from physical things, such as loss of a bedroom, broken toys, and change of food, to changes in routine and social dynamics within the family. These changes were associated with a loss of something valuable to the birth children, such as privacy, parental attention, and fun things such as holidays and favourite foods:

The food changes. The foster child can be allergic to some things you really like – like Pizza! (Not many people are allergic to pizza!). So we have to change what we eat. (Joy, ll. 4-6)

You say farewell to being the focus of attention, give up the idea of being just another family on holiday, and often give up the idea of going abroad for holidays - not for a lack of money, but for a lack of respite carers that means your holidaying is England... again. (Ben, ll. 26-29)

Alex doesn't like it when the foster children play with his things or break his x-box. (Freya, ll. 6-7)

Many participants expressed a sense of frustration at the loss of these valued resources. For some, this surmounted to a feeling of rivalry:

I used to feel upset, having to share my parents' attention with foster children. (Tara, ll. 9-10)

Despite this competition, participants do not blame the foster child for the frustration they experience. This indicates emotional maturity in participants, as they recognise that the needs of others may require the reprioritisation of family resources. That being said, some participants did not feel this shift so intensely:

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Since I was quite a bit older than my new sisters, I didn't feel we were in competition with each other I felt more like a fun older brother figure. (Martin, ll. 3-5)

Martin was 15 when his parents started fostering and identifies the age difference between him and the foster children as a mitigating factor preventing that sense of competition.

1.2. Emotional cost of endings

The majority of participants identified a child leaving their home as a prominent marker of the foster family experience. The vast majority of descriptions of placement endings carried a sense of grief at the loss of a sibling:

I don't think I've done anything harder than saying goodbye to a sibling. (Dale, ll. 2-3)

In the end the hardest bit is that those children that come into your house become your family, they shape your childhood and star in all your memories, and then one day the social worker brings the news that always comes, they have to leave. (Immy, ll. 29-32)

Even though placement endings are to be anticipated as an inevitable part of fostering, these quotes present a feeling of helplessness. Participants also mentioned factors that influence the emotional intensity of placement endings:

...it is also very sad when they leave especially when you have been with them a long time, so you have a really nice connection with them. (Chloe, ll. 1-3)

I formed a stronger attachment with them, which meant when they moved on it was quite hard. (Steph, ll. 4-6)

The longer the foster child had lived with the foster family and the closer the children had become the more emotional the endings.

I can personally say it wasn't the best experience but it was good to have a try. (Gail, ll. 4-5)

Gail's quote is one of many demonstrating an ability to positively resolve negative emotions and experiences. Phil's completed stories show a stronger distinction than most that the foster family was performing a care role and the foster children are the recipients of this care:

Do I miss the individual children when they leave, not really as they are not part of our family for long and soon we will have someone else to help. (Phil, ll. 30-31)

Similarly to Gail's, Phil's story shows a birth child resolving the experience of placement endings by thinking practically about the function of the foster family. This appears to prevent such intense upset when a child leaves.

1.3. Assessment of values

Many participants' stories present fostering as costly but worthwhile since it is the right thing to do:

It can be challenging and will put a strain on your family but it is definitely worth it. You really come to care for the children in your family and although it is difficult when they have to leave that never makes you regret taking on that child in the first place and it does get a little easier over time. (Lily, ll. 1-5)

The justification of these costs is found in the purpose of being a foster family:

You know it's a good thing to be doing, you know you are helping children to grow up in a healthy household that keeps them safe and watches out for their best interests. It just often feels like it is at your expense. (Ben, ll. 30-33)

Throughout the data, birth children conclude that providing for a child serves a higher purpose, which overrides any more trivial issues encountered when doing so.

2. Family identity

While participants reflect that family 'changes with each placement' (Lily, l. 6), many demonstrate particular boundaries around their concept of family. These boundaries are often fluid, consistent with the idea that the members of the family change regularly:

We have a small family and we have our big family. (Phil, ll. 32-33)

There is an underlying sense that family is defined by something beyond biology, and the boundaries of family are inclusive rather than exclusive ones.

2.1. Foster families as providers

Central to participants' descriptions of family were ideas around being caring, loving, and providing homes to those who need them. These attributes are resources that the foster children benefit from when living with the foster family:

But overall, Alex was happy that he lived in a foster family since it was an opportunity to help those that needed, and provide a safe and loving home to those who hadn't experienced one before. (Eva, ll. 14-17)

Robin's mum says "I would describe our family as caring, because we take in children who may be having a hard time at home or need some support."(Kelly, ll. 12-13)

Participants often displayed pride in being a foster family, rooted in their sense of purpose:

It's nice, most of the time. It's nice to know that you've given someone a home and a loving family that they wouldn't have had otherwise. (Tara, ll. 1-3)

This concept of being a loving, caring family, and welcoming to others develops in Martin's story:

It is important for my sisters to see their birth family but sometimes I just want to say to them "you are much better off with us!" (Martin, ll. 16-18)

This not only shows the birth child's fondness for their foster sisters and an awareness of their needs, but they identify the foster family as the appropriate place for the foster children to have their needs met. This supports other quotes demonstrating a definitive sense of the foster family being well-resourced and therefore qualified and capable in caring for foster children.

2.2. Inclusivity of the family

Participants showed varying levels of distinction between siblings and foster siblings. Frequently, foster siblings were regarded as siblings, again showing a construction of family with permeable boundaries. The most common indication of this inclusivity was dropping the qualifier 'foster' from preceding 'sibling'. Amy's stories consistently refer to the protagonist Alex's foster siblings, as just 'siblings':

Alex pauses because she is unsure what to say because she doesn't really know what it's like not to be part of a foster family. "Just like any other family I think, except you get siblings in a different way to normal", she says. (Amy, ll. 1-3)

She explains that she considers all her siblings to be siblings, regardless of whether they are related to her biologically or not. They annoy her just like any siblings and they have fun together just like any siblings. (Amy, ll. 5-8)

Whether a deliberate or subconscious linguistic choice to present the foster siblings in this way, Amy's internal construction of family is clearly inclusive to the extent that whether her siblings were gained through birth or fostering is irrelevant to their relationship.

However, other participants maintained a level of distinction between siblings and foster siblings:

It's always fun to have someone else to hang out with, too, and my foster sibling just feels like another sister. (Tara, ll. 3-4)

The foster child might talk about Robin's family and their real family... (Joy, ll. 11-13)

Robin's Dad said: "I treasure you all and love you equally".
(Steph, l. 17)

Despite this differentiation between the children, they are all viewed to be equal. This being voiced through multiple characters within the family suggests participants perceive there to be an agreement among family members that foster children are in some way different but are treated the same.

2.3. Fostering is not normal

Many participants experience fostering as a point of difference from what they consider to be 'normal':

Being part of a foster family means giving up your assumed rights to having a normal family. (Ben, ll. 25-26)

Whilst some perceive a substantial difference between their family lives and the family lives of others, Amy and Immy's stories share the idea that their families are not so different to other people's, but perhaps some aspects are hyper-polarised:

It's just like being part of any family only lots more fun and lots more difficult, and busy too. (Immy, ll. 1-2)

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Alex reflects that being part of a foster family has ups and downs just like being part of any other family but perhaps with more extreme highs and more extreme lows. (Amy, ll. 14-16)

Many participants demonstrate an acceptance (although, begrudgingly for some) of this displacement from the norm being their new normal:

Alex describes how every day can be different. Arriving home from a day at school to find that there is an additional child at home. No it's not surprising, it just happens that way in our family and has done for as long as I can remember. (Phil, ll. 1-4)

This shows the extent to which birth children have become accustomed to their different way of living.

3. Empathy

The empathy birth children learn through fostering is displayed not only in relation to the foster child but also other members of the family, understanding that each individual may think differently about fostering. Even some of the youngest participants, Chloe and Kelly, both aged 10, demonstrated this empathetic awareness.

3.1. Awareness of the foster child's needs

Many participants recognised that foster children's behaviour did not always correspond to the feelings they were experiencing. Often, participants appear tolerant of these 'volatile' (Martin, l. 43) behaviours and explicitly associate them with the impact of trauma on the foster child's life:

She explains that children in foster care have often experienced trauma and this can affect the way they behave even after the trauma has stopped which can sometimes be difficult, emotional, or frustrating to live with. (Amy, ll. 9-12)

The kids that come to stay with you have experienced various levels of trauma in their life, but one thing is for sure - they have experienced trauma at some point or other and how that plays out affects your everyday. (Ben, ll. 8-11)

Being trauma informed in this way not only explains but often excuses the foster child's behaviour for birth children, and thus participants demonstrate empathy:

Alex says "Sometimes foster kids are nervous, but it can come across as them being angry, bossy or shouting a lot, this can scare other people..." (Kelly, ll. 1-2)

My adopted sisters feel at home with us. But don't really know how to surface their true feelings. As a result, no one seems to know what is going on in their heads. (Martin, ll. 39-41)

In Ben's story, he introduces the idea that there is a limit to this empathy, which gets worn down over time:

Robin recognises yet another foster kid navigating the serious effects of trauma on their life. He feels sorry for them, but equally his "sorry for them" has been applied to so many situations that he is somewhat numb to feeling it genuinely. (Ben, ll. 44-47)

This shows the accumulative emotional impact of fostering and possible empathy fatigue experienced by birth children.

3.2. Understanding that individuals experience fostering differently

Participants were aware that each member of the family and the team around the child (namely social workers) experiences fostering differently:

But the often overworked social workers tend to stress the parents out. (Dale, ll. 4-5)

When prompted by the second story stem to reflect on what other members of the family think about fostering, some participants present fostering as having a greater negative impact on the lives of Robin's birth siblings than on Robin himself:

Robin's older brother says it's chaos, you can't even hear yourself think most of the time and as for privacy you can forget it, but we have a good laugh I suppose. (Immy, ll. 35-36)

Robin's sister explained their family as different and weird, she would often go to her friends' houses and they didn't have children interrupting things. She sometimes felt like she couldn't invite friends over because the foster kids that lived with them could be embarrassing or rude. (Eva, ll. 27-30)

This may directly represent participants' perception that their own birth siblings experience fostering more negatively. Alternatively, participants may be sharing their own negative experiences through the voice of a character further removed from themselves.

As I was writing this up in my book, I saw how different my view was from everyone in the family. (Gail, ll. 17-18)

Gail presents the idea that birth children of foster carers do not get many opportunities to be heard, which may be an isolating experience.

3.3. Future application of empathy

Many participants reflect on the value of this empathy development and the potential for it to be useful in their future lives:

I believe that it was a great thing that my parents did and believe that it has had an influence on me for the good. Not only in terms of the skills and preparation for my future life that it developed, but also for the beliefs and attitudes that it developed in me for my outlook on life. (Phil, ll. 50-54)

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Often, the future application of empathy was communicated through the voice of a parent explaining the reasons for fostering and its benefits. This may indicate participants' perception that this is a central part of their parents' motivation for fostering and therefore a justification for the personal sacrifices:

He [Robin's Dad] says, "yes we have an unusual family you guys will hear stories that may not be pleasant however this experience will help you in the future with understanding, knowing how to help and being respectful to those in difficult circumstances". (Hope, ll. 17-20)

Some participants review the experience of fostering as informative for their own family and parenthood:

Now I look back it was also a bit of practice for my own fatherhood skills but with none of the actual responsibility – I could leave the telling off to mum and dad. (Martin, ll. 6-8)

All in all, I thoroughly enjoyed being part of a foster family, so much that I am desperate to be a foster carer myself. (Steph, ll. 10-11)

This suggests there's a lasting impact of fostering for birth children. Steph's story shows a potential for fostering recruitment to be cyclical; experiencing her parents foster has established her own desire to become a foster carer.

Discussion

The stories shared provide great insight into how birth children of foster carers across a range of ages (8-49 years) make sense of their experience of being in a foster family. Costs of fostering, family identity, and empathy are identified through a post-structuralist thematic analysis as superordinate themes present in the data. The completed stories presented an overarching positivity towards fostering, as being a good and worthwhile experience, in spite of the negative elements.

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Previous literature had found birth children of foster carers to experience changes and disruptions to family life (for example, Stoneman & Dallos, 2019; Sutton & Stack, 2013). Developing this, the current study shows that these UK-based participants not only experience changes to their family life, but that these changes come at a cost to themselves, evidenced in a prioritisation of the foster child's needs above their own. Accepting this shift and behaving cooperatively within the family, despite their own feelings, appears to be a key marker of birth children's perception of their contribution to the foster family. Contrary to previous literature, the current study shows negative experiences occur throughout and beyond a placement, not simply during the adjustment period when a child joins or leaves the household (cf. Kaplan, 1988; Swan, 2002). The long-term outcomes for birth children of foster carers remain unknown.

The enduring sense of loss experienced by birth children is overlooked in extant literature but is prominent in the current study. A distinct instance of this in the data is the daily impact of the foster child's trauma on the lives of the family who foster. In both the data and extant literature, early childhood trauma is associated with demanding behavioural needs (Juffer et al., 2011). However, little research has been conducted into how the trauma of a foster child affects other members of the foster family (cf. Hunsley et al., 2021). This study's exploratory findings demonstrate that family members, namely the birth children of foster carers, are affected by the emotional needs of other members. This aligns with Bowen's (1978) family systems theory which finds families to be complex, emotionally interconnected units. Future research should continue examining the costly nature of fostering for birth children of foster carers, and specifically the impact of foster children's trauma, attachment styles, and related behaviours on the outcomes for birth children.

Birth children's ability to empathise is shown as a protective factor, helping them to cope with the costs of fostering. Participants in this study demonstrate empathy not only towards the needs of the foster child but also the demands of their parents, siblings, and social workers. Consistently, throughout previous

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literature and the current study, birth children appear proficient at adapting to the demands of fostering, often demonstrating emotional maturity beyond their years (for example, Kaplan, 1988). This supports Sutton and Stack's (2013) use of attachment theory (Ainsworth et al., 1978; Bowlby, 1969) as a theoretical explanation for birth children's ability to empathise and positively resolve the costs of fostering. Their secure attachment and psychological security give birth children the confidence to develop coping strategies which allow for the positive resolution of trauma (Sutton & Stack, 2013). Future research could explore this relationship further, establishing whether an association exists between living in a foster family, having a secure attachment, and a child's capacity for empathy.

In extension of this, birth children's secure attachment may also explain the theme of family identity in the data. Many of the completed stories present family as inclusive and accommodating. Secure attachment to the consistent members of the family (in this data, the mother and father) may enable the boundaries around this reliable core to be permeable. Both the permanent and transient relationships are recognised as legitimate family ones. This presents family through Burnham's (1992) framework of relationships being both-and. Many participants demonstrate flexibility in their concept of family, allowing them to consider themselves as being in both 'a big and a little family' (Phil, l. 32). The foster children living with them are understood as both strangers and siblings; they are both different from the rest of the family and just the same as anyone else. Establishing the identity of those in the family appears to be a priority for the participants in this study. This supports group identity as being one of the important 'tools' employed by birth children to help them adapt to the reality of fostering (Sutton & Stack, 2013). However, the long-term outcomes and therapeutic applications of birth children's constructions of family remain unknown.

While qualitative research does not strive to achieve generalisable findings representative of the population, it does seek to adequately capture the experience of a group of people (Braun & Clarke, 2013; Collier & Mahoney, 1996). For this study, the researcher sought to present the experiences and

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sense-making processes of UK-based birth children of foster carers. However, it is worth revising this to white birth children from heterosexual two-parent fostering households. All participants who made reference to parents identified both a mother and a father which, of course, only represents one type of family structure. Additionally, nearly all participants identified themselves as white. Overrepresentation of sections of white societies is a persisting issue in psychological research (Arnett, 2008; Thalmayer et al., 2021), as well as within the foster carer population (see Ofsted, 2021). Whilst this may support the sample being representative of the foster family population, future research should continue striving to recruit participants from diverse racial and cultural backgrounds. As highlighted in the rationale for this study, more research into the experiences of birth children of foster carers will enable prospective foster carers to make better informed decisions. Birth children from a diverse range of families who foster must be participants in that research in order to engage all current and prospective foster families.

It is also important to note that 12 of the 17 participants were recruited via a post on a social media group for Christian foster carers. While neither religiosity nor spirituality were found to be latent themes in the data, Ben shared an explicit awareness of the family's spiritual motivations for fostering:

Robin's Dad says, "Our family is exciting, it's different, it's serving the purpose God called us to as a family." (Ben, ll. 34-35)

Religiosity is associated with more self-reported pro-social and socially responsible behaviour in a number of contexts and higher empathetic behaviour than that of the population at large (Batson et al., 1993; Koenig et al., 2007). Knowing that many participants may come from Christian households and that religiosity is reliably influential on the prioritisation of altruism and pro-social behaviour, it seems reasonable that their religiosity may explain participants' tolerance of the negative aspects of fostering and ability to positively resolve

them. Religiosity is a variable within fostering literature that would benefit from further exploration and examination.

Conclusions

Through the themes of costs, family identity, and empathy, this study finds that birth children of foster carers understand the purpose of fostering, are resilient in their role, and reflect positively on the experience of fostering. This supports the idea that birth children of foster carers consider themselves active participants in the foster family unit and should be treated as such (for example, Njøs & Seim, 2019).

Reframing birth children as active members within the foster family makes it appropriate to approach them as part of the fostering team. This should encourage social services to incorporate birth children into the official processes of fostering. Watson and Jones (2002) expound how UK and international legislation provides scope for this to be achieved (see section 22.4 of *Children Act 1989*; United Nations, 1989). Birth children of foster carers often reflect positively on the experience of fostering and are open, even 'desperate' (Steph, ll. 11), to become foster carers themselves. However, the inadequate relationship with social services is often reported as a deterrent (Watson & Jones, 2002). Supporting, training, and respecting birth children in their caring roles may improve both their experience of fostering and their relationship with social work. These improvements may see birth children of foster carers flourish in their role, supporting the retention of families who foster, and prove them to be an untapped recruitment resource that UK foster care desperately needs.

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About the author

Bethany Shelton has a decade of personal and professional experience supporting families who foster. Bethany is a birth child of foster carers and has worked at the UK's leading fostering charity, The Fostering Network. This research was conducted as part of her MA Hons in Psychology and Theology, for which she was awarded a first class degree, at the University of Glasgow.

Appendix 1

Full quotes table

<i>Themes and Subthemes</i>	<i>Supporting Quotes with Participant Pseudonym and line references</i>
Theme 1: Costs	<p data-bbox="459 1361 1369 1435">Subtheme 1: Redistribution of family resources</p> <p data-bbox="459 1361 1369 1435">The food changes. The foster child can be allergic to some things you really like – like Pizza! (Not many people are allergic to pizza!). So we have to change what we eat. Joy, ll. 4-6</p> <p data-bbox="459 1485 1369 1559">“It does sound awesome, but sometimes it’s really hard. I used to feel upset, having to share my parents’ attention with foster children....” Tara, ll. 8-10</p> <p data-bbox="459 1608 1369 1682">Alex describes the role of being a foster-sibling as challenging at times since many of them need more attention than him and that can be difficult at times. Eva ll.3-5</p> <p data-bbox="459 1731 1369 1805">The person who stays needs a nice room – so we had to reorganise our stuff in the house for them to move in. Joy, ll. 7-8</p>

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Well, a lot of things change. You have to change the times things happen at home – they might not like what you do. So, I like swimming but the foster child might like running and we have to organise when we do our activities. Joy, ll. 1-3

From breakfast to dinner time, mealtimes with even an older foster kid can end up almost as though you have a baby at the table, all the attention is poured over them to try and get them to eat, to eat the right things, to make sure they're not hoarding food away, to ensure they are eating enough. Ben, ll. 11-15

You say farewell to being the focus of attention, give up the idea of being just another family on holiday, and often give up the idea of going abroad for holidays - not for a lack of money, but for a lack of respite carers that means your holidaying is England... again. Ben, ll. 26-29

Alex describes how every day can be different. Phil l. 1

Alex told his friend about how dinners were always difficult, sometimes the kids would throw food, chew with their mouth open, try to take over the conversation or shout at people at the table. Eva, ll. 9-11

Playing with her sisters can be really fun but she feels a bit of burden looking after them especially since her older brother left home. Martin, ll. 36-38

Yes I am expected to help out, usually its playing with the children whilst mum and dad sort out the rooms or prepare the meals etc. Phil, ll. 14-15

It's quite fun although you do have to help out around the house more. Dale, l. 1

Robin's Dad said that we all work hard to make a child feel secure & part of the family. Lily, ll. 7-8

Since I was quite a bit older than my new sisters, I didn't feel we were in competition with each other I felt more like a fun older brother figure. Martin, ll. 3-5

My birth sister would say that she thinks the family has made the right decision to give these children a home. But deep down she feels a little jealous as they stole her spot as the only daughter and youngest in the family. Martin, ll. 33-35

It's can be hard too that sometimes you need to talk to people about how hard your week has been and all they say is "awk but wee Jonny has had such a hard time", that drives you up the walls cause not only do they not know what the kids have come through they don't understand

	<p>what it's like to live with that 24/7, with no break, because social services say they can't get respite. Immy, ll. 14-19.</p> <p>Alex doesn't like it when the foster children play with his things or break his x-box. Freya, ll. 6-7</p> <p>My parents definitely turned their attention to my new sisters more but since I was a teenager at the time it was ideal to get them off my back a bit and have some more independence. Martin, ll. 8-10</p> <p>You get used to that though, sometimes they get really angry and violent, they kick you, bite you, pull your hair, throw things at you and spit in your face. Some of them tip over tables, cut the bristles off your hair brush and even put squirty soap in your shoes. Immy, ll. 5-8</p>
Subtheme 2: Emotional cost of endings	<p>Alex then proceeds "Its also hard when they leave because if they have been with them for a long time you've probably bonded with them well and they may not stay in touch." Kelly, ll. 6-8</p> <p>It's exciting because you get to meet loads of different children but it is also very sad when they leave especially when you have been with them a long time so you have a really nice connection with them. Chloe, ll. 1-3</p> <p>It is often very upsetting when the children leave your home to either go back to family or go to adopters but you have to remind yourself you did the best that you could do and you have helped improve that child's life. Hope, ll. 6-9</p> <p>I don't think I've done anything harder than saying goodbye to a sibling. Dale, ll. 2-3</p> <p>You really come to care for the children in your family and although it is difficult when they have to leave that never makes you regret taking on that child in the first place and it does get a <u>little</u> easier over time. Lily, ll. 3-5</p> <p>In the end the hardest bit is that those children that come into your house become your family, they shape your childhood and star in all your memories, and then one day the social worker brings the news that always comes, they have to leave. Immy, ll. 29-32</p> <p>I formed a stronger attachment with them, which meant when they moved on it was quite hard. Steph, ll. 4-6</p>

	<p>Those children that are regular coming back to our house we get to know more and it will be difficult when they stop coming. Phil, ll. 38-39</p> <p>Deep down she worries that her adopted children might go off the rails and decide they don't want anything to do with our family anymore. Martin, ll. 24-26</p> <p>Do I miss the individual children when they leave, not really as they are not part of our family for long and soon we will have someone else to help. Phil, ll. 30-31</p>
<p>Subtheme 3: Assessment of values</p>	<p>Michelle is Robins Mum. She thinks that they are doing a good thing, that they are really caring. Freya, ll. 9-10</p> <p>It feels good knowing your family is making a difference. Dale, ll. 3-4</p> <p>You really come to care for the children in your family and although it is difficult when they have to leave that never makes you regret taking on that child in the first place and it does get a <u>little</u> easier over time. Lily, ll. 3-5</p> <p>However the majority of the time it is incredibly rewarding as you feel like you and your family has done something to improve the world and watching the foster children improve is very heart warming. Hope, ll. 3-6</p> <p>It can be challenging and will put a strain on your family but it is definitely worth it. Lily, ll. 1-3</p> <p>You know it's a good thing to be doing, you know you are helping children to grow up in a healthy household that keeps them safe and watches out for their best interests. It just often feels like it is at your expense. Ben, ll. 30-33</p> <p>It makes me feel grown up to be able to help in these ways and proud that I am able to help another family who is struggling. Phil, ll. 17-18</p> <p>But overall, Alex was happy that he lived in a foster family since it was an opportunity to help those that needed, and provide a safe and loving home to those who hadn't experienced one before. Eva, ll. 14-17</p> <p>He really appreciated that while he knew fostering was difficult in some way for each family member, that they have opened up their house for others. Eva, ll. 22-24</p> <p>But that's enough about the bad bits, it's the most wonderful thing at the same time. Immy, ll. 20-21</p>

But sometimes, my foster sibling shouts and screams. It makes me upset that she doesn't know that we all love her, and it's quite annoying when she blames me for everything. Still, she's part of our family and I'd never want her to go."

Theme 2: Family Identity

Subtheme 1: Foster family are providers

Dad feels angry at the world because his adopted children never sees their birth father and therefore takes his fathering duties very seriously. Martin, ll. 29-10

They all said that as a foster family that fostering is something that everyone is involved in decision making and care provision. Lily, ll. 11-12

Robin's mum says "I would describe our family as caring, because we take in children who may be having a hard time at home or need some support." Kelly, ll. 12-13

Michelle is Robins Mum. She thinks that they are doing a good thing, that they are really caring. Freya, ll. 9-10

Robin's mother says 'we are a loving family, that's how I'd describe us, that's the most important thing. Amy, ll. 22-23

The dad describes the family as: Caring and kind. Chloe, l. 5

Robin's dad says "I think we are considerate, because we look after anyone who needs us."
 Robin's sister says "I would say that we are loving, because we show that we care about others through fostering children and babies. We also offer a lot of hospitality for the children that need it and for those who don't." Kelly, ll. 15-19

It is important for my sisters to see their birth family but sometimes I just want to say to them "you are much better off with us!" Martin, ll. 16-18

But Alex understands that some kids need a home, so he accepts that they are part of the family. Freya, ll. 7-8

"...We have the amazing opportunity to care for others, and while it is often difficult, it's better than not doing it." Ben, ll. 34-36

My birth sister would say that she thinks the family has made the right decision to give these children a home. Martin, ll. 33-34

It's nice to know that you've given someone a home and a loving family that they wouldn't have had otherwise. Tara, ll. 1-3

	<p>Alex goes on to explain that they have different children living with them, that children come to live with them when their parents are not able to look after them anymore. Eva, ll. 1-3</p> <p>She can get angry at their birth mother for what she sees as not taking her mothering duty seriously. Martin, ll. 21-22</p> <p>But overall, Alex was happy that he lived in a foster family since it was an opportunity to help those that needed, and provide a safe and loving home to those who hadn't experienced one before. Eva, ll. 14-17</p> <p>Robins dad says their family is great he just wishes they could help more children and fill the house. Immy, ll. 36-37</p>
Subtheme 2: Inclusivity of the family	<p>Robin's Mum said that our family changes with each placement. Lily, l. 6</p> <p>Robin's Mum adds, 'Our family changes regularly, sometimes we have a foster kid, sometimes we have two, sometimes we don't have any. It's a constant change. Ben, ll. 37-39</p> <p>It is just what it says... a family, it just means some of your brothers and sisters come and go quickly while others hang around a bit longer. Immy, ll. 2-4</p> <p>Mum would say that she feels a deep love and connection for her adopted children as she does her birth children. Martin, ll. 20-21</p> <p>He also loves the adopted children just as much as his birth children. Martin, l. 28</p> <p>Robin's Dad said: I treasure you all and love you equally. Steph, l. 17</p> <p>They say to me that they love my brother and I in a special way as we are their natural children and they love the other children we have as some of them don't have love at their homes. Phil, ll. 35-38</p> <p>The foster child might talk about Robin's family and their real family if they felt they could talk about it, or maybe not want to answer. Joy, ll. 11-13</p> <p>Am I ever frustrated or cross about having other children join our family, sometimes as I don't get to have my own room I have to share this with my 'real' brother and we don't get on so easy as we are always in each other way. Phil, ll. 23-25</p>

Alex told his friends that it can be a range of emotions. Hope, l. 1

We have a small family and we have our big family. The big family are those foster children that come to our house. Phil, ll. 32-33

This showed that even those who were born with a bad beak, have capabilities to sing a wonderful song, they just needed an invite. Ryan, ll. 19-20

But Alex understands that some kids need a home, so he accepts that they are part of the family. Freya, ll. 7-8

But I love my siblings despite and through their struggle because that's what family is. We stick by each other.' Amy, ll. 12-14

They become one of your family, they stick up for you, and dear help anyone that says a bad word about them. Immy, ll. 25-26

You just don't expect it to be any certain way, when you wake up in the morning you just never know who could come and join your family and change your life and theirs forever. Immy, ll. 48-50

"Well I'm not in this family, am I?" she replies. "And none of you love me as much as you love each other. You'll probably get rid of me soon anyway."

"That's not true!" shouts Robin. "You're my sister, and we all love you so much! And you are in our family. We never want you to go." The rest of the family agrees. Tara, ll. 27-31

"... The next day at school, Robin writes about her family, including her wonderful older sister who she loves so much." Tara ll. 33-34

Robin's foster sibling: I love having such a caring family to live with. Steph, l. 18

For me becoming a foster family was somewhat unexpected and the prospect of gaining additional younger sisters was really cool. Martin, ll. 1-3

Alex pauses because she is unsure what to say because she doesn't really know what it's like not to be part of a foster family. 'Just like any other family I think, except you get siblings in a different way to normal.' she says. Amy, ll. 1-3

She explains that she considers all her siblings to be siblings, regardless of whether they are related to her biologically or not. They annoy her just like her just like any siblings and they have fun together just like any siblings. Amy, ll. 5-8

	<p>Robin describes her family as the best family she could imagine they have an open door policy to help lots of people, there's always plenty of people coming and going and networking with other foster families, her extra brothers and sisters are just as special to her as her own. Immy, ll. 44-48</p> <p>'Because your part of our flock, even if you have a different colour coat of feathers.' Ryan, ll. 32-33</p> <p>I don't think I've done anything harder than saying goodbye to a sibling. Dale, ll. 2-3</p> <p>Robin's older sister said: crazy but loving. I love having so many brothers and sisters. Steph, ll. 13-14</p> <p>As for me, I think I like having this bigger family, most of the time. Phil, l. 46</p> <p>"...It's always fun to have someone else to hang out with, too, and my foster sibling just feels like another sister." Tara, ll. 3-4</p> <p>Robin's mum said: I love my family, everyone of you, you are all my children. Steph, l. 16</p> <p>Now as an adult I look back on my childhood times and appreciate the privilege it was to be able to have this extended family, however fleeting it was with some of the foster children. Phil, ll. 48-50</p> <p>"Well, I'd say that there are five of us in the family: me, your dad, and both your sister." Tara, ll. 17-18</p>
Subtheme 3: Fostering is not normal	<p>Alex reflects that being part of a foster family has ups and downs just like being part of any other family but perhaps with more extreme highs and more extreme lows. Amy, ll. 14-16</p> <p>They end up agreeing with Mum that we do spend lots of time together, much more than their friends families do, 'which is sometimes nice' they exclaim with a cheeky grin. Amy, ll. 29-30</p> <p>It's just like being part of any family only lots more fun and lots more difficult, and busy too. Immy, ll. 1-2</p> <p>Robin's younger sister says she like their family it's a bit different to her friends and sometime she doesn't want to ask people round incase it all kicks off Immy, ll. 37-39</p>

	<p>Alex pauses because she is unsure what to say because she doesn't really know what it's like not to be part of a foster family. Amy, ll. 1-2</p> <p>Robin notes that the description of family is based all around fostering. While he's proud of it, the persistency of it is tiring and wearing thin. Ben, ll. 40-41</p> <p>Alex describes how every day can be different. Arriving home from a day at school to find that there is an additional child at home. No its not surprising, it just happens that way in our family and has done for as long as I can remember. Phil, ll. 1-4</p> <p>When we have had foster kids we have done things that we wouldn't usually do. Kelly, ll. 10-11</p> <p>'There are so many fun bits that just wouldn't happen if we weren't a foster family, but there's also difficult stuff that probably wouldn't be there either.' Amy, ll. 16-18</p> <p>Well, a lot of things change. Joy, l. 1</p> <p>Being part of a foster family means giving up your assumed rights to having a normal family. Ben, ll. 25-26</p> <p>Robin's Dad says, 'Our family is exciting, it's different, it's serving the purpose God called us to as a family. Ben, ll. 34-35</p> <p>She can remember the first day she realised she was different. Her white hands holding the hands of her black mother, sure that something was wrong but not sure if it could be right any other way. Ryan, ll. 22-25</p>
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Theme 2: Empathy

<p>Subtheme 1: Awareness of the foster child's needs</p>	<p>Robin's family is fostering two year old triplets. They can't speak properly and they have disabilities. Freya, ll. 17-18</p> <p>I know now that it's a lot harder for them, and that they just need more attention and love; they never had it before. Tara, ll. 10-12</p> <p>Alex says, "Sometimes foster kids are nervous, but it can come across as them being angry, bossy or shouting a lot, this can scare other people. Foster kids also find it hard to adapt to new surroundings and say if they are uncomfortable or miss something from their old home." Kelly, ll. 1-4</p>
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	<p>My adopted sisters feel at home with us. But don't really know how to surface their true feelings. As a result, no one seems to know what is going on in their heads. Knowing that they are going to see their birth mum soon can bring back a lot of mixed emotions that can make them feel a bit emotionally volatile Martin, ll. 39-43</p> <p>he explains that children in foster care have often experienced trauma and this can affect they way they behave even after the trauma has stopped which can sometimes be difficult, emotional, or frustrating to live with. Amy, ll. 9-12</p> <p>They often find it difficult to engage in conversations like this that require contemplating and articulating emotions. Amy, ll. 26-28</p> <p>Alex says 'It is often quite hard because the foster child doesn't know how to express his emotions in the same way we do. Often their family has gone through hard times. Gail, ll. 1-3</p> <p>Being part of a foster family can be quite destabilising. The kids that come to stay with you have experienced various levels of trauma in their life, but one thing is for sure - they have experienced trauma at some point or other and how that plays out affects your everyday. Ben, ll. 8-11</p> <p>The foster kid strikes up, 'I don't have a family. I just move from house to house. I hate families, I hate Mums, I hate Dads, I never want a family again.' Robin recognises yet another foster kid navigating the serious effects of trauma on their life. He feels sorry for them, but equally his 'sorry for them' has been applied to so many situations that he is somewhat numb to feeling it genuinely. Ben, ll. 42-47</p> <p>Sometimes the foster kids have come from backgrounds of trauma and neglect so they can have meltdowns, or be aggressive towards your parents and that can be difficult to watch or deal with. Eva, ll. 12-14</p>
<p>Subtheme 2: Understanding other individuals experience fostering differently</p>	<p>As I was writing this up in my book, I saw how different my view was from everyone in the family. Gail, ll. 17-18</p> <p>Max thinks that the family is completely chaotic, so most of the time he does stay in his room. Freya, ll. 13-14</p> <p>The brother would probably say 'Different, but that's OK' Gail, l. 12</p> <p>Robin's older brother says it's chaos, you can't even hear yourself think most of the time and as for privacy you can forget it, but we have a good laugh I suppose. Immy, ll. 34-36</p>

	<p>Robin's younger sister says she like their family it's a bit different to her friends and sometime she doesn't want to ask people round incase it all kicks off, she says she doesn't like that her mum and dad are so busy with talking to social workers and all those other people and she hates when they fight because of the foster children but she likes that there's always someone to play with. Immy, ll. 37-42</p> <p>My brother I think finds it difficult sometimes to have other children in the family. He doesn't like it when the foster children arrive as he thinks that mum and Dad don't spend time with him. I am not sure if he thinks the foster children are part of our family or not. Phil, ll. 42-45</p> <p>Robin's sister explained their family as different and weird, she would often go to her friends houses and they didn't have children interrupting things. She sometimes felt like she couldn't invite friends over because the foster kids that lived with them could be embarrassing or rude. Eva, ll. 27-30</p> <p>But the often overworked social workers tend to stress the parents out. Dale, ll. 4-5</p> <p>My birth sister would say that she thinks the family has made the right decision to give these children a home. But deep down she feels a little jealous as they stole her spot as the only daughter and youngest in the family. Martin, ll. 33-35</p>
Subtheme 3: Future application of empathy	<p>Now I look back it was also a bit of practice for my own fatherhood skills but with none of the actual responsibility – I could leave the telling off to mum and dad. Martin, ll. 6-8</p> <p>He says, yes we have an unusual family you guys will hear stories that may not be pleasant however this experience will help you in the future with understanding, knowing how to help and being respectful to those in difficult circumstances. Hope, ll. 17-20</p> <p>I believe that it was a great thing that my parents did and believe that it has had an influence on me for the good. Not only in terms of the skills and preparation for my future life that it developed, but also for the beliefs and attitudes that it developed in me for my outlook on life. Overall I believe that I gained a great benefit from the care my parents showed to the families they were able to help. Phil, ll. 50-55</p> <p>Together they all agree that we have an unusual family however fostering has really helped us come together as a family and helped us become better people. Hope, ll. 25-27</p>

He explains that it was more difficult when he was younger as he didn't really understand why these children were coming to live in his house and getting lots of new toys but now he's older and understands background to these children, it's opened up his perspective to how some people live outside of his house. Eva, ll. 5-9

All in all, I thoroughly enjoyed being part of a foster family, so much that I am desperate to be a foster carer myself. Steph, ll. 10-11

Evaluation of the ten-week Caring Changes training course for residential care practitioners

Ed Janes, Eleanor Staples, Alyson Rees

Abstract

Residential care is often seen as a last resort for adolescents in the care system with multiple placements and complex case histories. This has led to an increasing research focus on the needs of children in residential care and how settings and practitioners can provide suitable environments. This paper presents an evaluation of Caring Changes, a ten-week residential care training course that was modified from the Fostering Changes course and run across seven settings. The mixed methods evaluation combined pre- and post-course surveys, weekly session evaluations, and interviews with facilitators, home managers, practitioners and young people. The study found that the Caring Changes course increased team solidification and communication, as well as individual practitioners' confidence and positivity, resulting in improved services for the children accessing the service. There were however challenges relating to the running of intensive, whole staff training in the residential care sector, and the diversity and complexity of the needs of children in residential care, with a need for more advanced content and the tailoring of the course to individual homes.

Keywords

Residential care, training, evaluation

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Introduction

Residential care for looked after young people is often seen as a last resort and an end of the road option (Boddy, 2013). Trends in residential care demonstrate increasing age of residents on entry, as the service is rarely used for younger children, and more often for children who have been looked after previously or who are 'significantly more challenging than earlier populations' (Department for Education, 2016, p. 6). Children who experience the most moves and end up in residential care often have the most traumatic and longest care histories (Girling, 2019). The young people in residential care are mostly male adolescents (Elliott et al., 2017). Other trends include more young people with health problems, behavioural disorders and disabilities entering residential care, with more provision by private agencies, covering larger catchment areas, and offering less specialisation by the sector. This has resulted in a mix of needs in each establishment, and a group of young people who often have complex and high-level needs (Department for Education, 2018; Elliott et al., 2017).

StatsWales data (Welsh Government, 2022) indicates that the number of looked after children in Wales has increased substantially over the last decade, from 5,760 in 2013 to 7,080 in 2022. In addition, the proportion of looked after children in Wales who are placed in residential care has doubled from 4.1% to 8.3% in that period, with approximately 90% of these children in children's homes rather than secure units or other types of supportive residential settings.

Children's views comparing residential and foster care are varied, with some preferring residential care if they have had a bad experience in foster care (Children's Commissioner for Wales, 2016). Dallas-Childs and Henderson (2020) reflect on what home and belonging mean to children in care, and how residential care staff can begin to provide this. Residential care can be seen to offer a therapeutic and healing environment in certain settings (Quin, 2019), with residential care workers being part of a profession who are often highly motivated and underpinned by worker values (Lane & Shaw, 2020), and are well placed to support children. In Wales residential care staff working with children are registered by Social Care Wales, as they are in Scotland (Scottish Social

Services Council) and in Northern Ireland (Northern Ireland Social Care Council). Although this is not the case in England, a forthcoming funded NIHR (National Institute for Health and Care Research) study is assessing the effectiveness of registration.

Relationships are important for young people in care (Cahill et al., 2016), and trust builds between children and workers over time (Lane & Shaw, 2020). In a Welsh study, young people identified that they had at least one person at the home that they could talk to if they had any worries or concerns (Children's Commissioner for Wales, 2016), particularly concerning education, substance misuse or self-harm. They valued key workers who were consistent, understood what they were going through, supported them to make changes in their lives, and encouraged their aspirations, with this being crucial in helping young people to make positive changes (Children's Commissioner for Wales, 2016; Girling, 2019). As a result, young people recognised residential care staff as different from other key adults, as they have the time and opportunity to aid them in working through their issues (Children's Commissioner for Wales, 2016).

This unique position, often valued by children, is not without its challenges, as residential staff are in 'loco parentis' as a group but not expected as individuals to undertake parenting tasks. However, children frequently report that residential workers are experienced as caring, supportive parental figures (Cahill et al., 2016). Working with children who have high level needs can be challenging and staff need to be well supported (Quin, 2019). Graham and Killick (2019) also note the stresses involved in the work and highlight the importance of developing resilience to prevent burnout in statutory residential care, noting the importance of a team-wide approach.

Setting the right culture and 'family type' environment is important in residential care, as is supporting staff (Giraldi et al., 2021). The climate of a home is often set by the manager, though professional development, and high standards are the responsibility of the whole team involved in residential childcare (Giraldi et al., 2021). Supervision and training of residential staff is vital (Cahill et al., 2016), and continuity and consistency of approach is seen as helpful when

supporting young people (Children's Commissioner for Wales, 2016). Similarly, Armitage (2018) found that being trained and taking a whole team approach was successful in improving care across the entire residential setting. Training can be seen as multifariously useful for residential staff, being informative when (i) creating and enhancing knowledge about theory and practice (Halvorsen, 2018), (ii) creating a cohesive approach across the team (Armitage, 2018), and (iii) supporting staff to talk together about the challenges and rewards of this field of work (Quin, 2019).

This article reviews how a whole-team training programme for foster carers was adapted for residential care, and the resulting benefits and challenges for the team and individual staff members and residents.

Background

Course development

Caring Changes is modified from Fostering Changes, an in-service training program for foster carers that was developed by the Adoption and Fostering Team in Maudsley Hospital, South London (Channon et al., 2020). The twelve-week course aimed to enhance carer skills, support the development of coping strategies, and improve the relationship between the carer and the child.

The resulting Caring Changes course was modified by the team in Maudsley Hospital, and further refined by CASCADE (Children's Social Care Research and Development Centre) in Cardiff University, and the Fostering Network, to be suitable for the Welsh residential care setting. The trial aimed to train groups of 12 to 15 practitioners and managers from the same home, with the expectation that they attend every session. Each session was approximately 4½ hours long and included a specific focus (Table 1), though key recurring themes included attachment, resilience, and how to meet the needs of young people in the setting. The training also focused on the needs of the individual practitioners, and how a healthy team was of benefit to both the setting and the young people.

The facilitators aimed to meet participants' differing learning needs, and combined PowerPoint based instruction with activities, including role play, discussion, creative methods, and teamwork. Participants were also set homework practice that often involved trying methods and reporting back during the next session.

Table 1: Caring Changes course content

Week	Title	Focus
1	Welcome to the course	- Developmental stages - Causes of problem behaviour
2	Attachment and adolescents	- Attachment theory - Social learning theory - Triggers
3	Praise	- Praise - Resilience
4	Positive attention	- Validating emotions - Supporting education and independent living
5	Communications	- Reflective listening - Team communication - Signs and symptoms of mental health
6	Managing thoughts and feelings	- Education - Learning styles - Staff coping techniques
7	Rewards and reinforcement	- Positive reinforcement - Promoting positive behaviour
8	Encouraging cooperation	- Selective ignoring - Assertive communication
9	Positive discipline	- Strategies for positive discipline - Home rules
10	Transitions and problem solving	- Positive transitions - Managing stress

Recruitment of residential care homes

The training opportunity was offered to homes in selected local authorities, and participation was dependent on manager motivation and staff ability to commit to the highly intensive training. Once recruited, managers completed a pre-course questionnaire, providing demographic information about the home, staff members and young people. A pre-course induction visit was arranged for each setting, as an opportunity for the facilitators to meet the staff team and introduce the course.

All courses were led by a pair of facilitators who rotated between leading and supporting activities within each session. The North Wales courses were led by different facilitators, including a trainer who spoke Welsh where preferred.

Methodology

Course evaluation

Due to the scope and length of the training, a suite of mixed methods evaluation tools was developed to assess the pilot. All participants completed a pre-course questionnaire that gathered information about their role and length of time working in social care. It also gathered baseline data on 59 statements regarding training needs, role satisfaction, relationship building, behaviour management, and self-efficacy. All questions used standard five-point scales. A post-course survey revisited these measures one month after course completion to assess information retention and the embedding of positive practice.

Additional weekly evaluations of session delivery and content were completed by participants. The facilitators completed separate session evaluations with a focus on attendance and engagement, successful and unsuccessful activities, and practical issues.

At the end of each course, semi-structured telephone interviews were undertaken with the facilitators (N=9), focusing on their experience of running the course with that particular cohort. Specific topics included their perception of

overall group engagement, elements of the course that were particularly well or poorly received, practical challenges, and team relationships.

Semi-structured telephone interviews were undertaken with the manager of each residential home three months after course completion (N=6). The interviews considered whether learning had been assimilated, operationalised, and embedded by the team in practice. Managers also suggested one or two practitioners from each cohort to be interviewed by phone (N=7).

The research also included face-to-face meetings with young people, as identified by managers (N=3). A researcher with experience of creative and participative methods with young people used a mosaic approach (Clark & Moss, 2005) to develop and facilitate creative and participative activities. The meetings explored who the young people would trust to talk to about their problems, their views and experiences of the workers in their residential care setting, and any perceived change in the approach of staff during and since completion of the course. This also enabled broader discussion of their overall views of the care home.

Ethics

Course participants were given information and consent forms before completing the baseline questionnaire, with separate consent requested to interview workers, managers, and facilitators after the training.

Consent to interview the children was requested from the parent, home manager, and social worker depending on their status. Children were provided with child-friendly information sheets and asked to consent to attending a brief talk by a researcher. They were then free to stay and participate or to leave. Should any topics have caused inadvertent distress, trained care home staff already familiar with the children were present to offer immediate support. All interviews were transcribed by an independent transcriber.

Pseudonyms for workers, facilitators, children, and homes have been used throughout, and any potentially identifying information changed to protect anonymity.

Ethical approval for the study was granted by Cardiff University's School of Social Sciences' Ethics Committee.

Analysis

Interviews were analysed using thematic coding and following Braun and Clarke's (2006) six stage model of (i) becoming familiar with the data, (ii) generating initial codes, (iii) searching for themes, (iv) reviewing themes, and (v) naming and defining themes. Stage six of the model includes the writing up of the research report. Codes and themes were identified by one researcher and validated by a second.

The 59 quantitative statements were analysed using the Wilcoxon signed rank test, a test suitable for analysing repeated measurements from the same population, in this case before and after the course. The test measures the difference for each participant between the two time points and calculates the median score for the population and whether the difference between the time points is statistically significant.

Results

Table 2 includes details of the residential homes and course locations, as well as the participant numbers for each. Seven courses were run in four geographical regions for a total of eight homes. The homes included centres that were solely local authority or third sector run, plus a local authority partnership with a private company, reflecting something of the mixed economy of residential care.

Considering the courses in more detail, two homes in a North Wales local authority participated, with a separate course for each home (nine participants in each). This was replicated in a South Wales county, with separate courses for two homes and 12 participants attending from each. A single course was facilitated for a West Wales organisation comprising of three separate homes (18 participants in total). Finally, two separate courses were run for a single home in

a Mid-Wales county, due to the staff team being perceived as too large by the manager. Each of the 18 staff members were allocated to a specific course and expected to attend that course for the whole ten weeks. Altogether a total of 78 managers and practitioners attended the training.

All 78 participants completed the pre-course questionnaire. There was a clear gender imbalance as almost two-thirds of participants were female (64.5%). Age was more diverse, with over a quarter of participants in their thirties (26.9%), forties (26.9%), and fifties (30.7%), while a smaller proportion were in their twenties (7.7%) and over sixty (7.7%). This suggests that, despite the potential for workers in their twenties to be positive role models, the role might be less attractive to younger people, or it may be harder for them to enter the profession because of lack of life experience, and the difficulty of securing relevant practice experience with vulnerable young people. There was evidence of significant retention in the sector, with over half of respondents working in residential care for over ten years (51.6%), and an additional 10% employed in the sector for 5-10 years.

The professional qualifications of the participants included 59.4% having completed the Social Care Induction Framework. Three-quarters had completed a Level Three Diploma or a NVQ3 (National Vocational Qualification) in Caring for Children and Young People. Over a third (34.4%) had at least one QCF diploma (Qualification and Credit Framework) or NVQ4 on a relevant health and social care topic, and 9.4% had a Level Five LHSCS (Leadership for Health and Social Care Services) in either Children and Young People Advanced Practice or Residential Management. In addition, 46.9% were educated to degree level, including 25.9% who had a Health and Social Care Degree.

The aim to interview a minimum of one facilitator, manager, and practitioner from each of the seven courses was achieved. Identifying young people to participate in face-to-face interviews was more challenging however, due to them either not wishing to be involved or the manager deeming their involvement inappropriate. Meetings were conducted with three young people,

two of whom were from one setting. In total 25 interviews were completed, including those with young people.

Table 2. Profile of participating residential homes

Region	Course	Group size
North Wales (2 homes)	Northlands	9
	Cartref y Awel Mor	9
South Wales (2 homes)	Dan y Mynydd	12
	Holme House	12
West Wales (3 homes)	Crescent Hill	18
	Bridgemouth	
	Littleton House	
Mid Wales (1 home)	Clifton House A	9
	Clifton House B	9

Attendance and engagement

Average attendance across the whole ten weeks was high (81.8%) but there was significant variation in the different settings, from 94.4% in the West Wales course and 92.5% in one South Wales course, to 68.5% at one North Wales setting.

Attendance was also substantially lower for home managers. Average manager attendance across the whole course was 56%, with some attending as few as two out of the ten sessions. One possible reason for this was the potential impact on practitioners of their manager being present, and one manager shared their decision to stop attending due to a concern that *'people were holding back because I was there.'* (Manager, Mid Wales). This was not true for all

participants, and one of the facilitators had also raised this concern, but reflected positively on this during the interviews: *'Because [...] before we started the course, I thought well I wonder how this will work with the manager being in situ as well but actually it was fine'*. The benefit of the manager attending was shared by other facilitators and participants:

I mean we've got a really good team here, like I said we're all very close and I am always quite hands on as a manager, we have fun in the job which is the main thing, we love our job and we enjoy it you know and the kids pick up on that, that's the type of team we are really. So you know from my point of view [...] I think the managers should be involved. (Manager, North Wales)

While participants were expected to attend all sessions, low attendance was partly explained by the challenges of residential care, where the centre must be staffed at all times, and the location of the training. One setting held the training within the residential care centre itself, and the facilitators discussed the problem of *'trying to pinch their attention from their usual comings and goings and everything [...] [and] we can't talk about the children because they could overhear'*. In comparison, most homes preferred to use an external venue but, for those in remote areas with few local facilities, this could mean significant driving of up to two hours on top of their long shifts.

In comparison to the original Fostering Changes course, which was 12 sessions of 3½ hours, the Caring Changes course was ten sessions of approximately 4½ hours that could still be run during school hours. In the context of the nature of their roles this commitment was onerous, but almost two-thirds of participants (62.8%) agreed or strongly agreed that the course being run over a ten-week period had worked well:

I think the four-hour sessions worked well [...] we still had enough time to get back and do the school run and stuff. The ten weeks did seem like a long time, but I don't know how they could

have condensed it because obviously each week was a different topic. (Manager, North Wales)

Despite the varying attendance, participants were positive about the course delivery. The facilitators were seen as helpful, with one practitioner feeling that they '*genuinely cared and like took an interest into our young people*' (Participant, North Wales), and the training was relaxed and varied with a '*Good variety of different methods*' (Participant, South Wales) to suit participants' differing learning preferences. All the courses included one trainer with experience of working in residential care while the other had a broader social care background, and this was also recognised by the facilitators as important in terms of credibility and engagement:

The reason why [Albert] helped to deliver the Caring Changes is because he has worked in residential for [...] years whereas I have got no residential experience. So he was able to bring in parts of his own experience and some of his own anecdotes and some of his own examples to work from as well. (Facilitator)

Impacts of the whole-team training approach

All participants recognised the value of whole-team training, with one manager describing it as '*one of the best forms of training [...] staff learn better and they get more from it*' (Manager, South Wales). The approach was especially important due to the nature of their shift patterns, with some co-workers rarely working together and barely knowing each other. This was particularly true for the West Wales course which brought together staff from three separate homes within the same organisation, who reported building stronger relationships and feeling part of a more '*collective company, not just different houses*' (Participant, West Wales). The team solidification and improved relationships led to practitioners being better able to:

identify each other's own strengths and weaknesses when working as a team [...] it allowed us to have more collaborative

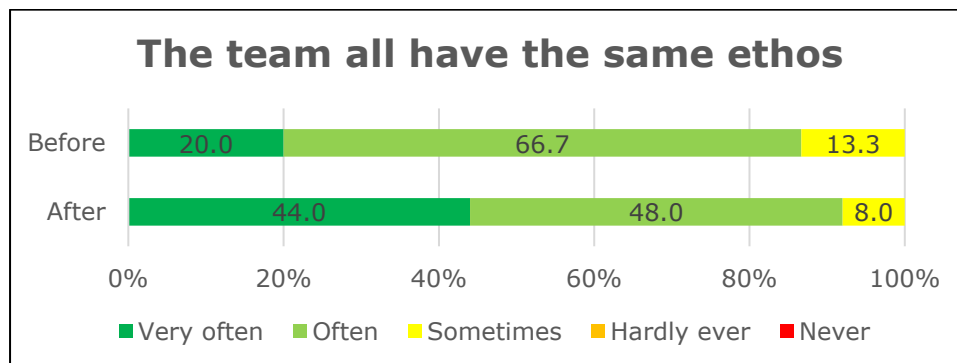
working [...] and being supported by other colleagues.
(Participant, South Wales).

In addition to bringing the team closer, the whole-team training approach was beneficial to the care and support that they provided to the children. The course content included reflecting on consistency '

across the whole staff group [...] it was really like well imagine how she [child] feels with kind of this inconsistent response to her swearing' (Facilitator).

This was also reflected in the quantitative survey results. Prior to the training, 20% reported that they very often, and 68.7% that they often, shared the same ethos with other workers (Figure 1). This had increased further by course end, to 44% very often and 44% often having a similar ethos. However, the change in shared ethos was not statistically significant ($p=0.152$), with this being partly due to the nature of the research and the limited sample size.

Figure 1. The whole-team training approach encouraged a shared ethos within the homes.



The training itself also worked as an environment for discussing the different tolerance levels of staff members to particular behavioural issues by individual children. The increasing familiarity between team workers helped to ensure a safe space for these discussions, and this led to particular workers being challenged over their practice and attitude. Whilst this meant that practitioners were not always in agreement with each other, the facilitators viewed these differences of opinions positively, highlighting the 'healthy, very healthy debate

[...] it was managed incredibly well. And just, you know people were very willing to listen to each other's point of view and the challenges when they did come were very positive and appropriate'.

The increased familiarity between team members also resulted in improved communication. This was again particularly important for the West Wales practitioners as many of them were lone workers with limited overlaps between shifts, and they reported an increased focus on staff handovers post training and being:

over-conscious then of like how much information or the information that we do pass on in our comms book and things like that. (Participant, West Wales).

Benefits for individuals

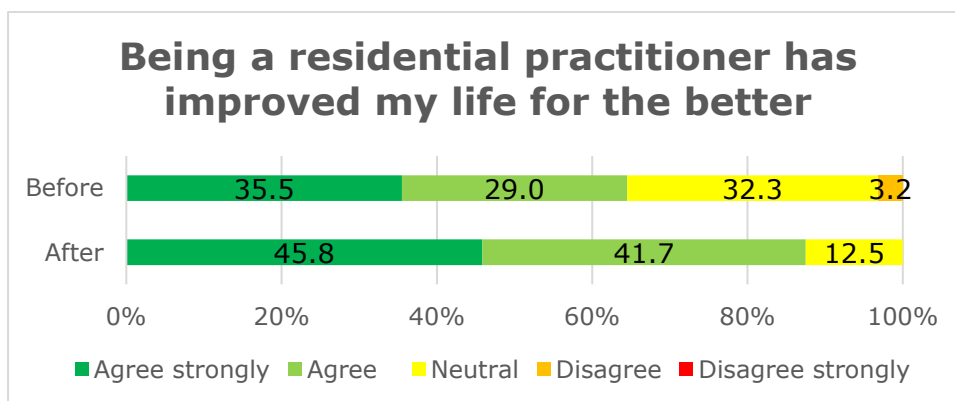
In addition to the team benefits, individuals reported positive impacts, both professionally and personally. Confidence was highlighted, with managers feeling that the training '*made [newer team members] feel more confident*' (Manager, Mid Wales), but there was also evidence of increased confidence among more experienced participants:

I was quite confident before in like my ability to work with the young people here. But I do definitely think it has just reminded me [...] to try and listen to them a bit more, be more clear, to be more detailed with things [...] so yeah I guess I probably am a bit more confident now in that way because I feel like I've bettered myself. (Participant, North Wales)

The interviews highlighted the impact of the training on positivity, with 89.4% of participants feeling that working in residential care had improved their lives, having increased from 65.5% prior to the training (Figure 2), although again the finding was not statistically significant ($p=0.530$). They also reported greater positivity as a result of improved teamwork, consistency of practice, and improved handovers:

I find that handovers are a little bit more positive and it's like "Oh unfortunately we had this behaviour but this is how we managed it and actually it ended really positive" [...] the staff are really showing that in their handovers like they're resolving it and then they're giving you the positive rather than just the negatives. (Participant, North Wales)

Figure 2. The training increased positivity in the team concerning how their role improved their wider lives

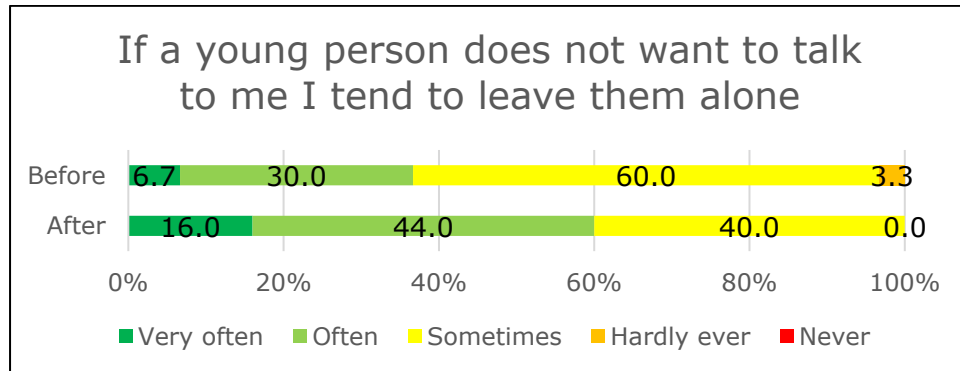


This positivity also affected the everyday interactions with children in their individual home settings. Analysis of the post-course survey found that eight percent of practitioners felt that they often got into arguments with the children, down from 16.1%, and participants gave examples of improving practice including 'always go back and say goodbye' (Manager, South Wales) at the end of a shift when the worker had argued with a child.

A key focus of the training was respecting the space of the children, and the quantitative results indicated how the training improved this, with 60% very often or often respecting the wish to be alone, up from 36.7% (Figure 3). Results of the Wilcoxon signed rank test indicated that this finding was statistically significant ($p=0.0477$) despite the small sample. While it was not possible to attribute changes in the lives of the interviewed young people to improved practice as a result of the course, they did share their views on what makes a positive residential care centre environment, and the importance of personal space was prominent. They talked about managing their own behaviour and how 'if I don't feel very happy I just move away don't I, and go upstairs.

Because I am upstairs quite a lot aren't I? That's my own space.' (Stephen, young resident).

Figure 3. Participants became more respectful of young people's space



In the case of a practitioner who continued to greet a child despite not receiving a response, there was evidence of this repeated practice starting to improve their relationship:

Saying good morning to a child every morning [...] it was one child that never said good morning and I did it consistently and after five weeks that child said good morning to me every single time. It was a small thing but that sort of repetitive approach makes change. (Manager, South Wales)

The training encouraged participant reflection, and the facilitators felt that practitioners increasingly realised that *'there was a lot of good practice going on [...] [and] the effect maybe that has on the young people they're working with'* (Facilitator). They were also more self-reflective as to how their mood could impact residents, with a need to be

aware of your own feelings and your energy levels and how that can actually transfer and affect the way that you work with young people. (Participant, South Wales).

This reflection included several recognising the key learning point that *'all behaviour has meaning'* (Participant, Mid Wales), with them better able to

understand children's current behaviour in the context of their previous experiences:

They could be making a mess in their room or not wanting to wash because that's kind of the learned behaviour they've had from their lives [...] I think it's important to try and remember the journey they've had and why they've ended up in, or how they've ended up in residential care then really [...] The course kind of made us, definitely made me think more about that and just be more mindful. (Participant, West Wales)

There was also evidence within the interviews with practitioners and young people that the relationship between the young people and the workers was central, and that the reported practitioner benefits led to knock-on effects for the young people. The participating young people had varying relationships with the different workers in a home, but all had at least one staff member that they got on well with. They felt comfortable doing activities with this person, and increasingly felt able to trust and talk with them. For example, Danielle had been in the residential home for two years and had a positive relationship with her key worker because she knew *that 'they never ignore it if I'm upset, they'll always sort it out for me.'*

Their varying relationships with the different members of staff were highlighted when the young people were asked to describe their ideal worker. Stephen's description of his ideal worker was 'reassuring, sociable, respectful, responsive and happy in their work'. This overlapped considerably with the course content, and the focus on residential care workers developing strong relationships with young people.

Home diversity and the complexity of residential care children

This article has reported the impacts of the Caring Changes course on the staff team as well as on individual workers and young people, but, while participants were very positive about the course content and delivery, feedback was more variable regarding its appropriateness for supporting the diverse and complex

needs of children in residential care. The facilitators recognised that the course often focused on reinforcing existing knowledge, and they would *'start the course with "you know nothing I'm going to tell you is brand new, nothing is rocket science [...]. But what we want you to do though is have a think about why you're doing it"'*.

Many practitioners and managers saw the value of this positive reinforcement, while for others it was about being willing to adapt their already good practice further. In addition, newer members of staff reported finding the course extremely useful and *'more in depth than the social care induction'* (Participant, Mid Wales), with this view shared by some managers who intended to use the Caring Changes course in new worker training.

However, perception of the course did vary, and some more experienced staff members felt that they learned little. They highlighted *'an awful lot of good topics during the ten weeks but the depth of discussion was not there'* (Manager, Mid Wales), and viewed the training as repetitive and patronising at times:

I didn't mean to sound bad earlier when I said patronising but I've been around quite a bit and I'm open to training, learning, everything, because you learn every day on this job, you know, but I did find some of it was I was thinking "god I knew that years and years ago". (Participant, Mid Wales)

While opinion varied as to the benefits of reinforcement versus the problem of simplicity, there was a more widespread concern that the course did not cater for the diverse range of children that they were working with. This was partly due to the heterogeneity of residential care homes, with the differing settings in the pilot including a step-up provision preparing 17-year-olds for independence, a centre for 11-15-year-olds expected to remain in long-term residential care, and a home for 9-14-year-olds. They also highlighted the complexity of needs and more extreme behaviour of those in residential care:

We have children that are much older because the majority of our children have already been in foster care and that has broken

down because of the behaviours that they display, hence why they come into a residential setting. So a lot of my young people are 16-17. (Manager, Mid Wales)

With the training modified from a foster care course, several participants highlighted the differing settings and how many children in residential care had previously struggled in foster families. One of the facilitators questioned whether further modifications were needed to *'be more relevant to the residential experience of children and young people'*, while both facilitators and participants suggested the need to include a wider range of strategies that were targeted at differing levels of behaviour.

Despite the course length, both participants and facilitators suggested a number of topics that were well-received but required more detailed focus. Mental health was highlighted in both the post-course survey and interviews as of particular interest to the course participants, while the focus on resilience was also highlighted as *'a great session and I'd like somehow to sort of hammer that home. Not because it was received poorly but I think it had so much relevance to the residential sector'* (Facilitator). Participants also highlighted a need for the theoretical focus on attachment theory to be applied to a residential setting, and for practical information on how to liaise with schools.

One final topic that was not included in the course but suggested by the young people was the idea of 'home' and 'sense of belonging'. This linked to the request by participants for the theoretical focus on attachment theory to be applied to the residential care setting and, in particular, as highlighted by Stephen, the need for the residential care environment to be more like a family home. He noted numerous aspects of the centre that did not make it feel like a home, including *'That big office full of files [...] I'm just saying it doesn't make it feel as homely [...] Feels like a flipping secure unit'*, the residential care centre sign, and the use of fob keys on bedroom doors:

Take the signs down yeah, if you take those all away it would make the house feel a little bit more homely [...] Something like that yeah instead of having like a big flipping sign saying

Services for Children [...] I also think it's horrible having fob systems on our doors, on our bedroom doors. Don't you?
(Stephen, young resident)

Despite the challenge of the diversity of young people in residential care, several managers and practitioners highlighted the potential for Caring Changes to continue, but with bespoke modifications for each centre that tailored the course to the children in their care, as well as to the needs of the practitioners:

We thought that this training would be very bespoke so you've got five young people, obviously every young person presents with different behaviours and for me it was a little bit about right "Ok this is the young person, this is the behaviours that they're displaying, these behaviours we are managing really well, these behaviours we are struggling to manage". And for me I would have liked to have unpicked more of the behaviours that we're struggling with but as a team so that we could work consistently.
(Manager, Mid Wales)

Alternatively, some felt the delivered training could become a foundational course ahead of a second aimed at working with more complex children. The facilitators agreed with this and having trained the participants over a prolonged period of time, they highlighted the experience and high educational levels of the practitioners and their potential to participate in and benefit from a more challenging course. As a result, many of the managers and practitioners had looked forward to home-specific follow-up visits from the course facilitators. One spoke of the facilitator coming '*three or four times to actually discuss what we'd learnt and how we could progress it forward again and kind of like revamp, recap on what we'd learnt*' (Manager, South Wales), while others were interested in reinforcing the learning in a way that suited the individual home and the young people they worked with.

Discussion

This study has identified benefits of the Caring Changes course for residential care staff teams as well as individual practitioners, and potentially for young people. With reference to the team, the training brought together participants who, despite working in the same home or organisation, rarely had an opportunity to meet, and created more of 'collective company' rather than a group of individuals. The weekly sessions also enabled an environment for discussions that improved consistency in the team's response to behavioural issues and provided a safe space for the positive challenging and resolution of poor practice by individual team members.

There were additional benefits for practitioners and managers at both a professional and personal level. This included increased positivity and confidence about their role, with positive reflection on many methods that they were already using as well as improved practice in specific areas. They also felt better able to understand the issues and needs of the young people that they worked with. Together, these positive impacts potentially enabled improved relationships with the young people, resulting in benefits for both.

Whilst the training was well received, the participants would have liked more bespoke teaching in line with the complex needs of the individuals in each home, and a focus on mental health, education and attachment as applied to residential care. The need, as identified by practitioners, for attachment training specific to residential settings is interesting given the vital importance of relationships to young people in residential care, with trust being built between children and workers over time (Lane & Shaw, 2020). The children in this study had at least one member of staff they could trust. The building of these relationships with staff members links closely to questions of how we make a home a 'home'; as somewhere to relax and belong, from the perspective of young people.

A recent systematic review of the experiences of young people living in residential care (Cameron-Mathiassen et al., 2022) highlighted how this care setting often lacks flexibility when meeting the needs of the individual young person, and that wellbeing in residential care can be negatively affected by the

systematic culture in which care homes are embedded. The suggestions from the young people in this study indicate how organisational structures can unwittingly serve to alienate young people and sometimes mitigate against residential care being experienced as somewhere to belong and feel at 'home'.

Limitations

Caring Changes was developed as a pilot training course consisting of ten weekly sessions for whole teams of residential care home practitioners. The result was an intensive opportunity for a relatively small number of participants, but this did limit the sample size for the evaluation. As a result, many of the quantitative results considering change as a result of the training course were not statistically significant.

The interviews with managers and participants took place three months after the training, but it would have been helpful to return after a longer period, possibly 12 months, to see if changes had remained embedded within practice. In addition, the researchers were only able to interview three children and more feedback about their interactions with staff would have been illuminating.

Conclusion

This article has reported the findings of an evaluation of Caring Changes, a pilot that modified foster carer training for the purpose of residential care practitioners. The study evidenced the value of whole-team training, with benefits for the staff group and individual practitioners, as well as potentially knock-on benefits for young people. While there were challenges in the modification of the original course for a population with more complex needs, the study found that there is potential for a more tailored approach that works with the individual home to ensure the content is relevant to the practitioners but also to the young people that they work with.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by Cardiff University's School of Social Sciences Research Ethics Committee.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The study data are available upon reasonable request from the author.

Conflicts of Interest: The authors declare no conflict of interest.

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20th Kilbrandon Lecture (University of Strathclyde 8th December 202): Children of the beloved country – lives and legacies from Kilbrandon to Mandela

Ann Skelton

Abstract

This lecture traces Lord Kilbrandon's legacy in the South African Child Justice Act's 'preliminary inquiry'. Other interconnecting lives and legacies of South African reformers such as Alan Paton, Charlotte Maxeke, Leila Reitz, and Nelson Mandela are explored. The lecture concludes with selected post-Constitution reflections on the holistic realisation of children's rights in South Africa, in the context of contemporary discussions about Scotland's incorporation of the Convention on the Rights of the Child.

Keywords

Child refugees, child and family displacement, trauma, war, Ukraine

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I first came across the Kilbrandon Report (1964)¹ when I was working on the reform of South Africa's child justice system. But to take a few steps back from there, I will share with you my introduction to the need for child justice reform, which was both shocking and life changing. In 1986, having completed my law degree and needing to pay back a bank loan, I took my first job as a public prosecutor. The practice at the time was to have junior prosecutors 'cut their teeth' in what was known as 'the juvenile court'. This was the late 1980s, still

¹ The Report of the Committee on Children and Young Persons, Scotland (Cmnd 2306) is available in the Kilbrandon Lectures Archive:
<https://www.strath.ac.uk/humanities/schoolofsocialworksocialpolicy/thekilbrandonlecture/s/>

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firmly in the apartheid era. Although it was only a few years before the release of Nelson Mandela in 1990, it did not feel as though we were on the verge of a new dawn. Quite the contrary – it was an era of a ‘situation of emergency’ which suspended many of the few rights that existed in this pre-bill of rights period. As I stood in the bleak magistrates’ court room that smelt of a ghastly mix of urine and disinfectant, looking at the faces of mostly African children appearing in the dock, seeing the poverty in their shabby clothes and the evidence of police brutality, hearing sentences of whipping and reform school and prison being handed down, I thought: ‘Someone has to do something about this!’ I soon realised that my calling was not in the prosecution service. I left and joined Lawyers for Human Rights, and shortly thereafter moved the focus of my career to children’s rights – and I have remained on that trajectory ever since.

Nelson Mandela was released in 1990, and during the following years until 1994 when South Africa held its first democratic elections, and after, I was privileged to work alongside mentors and colleagues in the African National Congress who were preparing for the new Constitutional era. When Nelson Mandela made his opening address to Parliament in 1994, he said:

The Government will, as a matter of urgency, attend to the tragic and complex question of children and juveniles in detention and prison. The basic principle from which we will proceed from now onwards is that we must rescue the children of the nation and ensure that the system of criminal justice must be the very last resort in the case of juvenile offenders.²

Mandela’s awareness of and concern for children was legendary. It is his signature that appears on South Africa’s ratification on the Convention on the Rights of the Child, on 16 June 1995.

² Nelson Mandela, State of the Nation Address, delivered in Parliament in May 1994: http://www.mandela.gov.za/mandela_speeches/1994/940524_sona.htm

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Just one year later, in 1996, I was appointed by the Mandela Cabinet to chair a Law Reform Committee³ to draft South Africa's Child Justice Act.

Until this time, South Africa had no separate law for dealing with child offenders – so the canvas was blank, and we decided to undertake a comparative study of systems that were considered very progressive. We selected three countries for this exercise: Uganda, which incorporated interesting aspects of African customary law and procedure; New Zealand, which was feted for its family group conferences, modelled on Maori conflict resolution; and Scotland, which was famous for its hearings system (South African Law Commission, 1997, 1998).

The Kilbrandon Report, written in Scotland, for Scottish children, thus reached across the ocean to be added to the 'big ideas' we were storing up for the new child justice system in South Africa. Writing elsewhere I have described the decade-long process of getting that Bill drafted and passed through Parliament, where it largely weathered the popular punitive storms that it drifted into (Skelton & Gallinetti, 2008). We cannot claim that the Act mirrors the Scottish system, as it is justice rather than welfare oriented, albeit the focus is mainly on restorative justice. However, one aspect of the Act embodies an idea that comes from the hearings system. The Child Justice Act introduced, for the first time in South African law, a procedural step called the 'Preliminary Inquiry' (Child Justice Act, 2008, chapter 7). Children who have been charged with committing offences are not arrested (except in limited circumstances) but are instead issued with a warning to appear at a preliminary inquiry. Prior to this inquiry they are each individually assessed by a probation officer (trained in social work), based on which they may be diverted by a prosecutor before ever appearing at a preliminary inquiry. However, where this does not occur, they are brought to the preliminary inquiry. This is a meeting that is chaired by a magistrate but is preferably held in a room other than a court room, and court robes are not worn. The child is accompanied by his or her parent or other appropriate adult, his or her legal representative and the prosecutor, and the probation officer is also present. The purpose of this inquiry is to pause and

³ South African Law Reform Commission Juvenile Justice Project 106 established December 1996.

think – in a non-adversarial environment - about the next steps, to reconsider the possibility of diversion, and to consider whether referral to care and protection proceedings is more appropriate. If it is decided that the matter must proceed to a plea and trial in the child justice court, then careful efforts should be made to consider all possible non-custodial options during the pre-trial period.

The drop in the number of children going to plea and trial in the South African justice system since the introduction of the Act is staggering. This may not be entirely due to the preliminary inquiry, as it is seen alongside a drop in children coming into the system at the front-end. But it is clear that this non-adversarial 'stop and think' process has certainly played a very positive role. In my view, this can in part be accredited to the legacy of Lord Kilbrandon.

The 'beloved country' in the title of my speech borrows from the title of a book by South African writer Alan Paton, *Cry the Beloved Country* (1948), published just as South Africa retreated into its darkest years of official apartheid, following three hundred years of colonisation. The story follows the journey of a Zulu priest, who goes to Johannesburg to help his son who has been arrested for the murder of a white man. Paton's message is that despite the brutality of apartheid, and the despair and hopelessness during that era, human dignity and human connectedness offered some hope of a future beyond hatred and racism.

He wrote many other books and poems, with several of the poems being about children who he worked with as the principal of a reformatory school for young offenders – with colonial sounding names like Ha'penny and Pinky. One particularly beautiful poem about the funeral of one of these children is also a critique of the criminal justice system. Besides being a writer, Paton was a reformer in the field of children and justice. Let me give you a small taste of his poem, 'Death of a small child in Diepkloof Reformatory' (1995).

Small offender, small innocent child
With no conception or comprehension
Of the vast machinery set in motion
By your trivial transgression,

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Of judges, magistrates, and lawyers,
Psychologists, psychiatrists, and doctors
Principals, police, and sociologists,
Kept moving and alive by your delinquency,
This day, and under the shining sun
Do I commit your body to the earth
Oh child, oh lost and lonely one.
Clerks are moved to action by your dying;
Your documents, all neatly put together,
Are transferred from the living to the dead,
Here is the document of birth
Saying that you were born and where and when,
But giving no hint of joy or sorrow,
Or if the sun shone, or if the rain was falling,
Or what bird flew singing over the roof
Where your mother travailed. And here your name
Meaning in white man's tongue, he is arrived,
But to what end or purpose is not said.

Paton's experiments with justice and freedom as the principal of Diepkloof Reformatory School were based on his theory of punishment. He was of the view that, beyond the two general approaches to punishment, which he identified as retributive and deterrent – there were two further approaches. The third approach to punishment was what he called 'reformatory', in which the word 'punishment' would be replaced with 'treatment'. This was not Paton's own idea – he ascribed to a broader movement, popular in his time, which is often called 'rehabilitative'. The rehabilitative approach arose at the same time as the rise of social work, probation work and psychology. The fourth approach to punishment explored by Paton was a radical one; namely, 'that there need be none at all'

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(Broster, 1993). According to this view, steps are taken against the offender for the sole reason of protecting society. If society does not need protection, then the person need not be punished.

Paton experimented with his ideas at Diepkloof Reformatory, where he was appointed in 1935 and was director until 1948. Paton's reforms were developed around a system of the boys being encouraged to take personal responsibility, and being granted rewards and 'graduated freedom'. Elsewhere I have written about the fact that this idea of rewards and graded freedom was not Paton's own 'brain-child' but rather part of a child-centred pedagogy growing in popularity at the time, which stressed the relationship between pupil and teacher, emphasised the individual psychology of each child, and promoted the creation of a community and family setting instead of a vast 'borstal' or prison type of approach.⁴

Whilst Paton's reforms undeniably brought about general improvements for all the boys, there were some aspects of his work that remain questionable, especially when judged from a modern viewpoint. The most puzzling of these was his continued use of corporal punishment at Diepkloof, especially for those who had not earned their rewards. A little-known fact is that Paton had to have a finger amputated in 1938 after he punched a 'recalcitrant inmate' of Diepkloof in the mouth – a wound made by the youth's tooth became infected and the finger would not heal (Alexander, 2009).

The prevailing view in society at that time was that it was 'better for a child or youth to be whipped rather than be imprisoned as a criminal'. In 1947 the South African government appointed the Landsdown Commission to investigate aspects of criminal law reform. It found that corporal punishment should be retained as a sentence for children and youths. During the apartheid years it was increasingly used as a method of youth crime control.⁵ Indeed, it was not until 1995, in the

⁴ 'Vakasha: Alan Paton and justice for child offenders': 22nd Alan Paton Lecture (2015), by Ann Skelton, referring to Chisolm (1989) 340 and 371.

⁵ There was some criticism of this at least by the 1960s (see Kahn, 1960).
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case of *S v. Williams*, that South Africa's Constitutional Court abolished the whipping of child offenders as a sentence.⁶

Paton did manage to reduce the incidence of corporal punishment at Diepkloof. One of the ways he did so was through a practice that would today raise eyebrows. He encouraged the smoking of tobacco. One of his earliest reforms was to relax the rules on the use of tobacco, and he even used it as a reward. From the health-conscious perspective of today, this seems a strange reform, but apparently it was effective. Paton told an amusing story about the boys in this regard. One Sunday he had invited a Dutch Reformed Church Minister to present an evangelistic sermon. When this was concluded the minister asked if they had questions. 'When they did not respond, he said to them encouragingly, "You may ask anything you wish". And a boy stood up at the back and said, "Meneer, asseblief 'n stukkie twak"' ('Please, Sir, a bit of tobacco') (Paton, 1980, p. 105).

Paton's commitment to rehabilitative justice led him to a common error made by proponents of that movement – namely, that the treatment model justified longer residential sentences. In other words, he thought it best that the 'real' freedom of the boys be delayed while he experimented with the limited freedom he could bestow on them. Historian Linda Chisolm (1989, p. 374) has observed that in all this there was a '...fine irony, unseen by Paton himself. For he maintained the fiction of "freedom as a reformatory instrument" while training African boys for a poverty, farm labour and "unfreedom" that they did not choose'.

Paton was becoming frustrated and isolated towards the end of his tenure at Diepkloof. In 1946 he went on an international tour to look at reformatory schools in the United Kingdom, Sweden, Norway, and the United States. I find it intriguing to think that he would almost certainly have met with Scottish reformers – could he have met with Charles Shaw? Not yet called Lord Kilbrandon, Shaw was at that time a senior advocate; it was only in 1949 that he was nominated Queen's Council, and in 1959 he received a traditional life

⁶ *S v. Williams*, 1995 (3) SA 632 (CC). See <http://www.saflii.org/za/cases/ZACC/1995/6.html>

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peerage as Lord Kilbrandon. Alan Paton and Charles Shaw were contemporaries – Paton was born in 1903 and Charles Shaw in 1906 - and they died within a year of one another, in 1988 and 1989 respectively.

Certainly, they shared similar views – a major finding of The Kilbrandon Report was that all ‘juveniles’ under 16 should in principle be removed from the jurisdiction of the criminal courts. All existing juvenile courts should be abolished. The aim of the hearings system was to supervise special measures of education and training according to the needs of the individual child. There is the ring of an echo here with Paton’s ideas about the abolition of punishment and need for rehabilitating education.

The early part of the 20th century was a time during which a welfarist approach to child justice was favoured worldwide. In 1935 the League of Nations undertook a survey of 43 countries and found that 32 had established special children’s courts which were welfarist in nature. But over the years the welfarist approach lost popularity, with most states moving to adopt more punitive or ‘justice’ models. Scotland, in carrying out the reforms recommended by the Kilbrandon report, went against the trend.

I want to also introduce here a towering figure in South Africa’s history, Charlotte Maxeke. She was not a contemporary of Lord Kilbrandon, as she was born much earlier, in 1869. Recent historical accounts by South African authors Thembeke Ngcukaitobi (2018) and Zubeida Jaffer (2021) have breathed new life into Charlotte Maxeke’s early years when she travelled with the African Jubilee Choir to England and spent a year in the UK in 1891-1892, where she performed at Queen Victoria’s jubilee concert in the Royal Albert Hall and met with suffragette Emily Pankhurst. Charlotte subsequently graduated with a BSc from Wilberforce University in the United States in 1901 (and this all before Charles Shaw was born!). Less known is the fact that the multi-talented Maxeke was South Africa’s first black probation officer (Skelton, 2005, p. 323). She worked with children in the criminal courts and served simultaneously as a child welfare officer in Johannesburg from 1923. According to Jaffer, she worked with ‘waifs and strays and destitute children’ and was credited with having ‘done considerable work in the alleviation of the causes of crime in the city’ (Skelton,

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2018). However, she was discharged in 1929, and according to education historian Linda Chisholm, 'the relinquishing of her services [was] a sign of both cost-cutting exercises in the context of the great depression, as well as the steadily hardening segregationist programme of non-recognition of the right of Africans to be in urban areas' (Chisolm, 1989, p. 153). Maxeke, like her Western counterparts, worked on child rights issues some years before white women got the vote in 1930. Despite working on the campaign for women's suffrage with women of all races, Maxeke herself was never able to cast a ballot – not because of her gender, but because of her race. She died in 1939. Africans did not get the vote until 55 years later, in 1994.

Another South African woman, who due to her race did get the vote in 1930, was Leila Reitz. Having obtained the right to vote, Reitz stood for Parktown in Johannesburg and was the first woman elected to the South African Parliament in 1933. She served as a member of a government committee established in 1934 called the Inter-Departmental Committee on Destitute, Neglected and Delinquent Children and Young Persons. The committee's terms of reference included the instruction to: 'consider whether it is desirable and practicable to dispense with criminal procedure in dealing with juvenile and/or juvenile-adult delinquents, and instead to deal with them paternally, on the lines of the procedure adopted in administering the Children's Protection Act'. The committee recommended far reaching changes in the form of a Young Offenders Bill and a Children's Bill. The Committee's report of 1937 made a remarkable statement for its time: 'The draft bills submitted by the Committee make no distinction on racial grounds. The principles underlying the treatment of children "in need of care" or of delinquents are of equal validity whether the children to whom they apply are of one race or another' (Union Government Report of the Inter-Departmental Committee, 1937, p.5). In an impassioned speech to Parliament, Mrs Reitz said: 'I want to make it clear to the House that if we do not bring in a comprehensive measure such as I have outlined, we shall fall very short indeed not only of what other countries have achieved, but certainly of what must be done in this country' (cited in Midgley, 1975, p. 64). The Young Offenders Bill did not pass, despite the work put into it by reformers. That opportunity was missed, and South Africa entered a long period of stagnation

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and deterioration in the field of the rights of children in the justice system, which lasted over 40 years. There does seem to be a seminal lesson for would-be reformers here – do not miss a big opportunity.

It wasn't until 1995 that the Mandela government ratified the Convention on the Rights of the Child and put in motion a process for the drafting of South Africa's first separate piece of legislation for child offenders, the Child Justice Act, which was finally passed by South Africa's first democratic parliament in 2010.

South Africa's ratification of the Convention on the Rights of the Child (CRC) was a pivotal moment, but of course it was the implementation, the embedding of the Convention, which has really made the difference.

South Africa has one of the most comprehensive sections on children's rights in the constitution, and this was influenced by the ratification of the CRC. The convention and the constitution have been embedded into our laws about children, into our planning and budgeting, into our service delivery. Where there are failures and weaknesses – and I acknowledge there are many – the convention and the constitution have been instrumental in promoting accountability. As I have spent most of my working life trying to advance children's rights within a constitutional democracy, I have come to know the value of that constitution, the power of it. Let me give you an example. The last case that I argued in the Constitutional Court was a challenge to the constitutionality of the defence of reasonable chastisement – in other words, it was about smacking of children by their parents, in the home. The Chief Justice at the time was a conservative Christian. When he hears the words 'reasonable chastisement' or 'corporal punishment', I respectfully imagine that biblical epithets jump into his head. To put it mildly, he did not like the argument I was presenting. It was a difficult day, and as we waited for judgment – it took rather a long time – I started to get worried. And yet I knew in my bones we had to win, because our constitution guarantees everyone the right to be free of violence from public or private sources.⁷ Children, as the youngest and most dependent people, could not be provided with less protection than anyone else. I knew also that that we had to win because the Convention on the Rights of the

⁷ Section 12(1)(c) of the South African Constitution.

Child, as interpreted by the committee,⁸ makes it clear that corporal punishment of children is against the convention, and in South African law rights must be interpreted in a manner that recognises, and is compatible with, international law. And, indeed, we won. The Chief Justice himself wrote the unanimous judgment for the court (*Freedom of Religion South Africa v Minister of Justice and Constitutional Development et al.*, 2018). But the judgement, when I read it, seemed strangely reticent. And I realised why – it seemed as though the Chief Justice did not want to find the defence of reasonable chastisement unconstitutional – but he had to because of the constitution. That is the power of it.

So, this brings me to Scotland's decision to incorporate the Convention on the Rights of the Child. What is the power of it? It is the importance of the compatibility with the CRC of Scotland's laws, policies, plans, budgets, and its actions through its public authorities. It's the lodestar of actions in respecting and protecting children's rights.

Let me put on my UNCRC Committee hat for a few moments: An important disclaimer here is that I will not be sitting with the committee when the United Kingdom comes for review in the near future.⁹ That is because I am a dual citizen of the United Kingdom and South Africa. I am therefore required to recuse myself when either of these states come to the committee.

So let me say then that the committee will, I strongly imagine, be paying attention to what Scotland has committed to in terms of its children's rights promises. The committee does not, of course, see the United Kingdom as a monolithic entity. It will therefore be very aware of how Scotland differs in its approach and actions from, for example, England and Wales (and how Wales differs from England and Wales, for that matter). I speculate that the committee will ask questions about how far things have come. So, my respectful advice is to ensure that Scotland retains its exceptionalism – and not just in repeating

⁸ Article 19 of the Convention on the Rights of the Child, read with General Comment 13 (2011) Article 19: The right of the child to freedom from all forms of violence.

⁹ Committee on the Rights of the Child review of the United Kingdom scheduled for May 2023.

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promises about children’s rights, but in showing what it has done to realise those promises.

I believe that Scotland is standing on one of its historic moments – of course it is not possible to make exact comparisons between countries as different as South Africa and Scotland, but what I have hoped to show, in my speech here tonight, is that when big opportunities come up it is important to grasp the thistle.

I am respectful of the fact that Scotland is facing challenging times – but an investment in children always pays dividends. The Committee on the Rights of the Child, in its General Comment on public budgeting for children’s rights, has indicated that even in times of crisis it is not permissible for states to take retrogressive measures, and as all economists know, sometimes just standing still is retrogression in real terms (United Nations Committee on the Rights of the Child, 2016, p. 31).

Let me end on another heart-warming promise that Scotland has made: To remove all young people aged under 18 from placement in prison or young offenders’ institutions (Learmonth, 2022). This too is a crucially important step in the evolution of Lord Kilbrandon’s legacy. I am sure that, if he was here, he would be urging the passing of the Bill with all speed.

To return to the title of my speech – Children of the Beloved Country – whether they are here in Scotland, or in South Africa, or anywhere, we must continue to walk the paths of the great reformers – from Kilbrandon to Paton, from Maxeke to Mandela – and we must walk on, into the future. Let me close my speech by taking you back to the second half of the poem I read from earlier – about the death of a child in Diepkloof reformatory. And I read it in the memory of children and young people who have died in custody in Scotland in recent years – and in the memory of all children who have died in custody, everywhere:

Here is the last certificate of Death;

Forestalling authority he sets you free,

You that did once arrive have now departed

And are now enfolded in the sole embrace

Of kindness that earth ever gave to you.

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So negligent in life, in death belatedly
She pours her generous abundance on you
And rains her bounty on the quivering wood
And swaddles you about, where neither hail nor tempest,
Neither wind nor snow nor any heat of sun
Shall now offend you, and the thin cold spears
Of the Highveld rain that once so pierced you
In falling on your grave shall press you closer
To the deep repentant heart.
Here is the warrant of committal,
For this offence, oh small and lonely one,
For this offence in whose commission
Millions of men are in complicity
You are committed. So do I commit you,
Your frail body to the waiting ground,
Your dust to the dust of the veld, –
Fly home-bound soul to the great Judge-President
Who unencumbered by the pressing need
To give society protection, may pass on you
The sentence of indeterminate compassion.

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Locating Scotland in the 20th Kilbrandon Lecture: Children of the beloved country – lives and legacies from Kilbrandon to Mandela

Sophie Shields

Abstract

This paper is a response to the 20th Kilbrandon Lecture - 'Children of the beloved country – lives and legacies from Kilbrandon to Mandela' – delivered by Professor Ann Skelton. This response serves to locate Professor Skelton's experiences in South Africa and at the United Nations in Scotland's own unique national context, as a country embarking on an ambitious programme of change in its human rights journey. This response considers the incorporation of the United Nations Convention on the Rights of the Child as a landmark moment in Scotland, overcoming and utilising a complex policy landscape, and as a commitment and responsibility despite compounding national and global crises threatening the rights and wellbeing of children in Scotland.

Keywords

Child refugees, child and family displacement, trauma, war, Ukraine

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Introduction

In March 2021, the United Nations Convention on the Rights of the Child (UNCRC) Incorporation Bill was unanimously passed into Scottish domestic law (Scottish Parliament, 2021). Around the world, children's rights experts noted the ambitiousness of the incorporation approach taken by Scotland – one of, if not the, most holistic approaches to incorporation of the UNCRC ever seen.

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Its incorporation is a landmark moment in Scotland's human rights journey. The UNCRC is to be the first legally incorporated UN human rights treaty in Scotland, the first Convention specifically relating to children's human rights, and the first economic, social, cultural, and environmental human rights law obligations to be given force within the national legal system (Shields et al., 2023, p. 3). It comes as a separate but parallel human rights process to those which have been underway for over two decades, which will see Scotland incorporate four further UN human rights treaties. Those at the forefront of improving human rights protection in Scotland promote a mission and aspiration to be a global leader in human rights. The foundation of this movement is building a culture of human rights and human dignity, so that every person has what they need to claim these rights as their own (First Minister's Advisory Group, 2018, p. 10). There is no clearer opportunity to get this right for every child, starting at the very beginning of life.

This paper is a response to the 20th Kilbrandon Lecture - '*Children of the beloved country – lives and legacies from Kilbrandon to Mandela*' – delivered by Professor Ann Skelton. This response serves to locate Professor Skelton's experiences in both South Africa and at the United Nations in Scotland's own unique national context, as a country embarking on an ambitious programme of change with respect to human rights protections.

UNCRC incorporation in Scotland: A landmark moment?

Two years on from the unanimous passing of the UNCRC Incorporation Bill in Scotland, it has still not been incorporated into the national legal system. The Bill took a 'maximalist approach' to the incorporation of the UNCRC, meaning it is to be brought into the national legal system to the fullest extent possible (Scottish Parliament, 2023). However, this ambitious approach is somewhat challenged by Scotland's unique constitutional settlement, as a devolved government within the United Kingdom. Within the UK's devolution settlement, the UK Parliament maintains control over matters considered **reserved** – issues like foreign policy, defence, and constitutional affairs (Scotland Act 1998, sch. 5). Conversely, the Scottish Parliament can legislate on areas considered **devolved** – issues like healthcare, education, and agriculture.

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In response to the Bill's passing the UK Government pursued a successful legal challenge to Scotland's UNCRC Bill, where four sections were found to go beyond the scope of the powers afforded to the Scottish Parliament (UK Supreme Court, 2021). In response, amendments are required to ensure the Bill considers only areas within Scotland's legislative competence before the UNCRC can be successfully incorporated into the national legal system.

The complexity which currently sits at the heart of the UK's political landscape can be characterised by this differing approach to human rights protection at the Scottish and the UK level. Where Scottish political leaders and civil society have continued to echo their commitments to broader and wider human rights protection, the UK Government have expressed an interest in further legal challenges to other Bills which consider human rights and equalities – such as the [Gender Recognition Reform Bill](#) - and have committed to repealing the UK's Human Rights Act 1998 after over two decades, replacing it with a weakened British Bill of Rights (House of Commons Library, 2022; UK Government, 2023).

An explicit timeline on when the UNCRC will attain national implementation remains unclear, with no major update since the [May 2022 announcement](#) that the Bill required further consideration and consultation with children (Scottish Government, 2022). Children's rights experts and practitioners remain hard at work delivering guidance, information, and training to prepare government agencies, departments, and local authorities for what might change come the incorporation of the UNCRC. Despite delays and setbacks, a founding characteristic of Scotland's children's rights movement is the persistence of hope, responsibility, and courage from children themselves and from adults who have key roles in their lives.

Seizing the opportunity: Improving the lives of children in Scotland in times of compounding crises

Professor Skelton spoke of South Africa's missed opportunities spanning 40 years prior to the adoption of the post-apartheid South African Constitution in 1996, and the importance of knowing when to 'spot the moment, and go for it' (Skelton, 2022). As a result of this commitment to improve lives, the South African Constitution's protection of economic, social, cultural, and environmental

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rights is one of the most successful examples of constitutional human rights protections in the world (Skelton 2022). Scotland's human rights journey is about seizing opportunities against the backdrop of, and indeed in spite of, compounding crises which offer challenges, and threaten regression from the steady progress made over the past 20 years in human rights protection, sustainable development and public health (Shields et al., 2023). The incorporation of the UNCRC ignites a conversation about making real improvements in the lives of children in Scotland, and building a country which champions human dignity and a human rights culture (First Minister's Advisory Group, 2018, p. 10). Taking inspiration from Kilbrandon's legacy and ethos, it is paramount to remember that any approach to incorporation is only as effective as the success of its implementation. This requires direct and real improvements at each and every level – nationally, regionally, and individually (Evans, 2022; Vandenhole, 2012).

There are essential aspects to successful incorporation of the UNCRC - such as upholding children's right to be heard in participation-focused, child-friendly, and age-appropriate decision-making processes - so that children and young people's voices are heard in the decisions which affect their lives and have the tools they need to hold adult decision-makers accountable (Bradwell, 2019; Secker, 2009). However, these are not sufficient to realise the full benefits of the implementation of this transformative document, particularly with respect to the delivery of socio-economic outcomes (Shields et al., 2023).

The UNCRC considers a universal approach to children's human rights, which includes economic, social, cultural, and environmental rights on an equal footing (UNCRC, para 2). Children, and particularly those already facing adversity, are most at risk of being left behind, and not having their economic, social, cultural, and environmental rights fulfilled (Shields et al., 2023). These rights include issues which are important levers of change in Scotland –rights to housing, food, benefits from social security, etc. – and are key factors within any ambition to eradicate the current one in four children in Scotland living in poverty (Alston, 2018; Nolan and Pells, 2020, p. 117).

These rights are also particularly important in the current context of compounding crises. Crises impacting the rights and livelihoods of children living in Scotland include overcoming the legacy of COVID, the emergence of a cost-of-living crisis, and the ever-looming threat of environmental degradation. The legacy of COVID on our rights and wellbeing is demonstrated in the current UK-wide effort to grapple with extremely stretched essential services, including healthcare and education (Care Quality Commission, 2021). Scotland is also currently subject to a cost-of-living crisis which requires a concerted effort at every level to protect against further regression in human rights, child poverty and socioeconomic indicators, noting the extreme and disproportionate effects of rising costs on those already facing hardship, including women and children (Robertson et al., 2022). Finally, we remain acutely aware of the immediate, short-, medium- and long-term impacts of environmental and climate crises on children, as some of the most vulnerable to environmental harm and climate change, despite contributing the least to its degradation (Morgera et al., 2022, p. 2). Overcoming these challenges, and improving collective responses to future crises, is critical to protecting human rights, livelihoods and wellbeing, and to attaining an equitable future.

We face troubling times, where failing to progress is by its very nature regression. Scotland's international human rights obligations, specifically considering children's economic, social, cultural, and environmental rights, are founded on principles of non-regression and progressive realisation - best explained as ensuring steady improvements in socio-economic outcomes, and preventing any declines (UNCRC, 1989, art. 4). Failure to progress due to budget constraints or financial difficulty disproportionately harms those children in Scotland who are already in the most vulnerable situations (Shields et al., 2023). While Scotland faces a complex backdrop in every level and sector which challenges our ambitions to be a world leader in human rights protection, these are obstacles that must be faced head on, as to do nothing will only make things worse.

Conclusion

The incorporation of the UNCRC in Scotland is only the first step in a long process toward implementation, and the ultimate creation of a culture in Scotland which upholds respect, dignity, and human rights for all.

This response has served to contextualise Scotland's current ambitions with respect to Professor Ann Skelton's experiences and reflections from South Africa. Noting the success of the South African Constitution's ability to hold decision-makers accountable to socio-economic progress, Scotland's incorporation of the UNCRC must meaningfully implement children's economic, social, cultural, and environmental rights. Protecting and fulfilling economic, social, cultural, and environmental rights will offer the most immediate improvements in the lives of those children in Scotland facing the greatest adversity. And so, these rights require commitment even in times of persisting, emerging and compounding crises.

At the heart of Professor Ann Skelton's 20th Kilbrandon Lecture was a sense of progress driven by human dignity and connectedness – a shared feature of humanity across, between, and within countries, regions, and cultures. In any journey to improve the lives of children in Scotland, honouring dignity, equity, human rights, and togetherness is essential.

About the author

Sophie Shields is a Policy and Impact Specialist based at the Institute for Inspiring Children's Futures at the University of Strathclyde, driving the Institute's knowledge exchange outputs and communications. Her primary research interests include international and national human rights protection, sustainable development, and participatory research with children and young people. She has an MSc in Diplomacy and International Security (Distinction) and a Bachelor of Arts (Hons) degree in Law, Politics and International Relations, both from the University of Strathclyde.

SIRCC online conference (University of Strathclyde, 10th November 2022): Falling apart and hanging together: Notes on resilient caregiving organisations

Bill Kahn

Abstract

This keynote, delivered at the Scottish Institute for Residential Child Care online conference 2022, supports the theme of resilience and recovery and considers the development of resilience, from both the individual caregiver and organisational perspective. Bill shares a story with delegates and asks them to spend time in online breakout rooms considering its content. The keynote concludes with considerations around what is required to support organisations, and in turn, to support caregivers to become more resilient.

Keywords

Child refugees, child and family displacement, trauma, war, Ukraine

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Introducing Ellie Canary

I'm going to start with a story about Ellie Canary; the title is *Falling Apart and Hanging Together*.

You're a social worker at a residential treatment centre. This is your fifth year, and you generally find the work satisfying. It's difficult at times, when you're working with kids that have so little going for them, and even when you do your best, you know they're going to have a tough time. But there are also moments

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when you help kids get second chances, and because of luck and a strong adult in their lives, their lives are much, much better because of the work that you've done. It is those moments that keep you going, along with some of the relationships that you have with co-workers and supervisors.

You've also had some bad moments when you're just tired of working so hard with so few resources in so many cases, but you get your work done. That's why it's so hard to understand Ellie Canary. Ellie has been here for just under three years, and you don't know her all that well. She seems high maintenance. You haven't worked with her all that much, but friends have, and report that she can be difficult and demanding when the cases get tricky. In the past week, though, you've had more direct experience with her. You overheard her conversation with a supervisor - you couldn't help it. Her voice was raised loudly, almost to the point where she was yelling, and she was angry and upset about not being able to find a placement for a kid who was scheduled to leave the residential centre in a few weeks, without family or guardians and no foster parents. The kid was, of course, distraught. 'It's just not right', she said loudly, her face threatening. 'I'm sick and tired of this happening to these kids. Why can't you do something about this?' Before the supervisor could respond, Ellie turned around and walked away, brushing past you in the hallway without even looking up. You could hear her down the hall still muttering about how useless the supervisor was.

It turns out later the same day you're asked by the residential director to team a case with Ellie which involves working closely with the new domestic violence (DV) specialist from the Department of Children and Families who needed to get involved in a case at the centre. The director says that Ellie and the previous DV specialists had not worked very well together, and

she wants to make sure that the new specialist starts off on the right foot. You have a lot to do; but you also want the new DV specialist to work out well in the area, because it's going to make life a lot easier around DV issues related to kids at the centre. You also have a case of your own, so it might make sense to meet with the new worker about both cases at the same time. So, you agree to team the case, the director thanks you and says she'll let Ellie know. Later in the day, you swing by Ellie's desk to talk about the case. She's sitting there staring at her computer screen without movement or expression. You wait for her to welcome you. She doesn't, so you finally clear off some papers from a chair and sit down. She looks at you blankly and then blinks into recognition, finally registering that you're there. You explain you're there to discuss the DV case, she smiles stiffly, closes the folder, and just hands it to you; 'It's all yours' she says. You explain you're not taking the case over, just working with her on it. 'I don't need to do this with you', Ellie says, 'I need to not be doing this case, so if you really want to help just take it away'. You explain you have enough cases of your own, including a domestic violence case, so you can't really take over her case, and you tell her it might be useful for the two of you to spend a few minutes talking about both cases, and how to work with the new specialist.

She just looks at you. You're tempted to just stand up and walk away. But you don't. You ask Ellie what she thinks about the idea. 'I just closed a case', she says, 'you'd think I'd get a break or a thank you. But I just get another case', she looks at the folder, 'and it's a lousy one'. You must get to another meeting; you stand and ask Ellie about a time to talk before meeting with the new specialist, you ask her to let you know when she's available over the next few days so you can set up the meeting. She barely acknowledges you leaving. You're frustrated with her but decide it's not worth confronting her, given all the other work

you must do. She is indeed as difficult with you as you've heard from others, and you're thankful you aren't a supervisor who has to deal with her. Later that day, you're sitting at your desk and realise you haven't heard from Ellie, so you walk down the hall to her desk. She's not there, the computer screen is blank, her coat is gone. You turn to walk back and run into her supervisor. You ask if she's seen Ellie. 'No', she says, 'but she doesn't stay late and work late, much. She's a single mom with a couple of kids'. You ask her if Ellie is usually responsive about setting up meetings, returning emails and calls. 'It's hit or miss', the supervisor says, 'there are times well, when I'll get an email from her sent at 2 in the morning, and other times I won't get any response at all', the supervisor continued, 'I'm hearing that Ellie is not returning phone calls lately and is late responding to clients, I do need to talk to her about this'. You wonder what you've got yourself into. You have a lot of your own cases, you don't want to waste time on trying to coordinate with another social worker, who seems not just difficult, but uninterested in working with you. You sigh. You turn towards your computer, and you send the specialist an email about the need to get together to talk in the next day or so.

At this point in the story, readers are asked to pause and reflect from the perspective of the co-worker who has been asked to team this case with Ellie. What would you do at this point? And why?

The importance of narrative

The narratives that we have in our head always determine who we are, who other people are, and the actions that we take. When we think about Ellie, there are certain stories that we often tell: 'she had a rough day', 'it's going to be okay', 'she's tired and worn down and needs sleep', 'she has to develop a thicker skin and not take the work so personally', 'she'll be fine, just give it some time', 'she's not getting the right supervision', 'she's not in the right unit', 'she doesn't have the right role', 'she doesn't have the right cases', 'she's not cut out for the

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job', or 'she's not strong enough to handle the emotional demands'. All those stories locate the issue inside Ellie as an individual. The narratives that we tell ourselves frame how we think about something and therefore what we do. In this case, those stories lead to actions, which is fixing the other person, which of course is not the complete picture.

If we think about what Ellie *needs* based on those narratives, we say, 'just give her some time and space, and she'll be okay', 'she needs good mentor advice about how to not let the cases get to her personally', 'she needs her supervisor to say "this is your job" and hold her accountable', 'she needs someone else simply to take some of her work and lighten the load', 'she needs to think about is this the right job', or 'is she 'strong enough?'

Depending on which story you create about Ellie, you would take one or more of these actions. Because if our story is about the individual, our interventions are about the individual. Yet if we change the frame, and change how we think about Ellie, we also change the kinds of actions we might take. If we shifted away from locating the problem in the individual, and instead understood the basic premise of residential treatment, which is that staff members are always at risk for secondary trauma, we would alter our approach. For example, what if I told you Ellie was sick, then you would feel empathy for her.

The reason I named Ellie the 'canary' is because, on some level, she's the canary in the coal mine. Everyone working in residential treatment is always at risk with respect to this invisible attacker: you cannot smell, see, or taste the noxious gas in the coalmine that affects everybody all the time, even as it affects some people more, or more quickly, than others.

The impact of trauma

Secondary trauma has different names, including secondary traumatic stress, compassion fatigue, and vicarious trauma. Essentially, what they all mean is that when we as humans work closely with people who have been traumatised, we inevitably, unconsciously, soak up their experience. This means that when you sit down with a family in distress, when you're working with a kid in distress, when you're working with a co-worker in distress, and you take in their story,

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you're not just taking in their story, you're taking in their emotions as well, as matter of empathy.

Using the metaphor of a tuning fork: We have a tuning fork inside us, as empathetic human beings in caregiving work, and we're resonating on the same frequency through which others are communicating to us. This is unconscious. We cannot consciously will ourselves to stop it; it happens, and it affects us. Think of us all as sponges that soak up other people's pain and anguish, despair and outrage, sadness, and shame. If we absorb and contain that material, we get affected as human beings. None of us are immune.

There are clear signs that Ellie is suffering from a disease emanating from secondary traumatic stress. For example, she avoids people who require too much work, as if placing on her forehead a 'Do Not Disturb' sign, or a hotel sign stating that there are 'no rooms available'. She's unconsciously sending messages that say she is in shutdown or lockdown mode. She's routinely frustrated, angry, and despairing, emotions that she has soaked up from clients and co-workers. She doesn't want to go to work or stay there, which is a way of protecting herself from more exposure. And she avoids supervision. Why? Because she doesn't necessarily feel like she's able to unpack those emotional experiences in there and then be left with them alone.

If Ellie's the canary in the coalmine, it means that our traditional ways of staying strong, such as pushing away the emotion and trauma of the work, will sooner or later cease to work. As such we must redefine what it means to stay "strong" in this work.

What does it mean to be strong?

I do a lot of research and writing and consulting with caregiving organisations, including residential treatment centres, and the first work I need to do with people is have these conversations about 'what does it mean to be strong in this work? What does strength mean?' And typically, when we think about prevailing ideas about strength, what we mean is that we are invulnerable. 'The work doesn't get to me, look how strong I am'. My friends say, 'I can't believe you do that work, and it doesn't bother you at all'. And I proudly say, 'yeah, it doesn't bother me at all right?' Or it means the people that we deal with, don't get to us

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emotionally, don't affect us. It might mean that the emotions that we feel when we do our work do not impact us. That's typically what strength means - we're like action heroes, superheroes who walk through the chaos and are unaffected by it, and the bullets don't touch us. We're not weakened. We're not disabled. It means, of course, that we believe unconsciously that we have armour that's thick and strong enough to withstand assaults.

Recall the brand-new residential treatment centre workers. In their first few cases they're really struggling, they're sad, they might be crying, they might be upset, they might be mad, and you say to yourself, they'll learn, right, they'll learn to get tougher, and they'll learn to get stronger. Right? Yet that narrative is problematic. It's a problem if what we believe is that all we need is armour that is thick enough and strong enough and then we'll be fine. If we believe that, then people can only learn to cope by unconsciously locking into a strongbox within them the emotional difficulty and pain of what they're doing. They locate that somewhere in them, and then they're able to go home, and it stays in there shut tight. That's our illusion. That's our wish. When the strongbox does not hold, we see forms of leakage. People are sarcastic, they're cynical, they dismiss emotion as weakness. They turn away, find ways to distance themselves, not just from their own painful emotions, but from the people who are expressing those emotions. They escape, they self-medicate. Or they do too much: Sex, drugs, rock and roll, alcohol, reality TV.

None of these, of course, are bad in moderation. They help keep us functional. They help keep us 'sane'. The problem is, if we encase ourselves in heavy armour, if those tendencies - compartmentalisation, escapism, emotional distance, sarcasm - become habits, they've captured us. It's not just that we have them as tools, but they have us. Essentially, the metaphor here is the armour that gets so heavy that you can't take it off. And this causes damage to people. There are costs to their habits of staying strong.

The costs of habits

So, what do I mean by the costs? First, when cut off our emotions at work, it's not so easy to reconnect to them when we're with our friends, when we're there with our family, our loved ones, our partners. If we learn at work how to

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emotionally distance or 'not to care too much', we're disconnecting the wires a little bit, and it's hard over time to connect them when we get home. Much like the kids that we work with, we are left chronically isolated and alienated. We don't feel appreciated, we don't feel loved. Second, our basic trust and human goodness is affected to the point that it's harder to remain intimate with and trusting of others. Think, for example, about going to a grocery store, a supermarket, and there's a three-year-old kid sitting in a cart and crying, just wailing. I might walk by and think, oh, the kid looks sad, probably didn't get the chocolate milk that he wanted. And I keep walking, I do my shopping. You, the people who are embedded in the worker residential treatment centre, walk by, and have a very different experience. You're on high alert. Where's the mother? Where's the father? Is there abuse going on? What's going on here? Is this kid being abandoned? Is this kid being abused? Working in residential treatment centres with abused, ignored, intruded upon, and abandoned children changes your worldview in very subtle and important ways, such that you start to tell very particular stories about what you see.

I think of people in this profession as the Coast Guard, as the people who are patrolling the waters, to make sure the world is safe. And the rest of us are ignorantly, blissfully going along our ways. The rest of us are civilians, and you guys are on the frontlines. That does something to you as human beings. Relationships with clients suffer as people learn not to care, or more accurately, not to care too much by distancing from others. Ellie didn't go to her supervisor, people stop going to peers and supervisors, partly because they just don't want to. My hypothesis is that they don't want to explore what they're carrying emotionally, it's just too painful.

And, of course, we struggle to remain compassionate. The root of the word compassion, the Greek root, is 'to suffer with'. That's what compassion is. We're suffering alongside suffering others. It's hard over time to continue to do that, particularly when you're alone. And, by the way, it's not just compassion for others, it's compassion for ourselves.

I want to share with you a great quote by Parker Palmer (2000), a writer, theologian, and trained social worker. He writes in his book *Let Your Life Speak*:

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Violence is what happens when we don't know what else to do with our suffering. Sometimes we aim that violence on ourselves as in overwork that leads to burnout or worse, or in the many forms of substance abuse. Sometimes they aim at violence and other people.

It's the first sentence that really, for me, is very powerful. When people in treatment centres experience or commit violence of the physical or the verbal or abusive kind, or are brutal to themselves, it is because they're suffering something that is unnamed and unmet.

Redefining strength

Is there a different way to do this, in which we meet suffering as a part of the work that we do for ourselves and for others in these treatment centres?

The answer starts with the redefinition of strength. So, if the old definition is the operating definition of 'I'm invulnerable, and the work doesn't get to me', I want to offer a different way of understanding what it means to be strong in the work of caregiving organisations. My premise here is that anyone who absorbs and contains emotions, toxic emotions, - sadness, fear, rage, abandonment, isolation - for too long, will suffer damage. Sadness or despair or rage or bitterness starts to become who we are. We start to become - It's not simply I *feel* bitter, it's, I *am* bitter. That is a profound shift. It indicates that armour doesn't really protect us. So, the question I've been struggling with is: 'what is strength, given the fact that we cannot not feel some of what we import from traumatised and distressed others?'

What I came up with is strength - and ultimately, resilience - is a function of having the capacity to absorb, to contain, to work with and release painful emotions, and to keep going without lasting damage. It's an ongoing process of absorption, containing, and release. I use the word contain because the opposite of containers is to leak out; it's to *not* contain somebody as you leak your experiences everywhere.

Ellie Canary is leaking them everywhere, in the relationship with her supervisor or clients, her co-worker, herself. So, to contain is to acknowledge what you're

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experiencing, to work with, to understand them and release the emotionally disturbing bits. None of which we can do by ourselves. Which is why we're going to move toward the idea of containing *relationships*.

A collective responsibility

First, however, consider the question - 'Whose responsibility is it to help the caregiver, to help the social worker, to help the residential treatment centre worker, to actually be able to be strong in that way?' Well, it starts with us, right? It starts with any of us in the caregiving profession. We must choose to care for ourselves – exercise, therapy, show social support, friendship, healthy habits, intimacy.

And yet, to understand what it means to be in a trauma-marked organisation, others in the organisation, particularly those who are in leadership and management roles, must start thinking of their job as helping to ensure that toxicity is dispersed and absorbed by groups and teams, rather than located in individuals.

A few of you wrote in the chat after your breakout conversations, 'let's not scapegoat Ellie'. And that's exactly right. And so, the idea is, how do we make sure that it's not Ellie who's the identified canary, the identified patient, the identified problem? Let's help people understand that all of us are affected, and therefore, all of us need to figure out how to join to disperse what you're absorbing.

This involves, in part, supervision. Part of what I really care about when I work with organisations and help them develop an understanding of this in practice is helping people realize the purpose of supervision. It is not simply to disperse cases, or to count and manage; it is also to make sure that they go beyond the boring phrase that 'our workers are our most important asset'. Everybody says it, yet nobody has a clue as to what it means. It lives in the relation between the supervisor and the social worker, or their caregiver, and the supervisor helping form peer relations amongst others. That's part of their job. It's not one that they're rewarded for. It's not one that they're held accountable to. It's not one that's measured. But it is crucial in terms of being an effective supervisor.

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I also suggest that the role of senior leaders in these settings is to enable *good enough* healing environments. This comes from Donald Winnicott, who focused on the good enough mother, the good enough holding environment. I've shaped it a little bit to say, what does it mean for leaders to create good enough healing environments, in which everything becomes named and discussable, a source of work as opposed to shame.

What does that mean? It means we create regular meeting structures and practices shaped by create norms in which people are lauded as opposed to diminished for talking openly about their experiences. It means there's a discourse about how this work affects all of us as a matter of course. This allows for what I call relational bridges between people across which difficult emotions can be shared and released.

At the core of relational bridges is the process of defining and approaching this as a collective problem, not an individual problem. Which is not easy, because in some ways, our human brains are wired to hold onto individual stories. We're all so gifted at telling a story about Ellie as an individual. It's much less easy for us to hold on to complicated stories about the group or the organisation or the community. But those are the stories that enable systemic change.

Implementing intervention principles

I'm going to talk about a few intervention principles along with an example of how I worked with an organisation to help them implement some of these principles.

The first principle is the need to strengthen the social networks among people in the organisation. Think of the social network as a sort of web in which people feel held and connected. Ellie Canary not only feel exhausted, or burned out, or depleted, they're also looking around, and it seems like everyone else is doing fine. This adds a layer of shame, as if there's something wrong with her. A social network offers the possibility of people reframing this experience. They shift from 'I have shame because I am less than' to the possibility of, 'Oh, this is affecting all of us. What does that mean about how I can connect with others?' And you start to see other people as affected as well. Social networks become the absorption mechanism. As opposed to any one member. The idea here is Scottish Journal of Residential Child Care: An international journal of group and family care experience 2023 Vol.22, No.1

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that social networks of workers can absorb traumatic experience effectively by fusing its effects and demonstrating that members' feelings are understood.

Imagine, then, that Ellie is embedded in an emotionally connected social network, say, for example, a team or group, and suddenly, her experience becomes diffused and validated among everybody else, and therefore, it's not all on her as a weight she must bear alone. Instead, the distress becomes diffused, such that they can all bear this together. Ellie's not left outside, but instead, she's validated and included as a valuable member of the group or team. Now, that's not easy. Why? Because if I'm in a group of caregivers, and Ellie is one on my team, but she's struggling, I unconsciously get some pleasure out of her being the struggling one, which allows me to believe that I'm fine. So, I am unconsciously motivated to not reach out to bring her back in, because she's serving a purpose for me, allowing me to think of myself as strong and capable, and unaffected, because I see someone who is less who's struggling. That's the dirty secret, which we do not ever talk about, but which gets in the way of really developing strong social networks. That's why scapegoats exist.

The second principle is this idea of a safe place. When I think of safety, I think of, 'can I say what I think and feel and not suffer formal or informal consequences?' The premise here is that staff members who experience secondary traumatic stress need places in which to tell their stories to others, and in doing so, experience insight and relief. There's a book on my shelf called *Trauma and Recovery* by a psychologist named Judith Herman, one of the first people to write beautifully about the idea of trauma. What she said is, recovery from trauma requires people to tell their stories over and over in ways that allow them to relive the emotions. It's not just that they relate the facts of what happened but also that they relive the emotions a little bit. In so doing, they move from having a story that grips them, that has them in its grasp, that becomes their identity, to one of the stories that they have. Think here of a large wave receding back into the ocean, leaving a residue. The traumatic incident becomes part of who you are, not all of who you are, because it is one of the stories that you tell about yourself and your experience. This shift only occurs when we're able to verbalise our experience.

It is crucial to understand that emotions demand to be expressed. We can do that well or badly, but it must occur. To express them well is to verbalise them with others who receive them with affirmation and support and care. To express them badly is to act them out, to show people how furious and upset you are by making them furious and upset. When we create safe places for others, they are more likely to express their emotions well and not badly. We do that for others when we attend well and closely to others. Just listen and absorb, and nod, and help people feel like they're not alone.

The third principle involves the creation of a holding environment, a place where we accept the stressors as real and legitimate as opposed to sort of saying they're not. We do this well when we view what's happening as institutional, that by the mere fact that we do this work we will experience these things, indeed, we cannot help doing so. The holding idea is that it's not an individual problem. This position leads to seek solutions as opposed to assigning blame or creating scapegoats. In a healing environment, there's a high tolerance for individuals struggling well and badly. People express their support clearly, directly, abundantly. There is praise and commitment and affection. All the things that we say we need to offer to the kids in our care, we need to offer to one another as well, and we need to be able to take that in. And finally, there are a few sanctions against what can be said. The healing, holding environment is a place where we simply accept the disturbing reality of our work and its effects. And we accept that together.

Intervention in action

I worked with these three principles in the context of a residential treatment centre that was struggling to care for its own members.

The intervention involved groups of residential care workers meeting every two weeks for an hour. I trained peer facilitators to keep the group on task. The whole focus of the conversation was simply this question: 'How does our work affect us as human beings?' It's a powerful question, and one that people wanted to avoid. They wished instead to simply complain and vent. They wanted to blame their leaders and supervisors. They wanted to blame their peers. They wanted to blame the families and the kids. To simply blame is to remain in a

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place of victimization. But if we start to look at how this work affects us as human beings, we share stories of what happened to us, the impact, and what we can learn about ourselves. Ultimately, that's what keeps us resilient. Because when we simply complain to one another, we feel better in the moment, but truthfully, we feel a lot worse, because there's no hope when all we're doing is complaining. The cliché is that misery loves company, but the more complicated truth is that misery loves misery. It just creates a cycle of more misery.

They met every two weeks for an hour, focused only on 'how does this work affect us as human beings?' They shared feelings, but the groups were not therapy, and what I mean by that is, somebody would say, 'I really struggled with that. I really struggled when the mother of that child showed up late again, and berated her child, during a family visit, family visitation'. Therapy is when I would say to the social worker, 'So were you troubled by the mother because of your relationship with your own mother?' That's therapy, the exploring of why certain individuals might have certain vulnerabilities or triggers or wounds. That's not the purpose of these groups. And that's not what we did. Instead, the facilitator would help people look at when others had similar experiences of being really frustrated and let down by the people who were supposed to be watching out for these kids. Together, they explored how that affected them as people doing this work. While the conversation was just an hour every two weeks is nothing, it still created a model for how they could talk with one another the rest of the time. That's what I cared about. I cared about them changing their narrative and their discourse with one another, and changing their definition of strength, from invulnerability to thoughtful vulnerability.

The groups followed certain rules of engagement. They agreed to:

- Remain focused on the how this work affects us as human beings.
- Honour people's choices to remain silent. People were invited to speak, but they were only invited, they could stay quiet, because I wanted people to have a sense of consent and control, because often in this work, we don't have a sense of control.
- Speak using the word I, of course, and not speak for others.

- Remain aware of how much space they took up in the group, to neither talk too much or too little.
- Not give advice to others. Resist the impulse to fix, advise, save or set straight. Simply share a story that can help others reflect on their experiences. They share their stories and the emotions they had, and that is enough. In fact, it's more than enough.
- Attend closely to the person speaking and avoid side conversations.
- Understand that 'other people are not failed attempts at being you'. Think about that. You are not a failed attempt at being me. Because what often is the case is 'well, that's not how I would do it', and therefore you would demonstrate or share that you were disappointed that others didn't do it the way you would have done it. Instead, I wanted people to be legitimately curious about it. So 'that's funny, you reacted that way I would have reacted this way - help me understand'. So, there's a curiosity, which again, is a form of complete and utter respect.
- Don't text or be on the phone. If you need to take a call, leave the room.
- And confidentiality was interesting. You may share what you've learned in here, but you may not ever name anyone else in this group. All you can say is, hey, here's what I learned from that. Here's what I learned from our conversation'.
- Start and end on time, which is really about the management of boundaries and respecting one's boundaries.

I spent a year with them training and supporting these group discussions, meeting regularly with the peer facilitators and exploring with them what the work of facilitator was doing to them as human beings. I was modelling for them how to do this group, and it's still going, which is wonderful.

Resilient discourses

With another residential treatment centre, I expanded the work to focus not simply on enabling frontline workers to discharge disturbing emotions from their work but also to create proactive plans for enabling resilience. I helped senior

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leaders with a process that I called *resilience planning*, in which every member has an action plan for maintaining resilience and an ongoing system in which supervisors check in and monitor plans. This also of course required me to train supervisors about what resilience is and how to plan for that. We focused on the nature, symptoms, and management of secondary traumatic stress. I also helped them create coping sessions, which were held anytime a member was involved in any disturbing event – a restraint, for example, or a runaway youth. The weekly sessions were attended by anyone that had an event that week. The groups learned to talk about what happened, how it had affected them, and what they did. They learned to support one another, to create relational bridges. We trained them to do that, and again, in this organisation, I did the same thing as I did in the other, where there's peer groups in which trained peer facilitators meet monthly to talk about what this work does to them. The focus was on what they were absorbing, an alternative to the discourse of 'What's wrong with you?' As part of organising for resilience, I needed to work with the leaders to change their discourses, to change how they spoke about the work itself. Resilience is not simply what we do, but how we talk about it. I focused on three effective discourses. The first discourse is the importance of embedding people in a web of caring, available relationships. The idea is that we can find shelter and strength when we move toward rather than away from one another. What does that mean? It means we must be very clear about communication, we share information, we meet and clarify structures, we think together rather than rush to respond. We listen to one another, we approach problems and diagnose what's happening together, and commit to creating solutions together. And we're able to respectfully disagree. At the core here is the idea that we do not have to face what we're facing by ourselves and therefore be left isolated with shame and a sense of diminishment.

The second discourse that grounds resilience is that our emotions matter. That is, emotions offer valuable information, and when we focus on emotions, we're then able to create the right relationships. What does that mean? It means we engage in relatively open, emotional expression of sadness and joy. We tolerate and don't turn away from difficult emotions. We check in with one another

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during meetings and interactions. We believe emotions are valuable sources of strength rather than weakness, only to the extent to which we're able to acknowledge them openly. I think here of decompression stops; it is a concept familiar to scuba divers. It refers to the importance of creating planned moments of pausing on the ascent to the surface of the ocean, to forestall difficulties of absorbing potentially toxic compressed air. Attending to emotion is a way to decompress—to stop, breathe, understand what we're containing, release it and then continue. Without the relief of these emotional pressures, without the importance of understanding that these emotions matter to us, we will, as I said earlier, express them badly rather than well. Emotions are central, not peripheral, in helping us understand what our work means to us and how to connect with one another. To understand this is to avoid the fantasy that when we enter the workplace, we can take our emotions off like a coat, and then just do our work. But that's just not the way we're wired.

The third resilience discourse is about hope and optimism. Effective leaders of resilient organisations they help people understand the world as manageable rather than incomprehensible. We maintain the belief that we can understand and comprehend what's happening, and that we can overcome adversity. Here too there is a parallel with our work with kids in residential treatment. We seek to provide them with the tools and the belief that they can move ahead, that they can overcome adversity. When people believe that what they do will make a difference, that their influence is real and predictable, they're able to try and shape what's happening positively as opposed to negatively.

What does this mean in terms of how we approach our work? We approach really difficult situations as opportunities to learn and grow. We appreciate difficulty but assume we're going to have the resources and abilities among us, that together we can manage our work in ways that get our work done and leave us intact. The other thing we do is we tell and re-tell stories of meeting challenges, overcoming adversity, and getting stronger because of it. And so, resilience, as a capability, grows. It evolves, as we realise that we can survive and learn from stuff as we examine and solve problems.

When we believe that we can handle adversity, it becomes true, enabling us to strengthen our belief that our world is manageable. How we talk is how we work. I want us to normalise conversation about what the work does to us, what it feels like to do this work, how we try to take care of ourselves in ways good and bad, how we can reach out to one another instead of turning away from one another. These new conversations are marked by what I think of as an integration of emotions into our work, not splitting them off, so you are more likely to ask of others, 'What happened?' 'What's going on?' 'Tell me what's going on with the situation, the case, the situation, the client, and what are you going to do?' and 'How are you?' 'What was it like for you?' 'What are you feeling?' 'What are you feeling now?' 'What do you need?' This is at the heart of what supervisors, leaders, and peers ought to be doing, as a way of acknowledging that what's happening inside the human worker is as important and valuable as the work that they are doing on behalf of others.

When we take seriously that this work always affects care workers, and we pay attention to the selves of the members, and not just to the work, we strengthen one another and the work of the organization itself.

Compassion cascades

We're not gifted at these types of conversations. Years of defining strength in terms of toughness means that agency leaders and members tend to focus on the work itself and not on the humans performing the work. We tend to focus on the cases, as opposed to the people working these cases. The classic narrative here that justifies this is that 'we just don't have the time.' What they say is 'there's just too much real work to do'. But the truth is, if you followed people in a residential care centre around and marked what they were doing and not doing, you would find that they would waste more time by *not* talking about their experiences of the work than by pausing for decompression stops with one another. While people are strapped for time, always, the strength of the time narrative also points to a defence mechanism, to protect people from exploring and experiencing fully the emotional costs of their work. Yet this only maintains those emotional costs. When people hold on to their difficult situations and emotions too long, everything suffers, which means work is not going to get

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done efficiently or effectively, and there will be casualties among the kids and the staff members themselves. Reducing those costs and enabling workers to be fully engaged with one another occurs only when we move toward and away from addressing our experiences, both those that are disturbing and those that are wondrous, openly and together.

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Barnardos Scotland welcomes Ukraine service

Kirsty-Louise Hunt, Karen Campbell, David Findlay

Abstract

Barnardo's has a long history of helping people seeking sanctuary in the UK, and today our work includes supporting children and families that have arrived after fleeing the invasion of Ukraine more than a year ago. The Barnardo's support to families from Ukraine over the past year builds on our significant experience across the UK of supporting refugees arriving from Afghanistan and Syria through a range of services. As the largest children's charity in the UK – with more than 150 years of experience supporting children and families – Barnardo's is able to provide the co-ordination and structure through which those displaced from Ukraine can be welcomed into a safe environment with support in place to ensure their needs are met. We fully understand that families fleeing Ukraine are likely to have experienced significant trauma and have limited resources, which, when combined, makes them highly vulnerable. In Scotland, we have developed the 'Barnardo's Scotland Welcome (Ukraine) Service' because we recognised the need to reach those children, young people and families coming to Scotland to seek refuge from the war against Ukraine. This article sets out the details of the Barnardo's Scotland response to the crisis and our learnings so far, in Scotland and across the UK, from the support we've provided.

Keywords

Child refugees, child and family displacement, trauma, war, Ukraine

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The Barnardo's Scotland response to the Ukraine crisis

Following discussion with the Association of Ukrainians in Great Britain (AUGB), Barnardo's set up the Ukrainian Support Helpline to provide a holistic support service. The Helpline is available to anyone fleeing to the UK as a result of the war against Ukraine and, to date, more than 31,000 calls have been received.

The Helpline provides:

- Therapy with a qualified psychotherapist, delivered via the phone or online, with access to interpreters.
- Advice on a range of issues e.g., housing, accessing key health services, education, employment and more via our trained helpline support workers.
- Practical support, such as access to digital devices to ensure families stay connected to loved ones during this worrying time, as well as stimulating toys for children, food vouchers and more.

Structure of the Barnardo's Scotland (Ukraine) Welcome Service

In Scotland, we have developed the Barnardo's Scotland Welcome (Ukraine) Service because we recognised the need to reach those children, young people and families coming to Scotland to seek refuge from the Ukraine crisis.

The Scotland-wide service currently comprises an Operational Manager, seven project workers operating across the country, as well as a flexible bank of sessional staff to further support within areas of particular need.

We have been very fortunate to recruit several staff who have been displaced from Ukraine, alongside Ukrainian staff who have been settled in the UK for a number of years. This ensures that we have cultural understanding and compassion for those living with us in Scotland.

So far, we have supported more than 800 children, young people, and families. The service has been working closely with local authority resettlement teams, the Scottish Government, and third sector partners, including the Scottish

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Refugee Council, British Red Cross, and education, training, and employment resources, as well as health and localised support services, to ensure that children, young people, and parents feel less isolated and can begin to integrate into their communities.

Supporting families and hosts

Through an allocated project worker, an initial assessment allows workers to ensure that the needs of each family/host are prioritised. This can include practical support; for example, access to digital devices to ensure families stay connected to loved ones, and information about how to access support with money, housing, benefits, and employment, along with exploring ways to reduce isolation. We have access to therapeutic services to address the impact of trauma, and staff work with children, young people, and families to assist them in navigating their new lives in Scotland.

We offer support across the whole of Scotland, which is particularly important to those families who may need to move, ensuring support can move with them if required. Contact and support takes place via face-to-face and digital groups, email, text, phone, and Teams/Zoom calls. One-to-one and face-to-face support is offered for those who need it; notably in hotels and on board the cruise ship in and Edinburgh (MS Victoria).

Group work across Scotland includes teen groups, play sessions for families, and women's groups, where those displaced from Ukraine can come together to spend time sharing experiences, worries, successes, fun and play, and to develop a deeper understanding of Scottish culture and systems. These groups continue to grow and develop, ensuring we make these as accessible as possible to those who need it most. These have been particularly important to those living in hotels across Scotland and on the cruise ships.

We have gifted 300 vouchers worth £100 each which can be used in our network of Barnardo's Scotland shops across the country. Other items given to displaced families from Ukraine include toys from IKEA and dozens of mobile phones and SIM cards.

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Using our Emergency Fund, Barnardo's Scotland has also been able to ensure that essential items such as food, utility support, clothing, footwear, baby items, strollers, wheelchairs, and walking aids have been sourced and provided.

Barnardo's Scotland also recognises the value of those who have welcomed Ukrainian families into their homes and has worked to ensure that they feel supported.

After listening to the needs of hosts, we developed Online Host Workshops. This programme of workshops aims to help hosts to support Ukrainian children and families with presenting needs arising from the difficult experiences which led to them being displaced.

There were six workshops developed to provide appropriate support to hosts, with each 90-minute workshop covering the following topics:

1. Cultural awareness
2. Understanding the impact of trauma
3. Responding to challenges
4. How to help keep families safe
5. Support around navigating Scottish systems
6. Children and young people's rights and advocacy

The first cohort provided a total of 36 sessions for hosts to book; this being six workshops delivered over six sessions each week, with 20 places available per workshop. The total number of sessions booked was 429. The second cohort has now been completed and in total 460 Hosts have been supported through the workshops.

A Digital Peer Network began in February 2023 and was developed collaboratively with those hosts who have expressed that they would like to meet on a monthly basis to come together in a digital space to listen, learn, make local connections and discuss any issues/concerns/worries that they or their guests may be experiencing.

Government engagement

Barnardo's has been engaging constructively with the UK and Scottish governments to support displaced people from Ukraine. Barnardo's sits on the UK Department for Levelling Up, Housing and Communities Core Delivery Group where we contribute to discussions with government, local authorities, and the third sector, currently focussing on the Homes for Ukraine Scheme.

Children arriving from Ukraine have often suffered trauma and loss and need specialist support. Governments across the UK must therefore urgently focus on child protection and safeguarding, access to food, clothing, and education, supporting mental and physical wellbeing, including trauma, and the needs of unaccompanied children requiring care.

In Scotland, Barnardo's is a member of the Trafficking and Exploitation Strategy sub-group on Ukraine and also participates in safeguarding meetings organised by the Scottish Government.

Our recommendations to the UK and Scottish Governments centre around them acting swiftly to ensure all refugees have access to support to address their trauma, as well as access to education, training, and suitable, long-term housing. This includes acting swiftly to ensure that all refugees have access to long-term, safe, and suitable accommodation.

Safeguarding should be at the heart of the rules and guidance setting out the details of how the extension of Homes for Ukraine will operate in practice. We also want to see continuity for families – if families are moved, efforts should be made to ensure there is consistency in childcare, schooling, and healthcare.

All refugee and asylum-seeking families and children we are supporting need support to address their trauma and to access education, training, and suitable housing, regardless of their nationality.

Case study

Katerina (name changed for confidentiality purposes) contacted the Barnardo's Welcome (Ukraine) Service through the Helpline. She requested walking aids as she and her husband have disabilities. The Helpline allocated the case to a

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project worker in their locality who got in touch with Katerina and discovered that she was part of a large family living at a hotel. The family was made up of four generations, with a range of health needs.

Barnardo's provided support with registering and attendance with a GP, filling out benefit forms, travel passes for going to school, toys, and clothing vouchers.

The family was then transferred to another local authority in Scotland far from where they first arrived. Barnardo's provided support to prepare for the move, including re-registering for school/GP/nursery, referrals for support to get into work and learn ESOL (English for Speakers of Other Languages). We also provided a mobile phone for the young person to keep in touch with her friends, along with walking aids and a bed for the baby.

Barnardo's has continued to provide support remotely using video calls, and recently posted presents for their first Christmas in Scotland. The children have settled well, are attending primary school or pre-school, and are making friends.

The adult family members, however, have faced multiple challenges, such as accessing rural public transport with a disability, finding work, and their accommodation not being accessible and needing repairs, alongside the increasing cost of living. Barnardo's called a video meeting with the local authority to discuss housing and has referred to the charity Shelter Scotland for independent housing options advice.

One of the family members noted a lack of space in ESOL classes which continues to be a barrier to better employment for many. Katerina felt that the employability support didn't meet her needs and is now taking a course about setting up her own business in the future. She and her husband ran their own company in Ukraine and would like to do so again.

The older family members are receiving health appointments to follow up their previous health conditions, and many of the benefits they applied for are starting to be paid now.

Katerina said:

We hope that we will find good accommodation and Scotland will be the place we feel like home in these difficult times for our Motherland. We

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wish for a quick victory for Ukraine, but we realise it will be difficult to reach.

We would like to make Scotland another Motherland where we feel safe and live here for a longer time. I would recommend to all of Ukrainians, especially with children or people who face difficulties with special needs to call Barnardo's, and to receive some advice and help.

Media engagement

In order to promote the work of the Welcome Service and ensure that we could reach those who needed it most, we engaged with the media by sending out a News Release.

The release, on 4th December 2022, was sent to scores of media outlets in Scotland, with many publishing a story on 5th December. It was also posted on our website and on social media.

The release focused on the number of displaced people from Ukraine that had been supported to date by Barnardo's Scotland, and it went on to explain how the service worked. At the end of the release, information and contact details were provided for anyone wishing to engage with the service.

Overall, the coverage received was very positive. The story featured in many of the country's leading national newspapers such as *The Scotsman*, *The Herald*, *The Independent*, *The (Dundee) Courier*, the *(Aberdeen) Press & Journal*, *The Sunday Post* and *The National*. It also appeared on the STV (Scottish Television) website.

To complement the national coverage, there were stories in several local papers, as well as coverage in the charity sector press, notably *Third Force News* and *Children & Young People Now*. It also appeared in publications in England and Ireland.

Conclusion

Families from Ukraine will need support for a considerable amount of time as the war against Ukraine continues, and the need for mental health and wellbeing

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support will be crucial to children, young people and their families learning to cope with the trauma caused by the war.

Barnardo's will continue to work with families across Scotland and the UK, and, in doing so, we will continue to constructively engage with all spheres of government to ensure that displaced people from Ukraine and people seeking refuge, no matter what part of the world they come from, will continue to be made to feel welcome in Scotland.

We recognise that other refugee populations also need support. For this to be achieved, we would like to see suitable housing, and opportunities to grow and flourish in Scotland, being made available to all.

Host accommodation was only ever considered to be a temporary solution and whilst we want to see hosts that continue to welcome families continue to be recognised and supported, we also want to see the development of better, more sustainable and long-term housing solutions.

We will be using the learning from Barnardo's Ukraine Scotland Welcome Service to explore how support can be delivered for all displaced people and for those seeking refuge arriving in Scotland.

About the authors

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How young refugees rebuild their lives in new countries and how we learn from their stories

Ravi KS Kohli, Sharon McGregor, Paul Sullivan, Emma Dixon, and Samantha Fiander

Abstract

The authors outline the Drawing Together project, a three-year research programme funded by NordForsk, an organisation that provides funding to strengthen Nordic research. The project works alongside young refugees living in Scotland, Finland, and Norway to understand how young people build full and vibrant lives in their new countries, with a focus on mutuality, hospitality, and reciprocity.

Keywords

Child refugees, asylum, visual art, Scotland, Finland, Norway

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Some of the trees are very old and broken
they lean on other trees and they hold on
for me it's absolutely amazing,
it's not just human beings that can help each other,
look at nature, the trees are encouraging, holding each other's
weight
it's as if they were saying
'Yes, don't worry, I'm holding you, we're not finished here'.

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These words were written by one young refugee, Elham¹⁰, as he walked in the park and reflected on the concept of community. For him, spending time in the natural environment is something that's more than a walk or exercise, it's a place where support and encouragement can be found, inspired by what he sees around him. He explains:

For me, when I look in the tree, listen to the river, you know? Following that rhythm, that gave me more, be more 'think positive' when I'm stressful about my daily life, I just go to this rhythm, to losing myself, just continuing in nature...

As refugees start to rebuild their lives in new places, support, in its many forms, is essential. Some support, like showing respect, empathy and understanding, is universal, and some support, such as safe, warm housing, is essential for day-to-day life. In amongst this, it is important to remember that everyone's story is their own, and it is individualised support that will enable people to best integrate into their new countries.

Christine and Hamid, two young refugees who are now settled in Scotland and are Ambassadors for the Drawing Together project, a research project that works alongside young refugees living in Scotland, Finland and Norway, emphasise this need for tailored support:

The first thing that refugees need is a place where they can be happy and safe without stress. Young refugees need to receive professional support from experts showing full respect and paying attention to what a young refugee likes, rather than just assuming what is best for everyone as a group. They should be seen as individuals and their needs should be met individually.

¹⁰ Name changed to protect this person's identity.



Here, one of the participants shows how the 'aliveness' around him reflects a 'life coming back to life', where both a sense of gratitude can be expressed, and life can be rebuilt. (Source: Emily Macinnes)

Many of the people – professionals, volunteers and community members - who support young refugees have also come to understand that integration isn't a linear 'one size fits all' process; it is multi-layered. When young people arrive in a new country, having already been forced to leave their homes, they face a completely new set of challenges that many people take for granted.

Lorraine Ward, a social worker who has worked with the children and families social work department in Glasgow for over 25 years, has seen this first hand:

Young asylum seekers and refugees must often learn a new language, adjust to different cultural norms, navigate an asylum process, all as young adults... Their lives have been disrupted, so understandably they need help to continue to re-build them. In my experience, asylum seekers and refugees do this more successfully when they have developed secure relationships and support networks in their new country.

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It is these networks and relationships that are the focus of the international Drawing Together project. Through a series of art workshops and interviews, the project explores how young people rebuild their everyday lives in new countries, over time.

Understanding how young refugees rebuild their lives

Drawing Together is a three-year research project funded by NordForsk, an organisation that provides funding to strengthen Nordic research. The project works alongside young refugees living in Scotland, Finland and Norway to understand how young people build full and vibrant lives in their new countries, with a focus on mutuality, hospitality and reciprocity.



Drawing Together participants and team members in Norway meet in the park. (Source: Drawing Together)

CELCIS, the Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde, provides research support to the project's Scottish team, which is led by the University of Bedfordshire's Professor of Child Welfare Ravi KS Kohli, working in partnership with three other research centres in Norway and Finland: Tampere University, NORCE and the Migration Institute of Finland, and an associate partnership with Western Norway University of Applied Sciences.

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Fifty-three young people - 17 men and women in Finland, 17 in Norway and 19 in Scotland (two of whom joined at a later stage) - are participating in the project, which began in 2020. Using visual art approaches including art workshops, photoshoots, film and interviews to learn more about the participants' lives, such as their social networks and what is important to them, the project is building a picture over time of what factors and elements matter in adjusting and establishing their lives in new places. Alongside this the participants can nominate a person from their network to be interviewed with them to further explore and identify how people in Scotland, Finland and Norway are embracing young refugees in their countries.

Where young people have been successful in securing permission to settle in their new countries many public authorities fade from their lives and new social networks are built. Ordinary life emerges once again, as they develop sustaining relationships with other people, and add to the life of their new country.



As the participants reconstruct life in a new country, it is important to show how their talents and hard work connect to relational wellbeing. In this photograph, one of the young people shows his commitment to playing the trombone and creating music. (Source: Emily Macinnes)



Balance and poise at Loch Lomond. (Source: Emily Macinnes)

For each participant, there is a chance to think about their current situation and how it connects to both their past (their childhood), and their future (their hopes and aspirations). They do this in various ways, such as sharing timelines of their lives that focus on their wellbeing and talking and drawing maps about important people in their family, their community, their friendship networks, and their professional helpers.

As Professor Ravi KS Kohli, Drawing Together Project Lead explains:

Our work in this project is built on the idea that integration is neither dramatic nor sudden. It is quiet, unremarkable, and made by communities living together within borders that seek to preserve and evolve their national identities.

'We like to be their light': the role of Drawing Together's Ambassadors

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As part of the project, six of the young people in Scotland, Finland and Norway act as Ambassadors, who are instrumental in building the bridge between the research team and the participants. Working alongside the research team, they help to identify any potential challenges that the participants might have that might affect how they feel about participating and check in with their fellow young people taking part to see how life is going for them.

They organise social events for participants to help them build relationships with each other that will hopefully last beyond the project – the selfies from meals out, activities and online get togethers reflect the connections, joy and positivity that now runs as a thread throughout the project.

We like to be their light, and we could shine throughout their journey to indicate help and hope and to provide less stress and less loneliness in their journey... We have learned that each participant has a story to tell, and all the stories have been told in a variety of beautiful ways. Every participant is unique and everyone's story is their own (Christine and Hamid, project Ambassadors).

From early on the Ambassadors discussed what the potential impact and sustainability the Drawing Together project could generate, focusing on two questions: 'What I am hoping to get out of this project?' and 'What do we hope this project can bring to the world?' Love, relationships, understanding, and inclusivity were amongst the most prominent reflections in their answers.



In these two photographs, one of the participants is in his local park in Glasgow – for him, the park is a place where he feels peaceful. It is part of his community, where he can pause, gain encouragement, and connect to the natural world around him. (Source: Emily Macinnes)

The image below, reproduced from an online discussion board, shows some of the comments, thoughts and reflections the young people shared.

We are the voice to the voiceless And hear the unheard

I love building new connections and finding out more about what the city I call home is like for others

Help to make the world a little bit better, more love

Wellbeing and good things in life, not only problems are in the focus

Life is lived in many colours

Hear other peoples' stories, learn and see own life in new perspective

Why is this project interesting? And what am I hoping to get out of it?

That I can be imperfect in my drawing

Art is a powerful form of expression and it is my passion to use it as a method to reflect the world

Freedom to express life experiences through art

→ we have the power to make a difference with this project

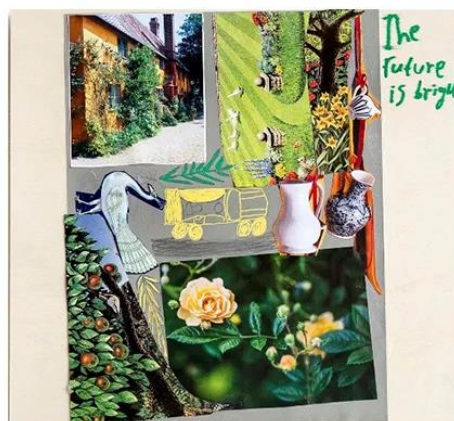
Helping young people coming after us - get help they need. Learn something

Creativity in shared spaces

Beyond words is the expression through art facilitated through the project with art therapists and visual artists working to help young refugees create objects and images about their networks and relationships.

The creative process for depicting and capturing this relational wellbeing is done by asking the young people to share three things: what relationships and connections they have and how they interact with others their day-to-day life; how they imagine that might look in the future; and to recall these from their lives before they left their country of origin. Their stories, images and objects are then brought together to see whether their relational wellbeing in the past, present and future is similar or different over time.

By doing this, the project hopes to be able to reflect how life flows after the unsettledness of asylum, in the quiet, unremarkable moments, as the young people become part of their new country's diversity and communities.



Photographs that capture the vibrancy, colour and outputs of the creative workshops. Click on the images to see them close up! (Source: Drawing Together)

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How creativity can help generate support

The ability to share thoughts, feelings, and making art helps in creating a safe and equal shared space for the everyone taking part. In a workshop in Scotland that looked at timelines around the young people's childhood days, each participant was given a task to build a structure using miniature bricks and Play-Doh, whilst seated around a large communal table. What started off as an individual exercise soon became a collective one, and one that took on a new direction. The different models the group were making were beginning to be shaped to interact with one another.

When they spoke about this, the participants said they had been influenced by the crisis in Ukraine, with their models a response to that. They had created 3D model of an ecosystem of support that they felt refugees from Ukraine would need upon entering the UK, which included education services, housing, practical support, as well as a physical and metaphorical 'bridge' to carry them over troubled waters. Their first thought was how they can help others who are going through similar challenges to those that they have experienced. There's something quite special about the shared experiences of young refugees and the power of how they are supporting each other as peers. Using creativity in this share space showed how such approaches as these can be used to help to raise up the most important and sensitive issues that society faces.

As the project reached its halfway point (in December 2022), some of the early overarching themes the young people were bringing to the fore are:

Happiness when in contact with their family and friends from home, at the life and relationships they are building, and the future that they are shaping;

Gratitude for the opportunity to live and build a new life in a new country;

Luck to have met supportive people on their way;

Stability that housing, education and social networks provide;

Vigilance of their personal, cultural and emotional safety and security;

Trust and Confidence developing in the relationships they are building with new people in their life, their community;

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How young refugees rebuild their lives in new countries and how we can learn from their stories

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Reciprocity as they give back or aim to give back to their family, friends, community and society who have helped them.



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Scenes from the Glasgow workshops

The hope for the Drawing Together project is to deliver clear messages to the people and services involved in refugees' lives, to policymakers who set out the policy framework that underpins these services, as well as to the wider general public, about the support and networks that young refugees need when they move to a new country, but as well as that, the skills, knowledge and strength they bring to their new communities as they rebuild their lives.

As a social worker, I have learned that enabling these young people to have spaces where they feel safe and valued by those around them provides the scaffolding for them to take their next steps towards living a happy and fulfilling life as effective citizens in Scotland their new home (Lorraine Ward, social worker, Glasgow City Council, children and families social work department).

We hope the project can make a positive impact by influencing the lives of refugees and those of decision makers. We hope the project succeeds and helps/touches the lives of other young people in many ways as it has helped us. For us, it has brought us close to our friends and got us thinking about a future where we feel safe, where we belong and are successful (Christine and Hamid, project Ambassadors).

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About the authors

Professor Ravi KS Kohli – Ravi is Professor of Child Welfare. He qualified as a social worker in 1984 and worked in child and family social work before switching to academia. His family of origin settled in Glasgow after migration, though he grew up in England. He has an abiding interest in showing migrant lives in all their colours. He loves complexity. It makes him happy.

Sharon McGregor – Sharon McGregor is a Research Associate at CELCIS, based at the University of Strathclyde, who is interested in research with a social justice perspective and working alongside people with care experience to influence policy and change.

Paul Sullivan - Director for Children, Young People and Communities at Sistema Scotland, a charity which improves lives and strengthens communities through music and nurturing relationships. Having previously managed policy and participation at CELCIS and the Independent Care Review, Paul's work focuses on listening to and working with people who have experienced difficulty in order to influence policy and support change. Paul is also Chair of The Sound Lab, a charity supporting care experienced young people and young refugees to access music and creativity, as well as a trustee of Together Scotland and other charities supporting young people. As a researcher in the Drawing Together project, Paul's interest is in the integration of art and academic research, as well as how we create the conditions for integration and welcoming societies – particularly in his home city of Glasgow.

Emma Dixon – Emma Dixon is a Communications Manager at CELCIS, the Centre for Excellence for Children's Care and Protection, where she supports colleagues to share what we do. She has a particular interest in research projects and implementation programmes, and is currently undertaking a Masters degree in Social Justice and Community Action at the University of Edinburgh.

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An open exhibition with artwork from the project will be held from 14 to 28 June 2023 at the Articulate Cultural Gallery in Glasgow.

For further information, please visit the Drawing Together website:

<https://www.drawingtogetherproject.org/>

Love-led practice in children's residential care

Margaret Davies

Abstract

The author describes a small-scale project, called Lovin' Care, designed to facilitate love-led practice in children's residential care in England. She provides evidence of its positive impact, on children, their care adults, and the residential organisations involved, and reflects on the potential power for good of a cultural change towards love-led practice in children's care.

Keywords

Love-led, Lovin' Care, attachment, England

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The Lovin' Care project

Children's Homes Quality is an independent organisation based in England, dedicated to supporting children's homes to provide outstanding care. I am the Training and Development Lead for CHQ, and I have a career long passion for attachment-based work. In the past I delivered attachment and trauma informed practice training, and I would ask participants if they thought they should love the children they cared for. Most felt they should care for the children in their homes, but not love them. This, despite England's Children's Homes Quality Standards, 2015, making its first key principle 'Children in residential care should be **loved**, happy, healthy...'.

Scotland's Independent Care Review (2020) inspired me to be bolder. It placed loving relationships firmly at the centre of understanding what children in care most need. Sue Gerhardt published her seminal book *Why Love Matters* in 2004. In it she evidenced the neuro-biological need for loving relationships, for healthy

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child development. She describes how developments in neuroscience support earlier observations by attachment theorists, and their claims that a secure, loving, attuned relationship between a young child and its carers is the essential foundation for healthy human development. The neurobiological evidence Gerhardt presents shows how the daily interactions between a child and its caregiver shape the architecture of the child's developing brain. A securely attached child, bathed in its carer's loving approach will have a calmed autonomic nervous system, increasing the capacity in the limbic regions of their brain to regulate feelings and maintain equilibrium, thereby creating the conditions where the cortical regions of their brain can develop and allow them, in time, to perform a multitude of sophisticated human tasks, such as learning, relating positively, and managing complex situations. The later work of Baylin and Hughes (2012) shows us that children who have experienced trauma in their early lives need stability with attuned loving carers in order to change the hardwired trauma architecture of their brains, and to have the opportunity to recover and thrive.

Why would children in residential care need or deserve anything less? There are, however, challenges to loving by shift pattern; perceptions of residential care being for children who don't want to live in a family setting (with its intimacy); and widespread cases of historical abuse, that have created different expectations for this section of the care system.

The Promise from the Scottish Government, in 2021, that 'Scotland's children and young people will grow up **loved**, safe and respected' prompted me to consider if and how Children's Homes Quality could play its part in bringing love into the centre of practice in residential children's care in England. And so, the Lovin' Care project was born.

Since 2021 Valerie Tulloch and I have delivered seven sets of Lovin' Care training sessions to over 100 leaders in children's homes, with the intention of supporting them to explore how to create environments in their homes where love between staff and children can safely flourish. We aim to provide leaders with the confidence to give their staff permission to love and be loved by the children they care for. Subsequently we have worked in depth with three

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organisations to support them to embed a Lovin' Care approach across all of their work; to think about:

- how to embed love-led practice into the frameworks and systems that support the work
- their communication about their purpose and practice
- the language they use
- the day-to-day activities and relationships in their homes
- their support to staff

In order to evaluate the impact of this changed way of working, we assisted these organisations in developing their own theory of change and identifying ways of evaluating impact. The organisations differed in how they did this, with one opting to use a recognised evaluation tool and to track attachment indicators, and the other creating objectives and scaling them from 1 – 10, as achieved or not, in a group discussion. CHQ consultants worked with the organisations over an eight-month period, to capture a baseline picture at the start and to review progress monthly, leading to an evaluation at the end of the period. All three organisations were inspected by the regulatory body in England, Ofsted, which used the social care common inspection framework to arrive at a decision about quality of care and impact.

Each organisation created its own means of implementing a love-led approach, and they have been pathfinders, showing us what Lovin' Care can look like in practice, and where challenges might arise.

Central to encouraging a love-led approach is demystifying what love between children in care and their care staff can look like. To this end we used the concept of five love languages, developed by Dr Gary Chapman and Ross Campbell (Chapman & Campbell, 2016) to help people explore different ways to 'show children love'. Their five love languages are:

- Words of affirmation
- Physical touch
- Gifts

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- Quality time
- Acts of service

He proposes that every person has a primary way in which they express and receive love, as described by the five love languages. An adult's love language may differ from that of the children they care for, and this can cause a disconnect. Understanding love languages can enable us to give love, respect, affection, and commitment in a way that does resonate with the child and is therefore more likely to help them reap the benefits of a loving relationship.

Evidence of the impact of love-led practice

Children

England's children's homes regulator, Ofsted, independently visited all three of the organisations we worked with and judged them to be Outstanding in all areas. It is evident in the Ofsted reports that loving relationships were tangible in the homes and children were clearly benefitting.

CHQ's evaluations in two of the organisations also evidenced that children benefit from love-led practice.

Both organisations changed their practice to incorporate an assessment of adults' and children's preferred love languages, and then intentionally built in opportunities for children to receive their preferred experiences of loving care.

They felt this made a significant difference to how the child felt about their relationships with adults, increasing safety and closeness.

One organisation used the Warwick-Edinburg Mental Wellbeing Scale (WEMWBS) to track one child. The WEMWBS measures mental wellbeing and provides a robust measurement of the impact of an intervention on mental wellbeing. The child's baseline score was in the 'very low' range (31), suggesting there may be 'significant difficulties for her in the area of mental wellbeing compared to her peers'. The second and third questionnaires completed showed significant strong progress into the 'average' range (47 & 50 respectively), indicating that she was 'doing OK compared to peers' (Davies & Tulloch, 2022).

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The manager also tracked behaviours that indicate attachment to the adults in the home:

- Seeking proximity
- Using adults as a safe haven
- Having a secure base
- Separation distress
- The ability to co-regulate

This tracking demonstrated progress across all five indicators of developing a secure attachment. For example, from: 'Child struggles with physical contact and seeking affection and will self-soothe rather than discuss her issues', to: 'Child seeks physical reassurance from adults (in the home) and uses them for emotional support when feeling sad' (Davies & Tulloch, 2022). The tracking also allowed the manager and team to identify the adults the child felt safest with and closest to. The organisation stopped the practice of allocating key workers. The manager and the whole team reinforced the child's connection with their primary attachment figures, rather than trying to dilute this, as can be the case in homes without a love-led approach.

The home's Ofsted¹¹ inspector commented on the quality of the relationships:

The relationships between the child and staff are exceptional. Staff know the child well, invest quality time with her and listen to her intently [...] This has resulted in the child developing an appropriate sense of belonging and a genuine feeling of being loved (Davies & Tulloch, 2022, p. 8).

As attachment theory predicts, the benefits of this increased security of attachment and mental wellbeing were evident in the child's progress with respect to her physical, social, and cognitive development. Ofsted noted: 'The progress that has been made with her health, education, and emotional and social well-being is highly impressive' (Davies & Tulloch, 2022, p.9).

¹¹ Ofsted is the Office for Standards, Education Services, Standards and Skills for England: <https://www.gov.uk/government/organisations/ofsted>
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Another organisation developed a more qualitative and descriptive evaluation framework. An outcome they aimed for was that 'Children experience higher levels of nurturing', and there was evidence that they had achieved this:

Leaders described children seeking affection and receiving it, being happy to spend time with adults at the home and thriving in their development. One child moved to another home in the organisation to be with an adult he regarded as his mother (Davies & Tulloch 2022, p. 12).

Adults in this organisation were encouraged to show physical and verbal affection, as they felt it, rather than maintain a 'professional' distance from their children.

Ofsted commented:

... children actively seek hugs and reassurance from adults. The adults speak knowledgeably and lovingly about children and children speak lovingly about the adults who care for them. This has allowed children to safely experience new things and continue to grow (Davies & Tulloch, 2022, p. 12).

The children were quoted as saying:

Thank you for everything you have done for me I don't know where I would be without you and your support. You don't know how appreciative I am. I love you so much. Things have been getting so much better recently because of your support. Your humour is out of this world (adult name) you're amazing!!! (Davies & Tulloch 2022, p. 13).

This organisation could evidence that risk for children had decreased, and positive behaviour had increased. Ofsted stated:

[...] This has led to a marked decrease in episodes of children going missing, restraint, complaints and sanctions, of which there have been none for almost a year (Davies & Tulloch, 2022, p. 12).

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The organisation set a key objective that children leaving their homes receive ongoing love and support. To this end premises were adapted to create a spare bedroom, and they are considering how to make provision for their older young people, to avoid the cliff edge of turning 18. Ofsted noted:

Children who have left drop in regularly and call regularly. One is pregnant and has asked for one of the adults to be her birth partner. She can stay over on occasion in the home. The organisation is seeking additional ways to offer support to children when they leave which could include provision of semi-independent accommodation (Davies & Tulloch, 2022, p. 13).

Care staff - adults

Benefits for staff was not an objective of the love-led approach, but it has been a striking and significant outcome in all three organisations. It is perhaps an indication of the authenticity of the relationships created, in that they are mutual, positively affecting the adults as well as the children.

The term staff was spontaneously replaced in all three organisations with the word adults, in an effort to make their homes less institutional.

One organisation was newly registered and experienced a significant turnover of staff at the outset. This was seen to be due to a mismatch between the people recruited at the start and the love-led approach the leaders began to adopt. However, once the Lovin' Care training and implementation got underway, staff stayed for and were attracted by the ethos and positive experience in the homes. A lovin' care approach released staff to feel emotionally about the children in their care. They can bring more of their whole selves into work, such as celebrating their own birthdays at the home. The usual boundaries around time on and time off shift have loosened, and adults will readily come into the homes for significant events, when 'off shift'. These changes have been supported by an increase in reflective practice, in the form of reflective journals as well as informal and formal reflective supervision.

Adults are regularly interviewed during the Monthly Independent Person visit.

The Independent Person recorded:

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She stated that she feels that the service is very child centred [...] She stated that there is a very positive atmosphere in the home and that the child had really enjoyed celebrating the birthday of a staff member the previous night. She felt that there is not really a work atmosphere in the home (Davies & Tulloch, 2022, p. 9).

At another organisation, the registered manager wrote in his six-monthly review of quality of care:

We have found adults feeling comfortable now to write letters, come in when they are not scheduled to, to hug, to feel joy and sadness at life events with the young people and to challenge and advocate like any parent would – without fear of scrutiny or “red-tape” blocking these relationships (Davies & Tulloch, 2022, p. 14).

And Ofsted commented:

Adults consider themselves part of a family and many refer to their time in the home as not feeling like work. When asked, two new adults in the home were keen to tell the inspector that this was the best job they had ever had, and this encouraged them to give their best to the children in their care (Davies & Tulloch, 2022, p. 13).

An unintended consequence of adopting a love-led approach has been that the critical problems of recruitment and retention in residential child care (Lepper, 2021) have significantly decreased for these organisations. They can confidently draw on a motivated pool of people, keep and grow them, and maximise their efforts and goodwill. One of the organisations is opening new homes and has successfully developed its support workers to become newly registered managers and deputies.

The organisations

There is evidence that using a love-led approach has also been beneficial for the organisations we have supported.

Two of the three organisations achieved a judgement of Outstanding in all areas from Ofsted, at their first inspection following registration. This is a rare achievement. The other achieved their first judgement of Outstanding in all areas, in their 20-year history as an organisation.

However, all three organisations focussed on implementing a Lovin' Care approach purely for the impact on children. One was so confident that their approach was working that they made it clear to the inspector that whatever rating they were given this would not change their practice. The owner of another said that she wanted to use a love-led approach,

Because we believe that children need to feel loved. We can see that it makes a difference, and we can see the "professionalism" barriers that exist in children's homes, and the cost of that for young people and also staff (Davies & Tulloch, 2022, p. 5).

Using a love-led approach has resulted in changes in the standard processes in these homes. This is innovative and experimental, such that it sometimes takes a while to find what feels right. For example, key worker allocations have changed, so that children and adults are given space to click naturally and then this preference is supported and reinforced. There has been a significant shift in the language and terms used, to replace institutionalised or stigmatising language. For example, one home discussed with the child what they would like to call the statutory meetings they participate in. They have chosen to call their care review meeting 'my life review', and their personal education planning meeting, commonly referred to as a PEP meeting, is now called their 'Pepsi meeting', with all in attendance being offered a drink of Pepsi. Incident de-briefs are called support sessions and behaviour support plans are called support plans. Contact is called family time.

Recording styles have changed to involve the child more and to increase transparency.

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All three organisations feel an increased level of pride in what they do, leading to resilience, optimism, and creativity as to what is possible.

Two of the organisations are looking to expand and acquire additional properties to house their young people nearby when they have to leave the children's home. One is developing a new home for siblings to live in as a way of supporting existing love relationships. One removed the staff office in order to create a spare bedroom for their young adults to sleep over when they want or need to.

Looking at all three organisations we can see successful businesses, investing in their staff and children, innovating to benefit the children, driven by a passion, and achieving results.

Reflections

As an advocate of attachment theory and trauma informed practice, I am interested and surprised to see how talking about love has a stronger, more positive impact on adults. Anyone caring for children who have suffered early childhood trauma needs the knowledge and skill base that comes with attachment and trauma informed practice, but the adults we worked alongside in this project have also been liberated to bring their emotional selves, their passion, joy, hopes, empathy, and strongest motivation to the work, through learning about love-led practice.

In Lovin' Care training with adults, I have heard people say, with emotion, 'this is why I came into the job'. People have reacted with enthusiasm and relief to the notion that the constraints they were previously working under were not all necessary. There are myths about what is needed for safeguarding and to comply with regulations, that are risk-averse responses to fears of what can happen. Love-led practice empowers caring, compassionate adults to bring their best selves to work, and maximises the human resources in children's homes. Adults will happily come in for extra shifts, or to share special times with children when they aren't on shift and will connect with children when they are on leave.

I have noticed how love-led practice has emboldened the leaders and owners of homes to believe more in their vision and aspirations, and to extend their purpose. It is interesting to observe how this has strengthened the desire to do better for their young adults once they have left the homes, and the capacity to innovate to make solutions possible.

I have also reflected on how a home needs strong safeguarding practices and culture in place before the idea of Lovin' Care is introduced; before we advocate a loosening of the boundaries that prevent loving relationships developing. We were approached by an organisation who were naive about the residential task and failing in their safeguarding responsibilities. It would have been unethical and dangerous to encourage them to embrace a love-led approach before they had the basics in place.

There have been challenges for the homes in the project. A common one is a lack of understanding from some external professionals, such as social workers or Ofsted inspectors, who insist on calling the home a 'unit', or teachers who report safeguarding concerns about male staff hugging children in the schoolyard, or social workers who complain that staff are unprofessional for being attached to a child. Love-led practice may seem to be an obviously good thing for children, but it is counter to the culture and practice that has developed in children's services to manage risks and resource constraints. Our homes are part of a cultural change towards more humane and effective care for children who cannot live with their families.

Finally, the three organisations we partnered with in the Lovin' Care project are small sized organisations, who have the freedom to evolve quickly. It might be more challenging to embed a cultural shift across larger organisations, with more entrenched bureaucracy.

Conclusion

How to fix the 'failing' children's residential care sector has vexed many commentators in England lately, who see recruitment problems, shortages of skilled managers, the lack of local authority resources, an inability to join up health, education, and care effectively, the 'broken' market and the apparent

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profiteering approach of some owners, as creating a perfect storm of problems to be overcome (MacAlistair, 2021). Meanwhile, these three organisations have had a quiet and joyful revolution, which has produced amazing results, with little or no, extra spend, and at speed.

Lovin' Care is a way of delivering attachment informed care, and as such is not new. But what is new, is that it brings the love - which Bowlby thought he had to rename, to be accepted in his scientific community (White, 2016) - back into practice. It seems that language does matter, and when we reframe love as attachment or positive relationships, we disconnect it from a deep human need and response; we risk losing its essence and its power to transform.¹

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About the author

Margaret Davies has been a qualified social worker for more than 30 years, specialising for 20 years with children in care and their carers, and creating therapeutic placement services. From 2014 she has been an independent social work manager, trainer, and consultant, and from 2021, the Training and Development Lead for Children's Homes Quality.

¹ End note: CHQ is holding an event in May 2023 to bring together professionals interested in love-led practice in children's residential care. For more information see [Events 2 - Children's Homes Quality \(childrenshomesquality.com\)](https://childrenshomesquality.com)

Enabling good relationships with young people: Keeping Scotland's promise

David Woodier

Abstract

Scotland's Independent Care Review made an unwavering commitment to ensuring the care experienced community would be at its very heart. The review concluded that the primary purpose of the care system needed to shift from protecting from harm to protecting all safe, loving, and respectful relationships. This shift puts the responsibility of change fairly and squarely on the shoulders of the workforce who care for young people. Supporting meaningful relationships with professionals in the lives of young people requires new ways of working. This article explores a central, but often overlooked, question: How do we ensure a relationship is good for a young person? The writer, with over thirty years' experience, reflects on how trust and the capacity to love can be enabled when the workforce has time to focus and reflect on relationships. Practical ways individuals, working as part of a team, can engage more insightfully and empathetically with young people are discussed.

Keywords

Scotland's Promise, relationship, trust, professionalism, conflict of standards.

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There are some decisions in life we cruise through without much thought. Others, like the ones that come with retirement, prompt us to ask questions about our relationships and how we can make a difference. Callum, one of my pupils, is 16 years old and has been asking me when I am going to retire. I have

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known Callum since he was four years old. I felt he needed reassurance, but I wasn't certain about what our relationship would look like in the future.¹²

I tentatively asked, 'When I retire, would it be okay if we keep in touch?'

Callum looked surprised, cocked his head to one side and said, 'Of course! You're a father figure to me.'

There was an awkward moment while I tried to think of a response. Had I underestimated the role I had come to play in Callum's life? It had never been my intention for him to see me as a father figure. Was my reticence caused by my uncertainty about what others would think? After all, doesn't the General Teaching Council for Scotland (GTCS) warn against relationships that extend beyond the classroom? The GTCS code of conduct implies that these kinds of situations 'may be perceived to be of an inappropriate nature' (GTCS, 2012). There was another question, and I am not sure why it has taken me so long to consider this: How can I know if my relationship with Callum, or any young person, is good for that young person? It is this last question I want to explore, but first let's put Callum's comment in context in terms of what other young people are saying about relationships.

After listening to the experiences of over 2,500 young people and adults who were care experienced, a recent review of care in Scotland, called *The Promise*, arrived at some startling conclusions: 'Above all else the Care Review has heard, it is that children want to be loved, and recovery from trauma is often built on a foundation of loving, caring relationships. This requires a fundamental shift from protection from harm to protecting safe, loving, and respectful relationships' (Independent Care Review, 2021).

In respect of those caring for young people, the review stated: 'There are many stories of a teacher or another professional in a child's life providing a key relationship that has helped the child to recover. These are vital relationships that must be enabled. Notions of professionalism have got in the way of the development and maintenance of relationships' (Independent Care Review, 2021).

¹² Names and details of young people have been changed in order to protect confidentiality. *Scottish Journal of Residential Child Care: An international journal of group and family care experience* 2023 Vol.22, No.1

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The way key adults in the workforce relate to young people needs to be conceptualised in a more loving and natural way, like the relationship between a young person and a 'grandad or auntie' (Independent Care Review, 2021). This places the onus on professionals to consider carefully the implications of closing a case or moving to a different role. One social worker told me that as she prepares to move to a different location, her team leader has asked her to consider maintaining life-long links with some of the young people.

Regarding how the workforce is supported, the review concluded: 'The future approach to care must be reorientated to protect and promote loving, long-lasting relationships. This must be done with the expectation that the approach is safe, upholds rights and is open to scrutiny. There should be no blanket policies or guidance that prevents the maintenance of relationships between young people and those who care for them' (Independent Care Review, 2021).

Far from detached, formal professionalism, *The Promise* issues us with a challenge: 'The workforce must be supported to bring their whole selves to work so that their interaction with children is natural and relational' (Independent Care Review, 2021). This all-in approach seems hard to square with the advice, for example, given to teachers in the Code of Professionalism and Conduct, which advises us to '...avoid becoming personally involved in a pupil's personal affairs' (GTCS, 2012).

Rather than enabling us to move toward young people who are seeking relationships, we feel trapped in a culture of detachment, fear, and over-generalised notions of risk.

In order to move away from this professional culture, we must consider what constitutes a natural or good relationship. We value freedom and spontaneity in relationships, and yet we live in an age in which we strive for perfection in both ourselves and others. Relationships are seen as a form of making, for example, even something as natural as love is talked about as building a successful relationship (O'Donovan, 2021). It is within this context that a person may feel like someone else's project, wherein a good relationship is seen as one that achieves a desired purpose or yields some kind of benefit.

I wonder if as professionals we truly appreciate what it feels like to be a task on someone's to do list, or for our success to be used to boost someone's approval rating. That wasn't part of my experience growing up, but I have heard how hurtful this was from some friends who are care experienced.

Instead of thinking about the qualities of a good relationship, as if it were an artefact, what if we try to define the good in a relationship? I propose the good is not something we do or achieve, but something that is met with; as we interact with others we discover their intentions, consciousness, and feelings (O'Donovan, 2021; Trevarthen, 2005). With this interpersonal awareness our focus can shift from 'how can I change you?' to 'what kind of person do you encounter when you relate to me?' 'Am I respectful of a young person's emerging agency?' 'Can I offer the possibility of change without being distracted by my own needs?' Similarly, we share the good in a relationship as a gift, and even when I look for some response my intent is always selflessly generous.

This good is often missed because we fail to recognise the opportunities in which it appears. On a family holiday, quite a few years ago now, I hurt my back. As my children ran to the beach, I trailed behind everyone except my niece, the youngest in our group. I don't remember what was said as we walked together, but I remember the joy of listening to her. I found her perspective on the world delightful, and she enjoyed having an audience.

That kind of mutual awareness and enjoyment of another's presence can happen spontaneously (Trevarthen, 2005). However, the unpredictability and lack of control often makes us anxious. The sense of reciprocity, the source of shared meaning, can also be experienced as a threat. Instead of an openness to understanding how other's perspectives are different from our own, our thinking turns in on itself. I remember, to my shame, being upset with one of my sons when he was a baby and wouldn't stop crying. In the dark hours of the night, I convinced myself that his distress wasn't about his need for food and comfort, rather he just wanted our attention. Thankfully his mother didn't share my limited perspective! I had lost my capacity to imagine how different my son's perspective might be to mine. He wasn't being manipulative; he was expressing his need in the only way he knew how.

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Being open to imagining motives and intentions that I cannot see has been something I have wrestled with many times as a teacher. One of my pupils told me his foster parents wanted him to be vaccinated; I didn't think much about it, but I said I would go with him when the time came. However, when we got to the school hall, Harry broke away from me and joined his classmates and ignored my requests to come back. Very quickly, I felt irritated and anxious. Harry's behaviour would no doubt get him into trouble with the other teachers. I said, 'If you don't wait with me, I am going back to my room,' and I stormed off in a huff.

By the time I got to my room, Harry had made it there before me. He looked at me with big tears in his eyes: 'I thought I would be less afraid if I was with my friends.' I had badly misjudged the situation. When Harry ignored me, I felt I had been taken advantage of and I wanted him to face the consequences of his choice. Perhaps I mistook the certainty of what I was feeling for reality. In the immediacy of it all I lost my capacity to imagine the fear and anxiety he was feeling.

Alternatively, we may overthink everything to the extent that our intuition about another person's behaviour becomes disconnected from reality. We babble on, becoming more speculative and convoluted in our explanations. Almost imperceptibly our thoughts about that person take over more and more of our headspace. We focus more on our own theories than on the actual person. When that happens to me, my sense of personal agency jumps to superhero status, and I find myself thinking I'm the only one who really cares and can make a difference.

When under stress, my capacity to understand the nuance in a young person's motives and intentions tends to become strained. I can become too certain that what I am thinking about another person is reality, or the opposite, and I become lost in my own ideas about a person's behaviour, losing that all-important feedback about what is really going on. This change in thinking can be subtle and difficult to spot in myself without others helping me. Peter Fonagy and others have written extensively about these changes in thinking and how they can be remedied when we support one another (Duchinsky & Foster, 2021).

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Paradoxically, the very thing we fear, the lack of control, experienced in separation and ultimately even in the death and loss of a loved one, might be a necessary corrective, steering us back toward the good in a relationship. I recently had the pleasure of a visit from my nephew. He lives thousands of miles away and during his time here I thoroughly enjoyed his company, but I also knew that I would have to say goodbye and that would be hard. However, living in anticipation of that separation enhanced the quality of our relationship. In order to just enjoy being in the moment, delighting in who my nephew is, I needed to be reminded that I could never know everything about him, or get him to like Scottish food, or change his political views! Ultimately our time together was a gift and not something to be grasped, and recognising my limitations was the only way to truly value his freedom to be just who he is.

To be reminded of the limits to my influence over those whom I love is a severe kindness (Gibson, 2016). Severe because I fear loss and being alone more than just about anything, but also a kindness, because it gives me a way to experience true companionship.

The voices of those care experienced young people in Scotland are saying something profoundly important. Those of us who are professionals may call it work, but from their perspective it is a relationship and with that comes a promise, usually implied. It says something like: 'If you have trusted me enough to call me a father figure, it is up to me to work out how to relate to you with the kind of love that a good father would have.'

It may be that some expectations need to be worked through. Callum will have to realise, if he hasn't already, that I can't be everything he needs when he thinks about a father. I will have to be wise about our relationship, if it is to be good for Callum. Over the years, I have come to recognise some tell-tale signs of when I am not relating well. Having the time and space to reflect without becoming morbidly introspective is helpful. Also being part of a team of people,

where I can talk openly and know I will not be judged, is vital to guarding the good in my relationships with young people.¹³

Tell-tale signs my relationships need some adjustment

1. Am I finding it hard to say 'no' to a young person? What am I uncertain about or afraid of? Can the rest of the team help me think about how to do this while reassuring the young person that I am not rejecting them?
2. Am I thinking that I am the only one who understands and can help this young person? Is there some way for me to step back from the raw emotion and consider why I am thinking others are not good or sincere enough to help?
3. Is risk becoming harder to assess? Am I ignoring obvious risks, or becoming obsessed with potential risks? Can I see this individual and their specific situation in the proper context, or is the stress and worry from other situations overwhelming me?
4. Is this emotion my own emotion or the young person's, and is it becoming harder to differentiate between the two? I want my response to the young person to be appropriate to their needs rather than my own.
5. Do I share details about my life and then wonder afterward why I said that? Not all young people are good at signalling their desire for a relationship. Perhaps I need to give them more space to respond without them feeling abandoned.
6. My thoughts are frequently turning to the young person; I wonder if they are safe and well. I run scenarios through my head and imagine them being in some danger or being distressed. Can I lean on others, like my supervisor, to help me maintain perspective?
7. I may not be allowing the young person to express a need without wanting to immediately fix it. In trying to be emotionally responsive, I may have lost some sense of what makes me me. My need for reassurance that I am an okay kind of

¹³ This author has found the Adaptive Mentalization Based Integrative Treatment approach to supporting key workers within a team of professionals very helpful. Further information is available at <https://www.annafreud.org/clinical-support-and-services/adaptive-mentalization-based-integrative-treatment-ambit/>

person might become intrusive, if I don't also invest in a variety of relationships in which I feel accepted and valued.

8. Do I make excuses for a young person? Can I allow them to face the consequences of their actions? Am I still able to challenge them without shaming them?

9. Am I distancing myself because I am disappointed or hurt by a young person's actions? Am I still able to empathise, or am I feeling compassion fatigue? Keeping others at some distance emotionally can be exhausting.

10. Can I reframe challenges in the relationship in terms of a young person learning to trust? Is an invitation to trust in our relationship made without putting too much pressure on the young person?

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About the author

David's interest in teaching began in a gym in the inner city of Chicago in 1987. His passion to include young people from diverse backgrounds took him to the University of Illinois in 1994 to study Special Education. After graduating, he taught in two Chicago schools.

Seventeen years ago, David moved to Glasgow and taught in a primary school in an area of deprivation and then in a residential school. For fourteen years, he supported the inclusion of young people who were care experienced and in mainstream schools. He has recently retired from teaching, and he is the author of *Healing trauma through relationships: The dignity of the inner life and the gift of self*.

Care versus Treatment: Revisiting some reflections on residential child care in Scotland

Laura Steckley

Abstract

'Residential treatment for adolescents' is a term used in the United States to describe something simultaneously similar to and completely different than residential child care in Scotland. This reflective article explores these similarities and differences.

Keywords

Child refugees, child and family displacement, trauma, war, Ukraine, USA, Scotland

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Introduction

This article began its life in the Goodenoughcaring Journal (2014, volume 1, issue 1), a freely available, online journal for people who care for children and young people. The Journal was founded by Charles Sharpe, who, sadly, died in 2020. I did not know Charles well, but I was always impressed by his generosity, keen insight, and thoughtful nature. I became aware that the Goodenoughcaring Journal is no longer available when I was recently asked for a copy of the article. In re-reading the draft, it was interesting to be reconnected with my thinking, and with circumstances of residential child care at that time. Much remains the same, but some of those circumstances are significantly different, so it seems a good time to revisit the place of care in my career, and in residential child care.

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Residential Treatment

In early January 1999, I moved from the Western Slope of Colorado to Edinburgh, Scotland. I was 30 years old and had spent almost all of my post-university working life in residential treatment facilities for adolescents. While I had decided to change the location of my home, I knew I did not want to change the type of work I did. I still wanted to work therapeutically with youth who were experiencing difficulties.

A few months after the move, I was fortunate to land a job at a residential school for boys who, for various reasons, could not live at home. In many ways, the work was the same. Yet it was also different – subtly different and, at the same time, radically different. This paradox was bewildering during those early years.

I got my first bit of traction in making sense of these transatlantic differences by attending to the differing names given to the work I was doing. Before I even started applying for jobs in Scotland, I was strongly advised to refer to my previous work experience as something other than treatment. I was told that people would misinterpret the use of that word as some sort of medical intervention. While I accepted the advice, it bugged me. Surely the work we were doing was more than just care?

As a result of my time in Scotland, I have come to understand care in a much less simplistic way, both through experiences of direct practice and in studying and teaching care ethics. Through this process, I have come to see treatment differently too. Treatment (as we adults perceived it back in the 1990s) was a safe but challenging haven for youth to come and tackle their problems. We had treatment models, behavioural targets, point-and-level systems. We tried to create environments and processes that promoted a stronger sense of personal responsibility, improved self-esteem and an ability to manage 'out there' in the 'real world'. We wanted to be agents of change, working with youth to improve their lives. We believed in their abilities to change, heal and grow, and we had high aspirations for them. This was the case for most of us, but alas not all of us.

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Residential care

Residential care as I experienced it in Scotland was home-like, and indeed the quality of the physical environment was much higher than anywhere I had worked or visited in Colorado. I was immediately impressed by the quality of decoration and furnishings of the residential school in Scotland and what this communicated about how young people were viewed. The staffing ratios were significantly different as well. I went from ratios of 18 to 2 and 28 to 5 (young people to adults) in Colorado on any given shift, to a 10 to 5 ratio in Scotland. There was more money in Scotland for activities and for transporting young people to their families at the weekend and even midweek. We had a cook through the week and a team of domestic staff who not only kept the place clean and tidy but did things like pressing the sheets. I remember initially thinking that so much more was possible with the level of resources we had.

I knew I had to acclimate to a new culture. I didn't want to be a know-it-all American, but I did want to bring my own relevant knowledge and experience to the mix. It was hard to figure out what, from my previous work, was applicable and what I needed to discard. One of my first realisations was that people thought very differently here in Scotland about what we were doing and why we were doing it. There were no treatment models, no explicit behavioural targets and no point and level system. I had already begun to entertain doubts about the latter, but the lack of clear articulation and referable sources of theory to inform our efforts frustrated me.

I'm not claiming that there was an especially high level of congruence in terms of shared theoretical understanding that robustly informed our practice in my places of work in Colorado. It was often inadequate. It nevertheless felt light-years ahead of where we were in Scotland. When I would try to discuss a theoretical perspective or would encourage colleagues to read about something we were experiencing at work in Scotland, it frequently became awkward. People seemed to pull down the shutters. I'm pretty sure that sometimes I was coming up against a seam of anti-intellectualism that runs through not just Scotland, but the United Kingdom. The inherent distrust or dismissal of theory

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was palpable at times. Even the intonation given to the word 'theory' made it sound fluffy, irrelevant, or merely like an opinion. I'm sure my enthusiastic, irrepressible, and often irritating desire to *understand* was probably like nails on a chalkboard to some people's deeply pragmatic ears.

I must stress that I did not experience all of my colleagues this way in those early days. In my 24 years here in Scotland I have encountered many deep thinking, theoretically committed, and critically engaged members of our sector. When I wrote this article nine years ago, I surmised that they were probably not the norm and that this had to do with Scotland's legacy of requiring no qualifications for working in residential child care (prior to 2009). I should have added that this is the case across the globe, and that many advocates the world over are grappling with how to support the development of a workforce equal to the task of robust residential child care.

At the time of first writing, the Minister for Children and Young People, Aileen Campbell, had announced the Scottish Government's commitment to a degree-level qualification becoming the standard for residential child care workers, supervisors and managers in Scotland. This was hopeful news. It was also threatening news to many, and rightly so. Bringing the workforce to degree level requires significant resources, and it was unclear where these resources would come from. We were also worried about losing those workers who were good with young people but not with reading and writing. My two most overriding concerns were whether curricula would be developed that actually equipped practitioners with the skills, knowledge and capacities needed for restorative, developmentally enhancing care, and whether the whole project would be adequately funded. I ended this part of the article with, 'if the necessary investment in making this project work is not forthcoming, Scotland will have taken a deeply cynical turn'.

It is tempting to shift my focus here to what happened next and the continuing pressing need for a broader, deeper, more rigorous discussion to inform decision making on minimal qualifications for those in direct care and leadership positions in residential care. Suffice to say that the implementation of the above-

mentioned commitment was paused in order for an independent review of the care system in Scotland to be carried out. The findings from that review – a review that was and continues to be unprecedented in the way it has been co-produced with care-experienced people – constitute The Promise (The Independent Care Review, 2020). The last three years have seen a well-organised, well-funded project of implementation of The Promise. The commitment to a degree-level minimum qualification for residential child care workers has not been renewed.

In 2001, I had the good fortune to be included in the first-ever cohort on the MSc in Advanced Residential Child Care at the University of Strathclyde. The then Scottish Executive established the Scottish Institute of Residential Child Care (located in the University of Strathclyde) to develop the education and training of residential child care workers, and the MSc was part of this initiative. It should be said that there was no such commitment to the education of residential child care workers in Colorado, and I don't think there has been anything that comes close to Scotland's investment anywhere in the wider United States.

It was through my studies and exposure to other practitioners that I began to understand better some of the other differences between care and treatment. I would characterise one of these differences as a macro-orientation versus a micro-orientation. In trying to make sense of this, I wrote elsewhere the following:

As an American, I brought my 'can do' attitude to my practice in Scotland and was sometimes shocked at the apparently low expectations and aspirations my colleagues seemed to hold for our residents. Over time and with the aid of my studies on the MSc in Advanced Residential Child Care, I developed a far greater appreciation of the impact of elements of the macro-system ... on the development and life-chances of children and young people. I came to understand that my Scottish colleagues also had this greater, albeit often tacit, appreciation than I (or my American counterparts) had had. The more I (re-)engaged with knowledge about

elements of these macro-systems and their impacts, the less I felt able to be that positive change agent. Paradoxically, I began to wonder whether our American ignorance of one level enabled stronger, though inadequately informed, optimism and enthusiasm on another. In Scotland, I much more frequently felt a collective sense of pessimism, or at least withering, as we approached our work. This was compounded by the aforementioned lack of therapeutic orientation to residential child care in Scotland. Yet it was not possible or desirable to go back to that former ignorance. Focus on the micro to the exclusion of the macro is problematic; the opposite is true as well (Steckley, 2013).

Looking back, I can't help but wonder whether sometimes my colleagues' shutters came down because all I was talking about in those early days was focused on the young person and his family. The impact of poverty, disadvantage, stigma, and social exclusion rarely if ever were topics of discussion in Colorado (or in my early days in Scotland). Not only did our treatment models pathologise young people, placing an inordinate focus on problems and deficits, they were implemented with an inherent blame of families and blindness to their social conditions. We talked to young people about making choices in such simplistic, unintelligent ways: 'You can make better choices.' No wonder they responded with 'Fuck off'.

An appreciation for the often-grim social circumstances of families whose children end up in residential care sometimes comes at a cost, however. I remember hearing this cost referred to as 'The soft bigotry of low expectations'. What a compelling form of words. After a short search I found that this compelling phrase has been used by political figures who consistently dismiss or avoid the very real impacts of poverty, disadvantage, stigma, and social exclusion. What does that tell us? I think it highlights how difficult it is to hold the big picture and the small picture in mind at the same time. It's hard enough not to shield ourselves from the pain and despair our young people bring to the therapeutic encounter; how are we meant also to be present with the pain and despair that comes with really seeing the entrenched social structures that perpetuate poverty, disadvantage, stigma and social exclusion?

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Care

The answer is care: good care at the micro-level and an understanding of how care operates at the macro-level. My irritation at being told to refer to the work I had done in Colorado as care was rooted in a superficial and simplistic understanding of the word. I have come to genuinely believe that providing good care is actually more complex and demanding than providing good treatment. The roots of development and recovery are in the rich soil of good care experiences. A care perspective is more holistic and requires a more robust involvement of the self of the caregiver (and, I would argue, those purporting to provide quality support to direct care givers). Fundamentally, care is about meeting the needs of the other; if these needs are complex and require advanced skills, knowledge and capabilities, then good care means developing those skills, knowledge and capabilities. And over the last two and a half decades, I have witnessed a growing consensus that residential child care is complex and requires advanced skills, knowledge and capabilities.

Care has also become a significant focus in analysing the entrenchment of poverty, disadvantage, stigma and social exclusion, often through the lens of care ethics (see Gilligan, 1982; Held, 2006; Tronto, 1993 for seminal writing on the subject). The positioning of care as private, feminine, individual, and peripheral to the central concerns of society was a key revelation for me in studying care ethics – especially because this positioning works to keep the vast majority of those who give and require direct care in the least powerful positions in society. There continue to be growing numbers from a variety of disciplines who are challenging the way care is thought about and how it serves to preserve inequalities of power and privilege. They are moving care from the periphery to the centre of human and political concern.

The Promise is part of these growing numbers. In privileging care and the experiences of care so clearly and straight-forwardly, it is taking the oxygen out of arguments that prioritise rules at the expense of relationships and is nailing the lid on the coffin of no-touch policies. Its funding of local initiatives for implementing The Promise shows an appreciation of the importance of local

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contexts. Whether it leads us to properly equipping and supporting the workforce is still to be worked out.

At the same time, in many ways it feels like our world has become a more uncaring place. Despite residential child care's embrace of The Promise, it is operating within a wider managerial context where procedures, techniques and risk-aversion still hold sway. Local authorities' financial predicament is increasingly challenging, and public trust in political institutions continues to be badly damaged on an almost daily basis. Moving care to the centre of public life and social concern is needed more urgently than ever.

Conclusion

My experiences of this journey to care have enabled me to hold a bigger, more complex picture of what we are trying to do and why than when I was operating under a treatment perspective. A robust, theoretically informed care approach melds the macro and the micro – the big picture and the individual encounters within it – in a more profound way than treatment can offer. A deeper, more critical understanding of care is giving us a way to hold the specific, intimate needs of individuals to heal and flourish while also holding in mind and taking to task elements of that bigger picture. Residential child care workers need entry-level training and education to support them to do the same. They also need one that enables the development of a professional identity deeply rooted in the restorative power of everyday care. We are still a long way off from making that knowledge and vision manifest for all children who spend time in care. In some ways it feels like we are getting closer, and in others, I worry we are losing ground.

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About the author

Laura teaches and carries out research about residential child care in the Department of Social Work and Social Policy at the University of Strathclyde in Scotland.

Book Review

Embodied Approaches to Supervision: The Listening Body

By Celine Butté and Tasha Colbert

Publisher: Routledge

ISBN: 9780367473341

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M Macfarlane, Therapeutic Services Co-ordinator, Common Thread.

Embodied Approaches to Supervision contains ten chapters written by dance movement psychotherapists, who each present their views of the ways in which embodiment practices can be used in supervision. Embodied practice utilises the mind-body connection and is described in the introductory page of the book as 'the intimate and dynamic interaction between mind and body'. Embodiment approaches may be particularly applicable to young people in residential care, who may have experienced bodily traumas such as physical and sexual abuse and may not always have the language to communicate their experiences verbally.

Supervision is often described as a safe space, which can mean different things to different people, but for Butté and the other psychotherapists in this book, safety means whatever we need it to mean on a specific day. And, if we don't know what it means or what we need, that's what we bring. There are several examples in the book of supervisees who felt uncertain, shamed, and guarded, and in each example their supervisor met them there without judgement; these types of experiences are reparative and can provide healing for times when we

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only encountered judgement, which is mirrored in the reparative attachment experiences we are offering young people.

The writers illustrate their views with vignettes from their practice: the one that stayed with me after reading was an example in Chapter 6 from contributor Julie Joseph, where she explores our understanding of mirroring with another, and questions whether it can trigger a subconscious shared knowledge. During supervision over Zoom, she invited John (not his real name) to 'collect items to use for the creative exploration of his supervision dilemma', before following her impulse to collect items of her own. When both return to the computer screen, John has collected 'a long power cable, all tangled up', and, following some exploration of what they notice and wonder about John's choice, Joseph presents hers: 'tangled cables and the bamboo bowl I had put them in'. John and Joseph talk about the significance of the cables being contained within the bamboo bowl and its relation to his own practice. Joseph then explores the offer of containment to those working in the therapeutic field, arguing that the adults offering the young people attuned care and containment need to be offered the same. Professional supervision provides a space where the offer can take place, in safety and with boundaries. Particularly relevant to current supervision and other forms of therapeutic practice, is her discovery that mirroring can take place for two individuals occupying rooms in different houses while working together on a video call.

In Chapter 7, 'Reflections on Thresholds and Containers in Supervision', Butté describes supervision as 'a place where supervisees can feel supported, and able to be themselves, strengths and vulnerabilities included' (p. 92). The last four words resonated with me, as in many ways to be a residential childcare worker on shift is to hide, deny, control, or even apologise for, your vulnerabilities. As our relationships with individual young people evolve there are opportunities to share and discuss vulnerabilities, which can provide reparative experiences for both young person and adult. However, during our first months in the job, and at many other times during our career, we are required to manage our vulnerabilities, so Butté's offer of a place where that management isn't required is striking.

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One of the barriers in providing attachment and trauma informed care in a residential childcare setting is the turnover of staff, with each staff member who leaves representing another broken relationship for the young people with whom they worked. Residential childcare workers are asked to provide immersive care for some of the most vulnerable young people in Scotland, and the nature of their role means many methods for managing vicarious trauma used in other professions cannot be used to full effect. Embodiment approaches offer staff strategies they can use in the moment to calm and anchor the young person, as well as themselves, without relying on verbal communication. Embodied supervision practices allow staff to expand their understanding of themselves, their experiences, and their potential, which is particularly valuable in a field where long-term outcomes for young people remain inexcusably poor.

We need to keep expanding our understanding and use of supervision to contain and care for frontline staff, and I see many applications for the practices outlined by the contributors to *Embodied Supervision*. The common thread throughout the book is the reminder of our own intuitive expertise, should we take the time to listen. I wonder how often we already know what a young person needs, with the obstacles to providing it lying in not listening to our intuition and trusting what we hear.

Through understanding embodiment and other ways of working with trauma, staff can provide healing experiences for their young people at every stage of their placement and can empower themselves to realise their expertise and capacity for effecting change, while also empowering the young people to recognise their own resilience and abilities. For example, at a conference in London, I listened to a dance movement psychotherapist describe her use of mirror neurons with a client in crisis; the client was in her thirties but when re-experiencing her childhood trauma, she would become a highly distressed child unable to verbalise. The therapist noted her desire to comfort the distressed child, and her inability to do so due to the client being stuck in a fear response within which physical contact with an adult would be unwelcome. Instead, the therapist utilised mirror neurons by sitting in front of her client with a cushion on her lap, which she gently stroked while rocking slightly. She played out the

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comfort she wanted to offer her client on the cushion, incorporating rhythm as a grounding technique, and used her own body rocking as further rhythm.

In my own practice, I have seen the usefulness of rhythmic games such as catch in easing a young person back from overwhelm, such as using scrunched-up paper as a football for passing back and forth across a table in a busy café. These techniques, and others within the book, empower both staff and young people; as staff we regulate ourselves through helping regulate the young person, thereby increasing our confidence in our professional mastery, and the young person experiences true connection with an adult and learns strategies they can use with others or by themselves, whenever needed. In supervision, we can experience the holding and connection we offered the young person given back to us, while learning further strategies we can use and share.

About the author

Marianne Macfarlane is the Therapeutic Services Co-ordinator for Common Thread, a residential childcare provider with houses and schools across Scotland. Marianne has worked for Common Thread since 2011 and is interested in the impact of complex trauma on both the young people and the adults caring for them. This book review represents the author's own view.

The review author was reviewing their own copy of this book.

Book Review

The White Bird Passes

By Jessie Kesson

Publisher: Black & White Publishing

ISBN: 978-1873631690

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The White Bird Passes is an autobiographical novella published in 1958 by Scottish writer, playwright, and poet Jessie Kesson. Born in a workhouse in 1916, she lived in a back lane slum in Elgin until she was eight, when her single mother was judged to be unfit, and Jessie was sent to an orphanage. There she received a basic education, showing sufficient promise for a university place to be discussed. She later referred to this time as 'the golden years'.

I first became aware of Jessie Kesson in 2021 when novelist Jenni Fagan and actors Genna Allen and Chloe Wyper adapted one of her plays, *You've Never Slept in Mine*, for the Edinburgh International Book Festival. I then read her fascinating biography; *Jessie Kesson: Writing her life* by Isobel Murray, before progressing on to this book. With poverty and *The Promise* so much in focus at the moment, now seems like a good time to revisit this novella, published 65 years ago and describing the care system a century ago.

Jessie Kesson's childhood and experiences of care were often the focus of her work. Her early stories, in *The People's Journal* and *The Scots Magazine*, led to her writing radio plays for BBC Scotland. Again, she referenced her life in the lanes of Elgin, her childhood, and her memories of her mother. Themes and

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stories overlapped as she constantly re-imagined her past, teasing out finer details and re-aligning facts in order to make each iteration truer than the last.

Finally, these polished, hardened stories became the basis for this, her first book, which is a series of vignettes told through the eyes of eight-year-old Janie. It tells of her life in a poor, crowded slum, Our Lady's Lane in Elgin, in the 1920s. For Janie and her friends, the lane is home, with all the feelings of warmth and security that are associated with the word.

The White Bird Passes divides Janie's life into two periods - a few weeks in the lane as she and her mother struggle against poverty, and then the years spent at the orphanage, which culminated in her preparing to leave for a new life outside of care. Young Janie is spirited and active and the lane offers excitement and adventure. At the orphanage Janie is dutiful and more disciplined, but retains her daring streak.

The prose is pared down to the minimum, with little space for description. It is the vibrant characters who create the world, and their authentic dialogues which drive the story forward. This style does work, but the reader is left wanting to know more. There are certainly enough characters and threads of stories here for both Janie's life in the lane and then in the orphanage to make full novels in themselves.

The main themes of the book are poverty and abandonment. Janie's poverty is obvious, from the single room she shares with her mother, Liza, to her lack of shoes and clothes, and her need to beg for food and money. The slum is a tight-knit community with a strict – and enforced – pecking order. Janie lives in a world dominated by women who are proud, brittle, resilient, defiant, vulnerable, and strong.

Liza had been abandoned by her family, and Janie felt the abandonment of having no father (although she created one in her imagination). Liza was determined not to abandon her daughter, but ultimately failed, and when she later makes a solitary visit to the orphanage, the relationship between them has been broken.

Yet, through it all shines the enthusiastic, life-affirming wonderment of Janie, who spends her days cadging coppers, avoiding the child welfare officer, visiting her traveller friend, and dreaming that one day she and Liza could live in a house in the country with a garden and a goat.

At the orphanage Janie grows into the routine and thrives at school. But when the chance of university is raised, it is decided that her poor and disrupted background is not suitable for higher education. This decision to thwart Janie's potential is fiercely resented. As the orphanage trustees consider an appropriate future for her – an under-housemaid, or a farm worker perhaps – she angrily replies 'I don't want to dust and polish, and I don't want to work on a farm. I want to write poetry. Great poetry. As great as Shakespeare.'

The characters in *The White Bird Passes* are not broken – but almost; not hopeless – but almost. They suffer the relentless adversity of their poverty, taking pleasure in small comforts and victories. Janie's childhood is hard, but she is loved. Her life undoubtedly improved at the orphanage, in terms of health and regular education, but wrenching her away from her mother broke their nurturing bond.

This book reminds us how rudimentary social care was a century ago. Janie and Liza had only the parish to help them. They feared the authorities more than hunger and their only support was from impoverished neighbours. Janie was removed because her mother was poor, and sent a hundred miles away, beyond her mother's love. The orphanage was largely hidden away from local village life, and Janie was prepared for domestic service. The language in the book, like the attitudes, can be jarring and unforgiving. The trustees regard their wards as irredeemable, the damage unmendable. Janie suffers from a 'disintegrated personality', her flaws are 'bred in the bone'.

After leaving the orphanage, Jessie had a breakdown and spent time in hospital. She was then 'boarded-out' on a farm. Boarding-out was a common way to re-introduce institutionalised children and young people into society, where they would benefit from hard work and hard religion. She married and spent 15 years as a cottar – a tied farm worker – in Aberdeenshire. Despite the hard work and poor pay she found strength enough to write.

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Jessie Kesson later worked as a producer and writer for the BBC's Woman's Hour. She wrote four books, over 100 radio plays, numerous articles and poems and had a family. In 1948 she was invited to give evidence to the Scottish Advisory Council on Child Care about the boarding-out system.

Jessie Kesson's early life was not unusual. Poverty dominated communities just after the Great War. But her determination to write and her constant re-visiting of her childhood, paring down those early memories and experiences to their essence, have produced a moving insight into common life and care experience in northern Scotland in 1920s.

About the author

Jeremy Bayston has spent most of his career in print media. He has worked at CELCIS for three years and is part of their communications team.

The review author was reviewing their own copy of this book.

Book Review

Improving outcomes for Looked After children

By Jacqui Horsburgh

Publisher: Emerald Publishing, 2022

ISBN: 9781800710795

Corresponding author:

Seonaid Graham, Lead for Care Experienced Learners, Glasgow Virtual School

Improving Outcomes for Looked After Children offers an evidence-based and practical account of ways in which practitioners can help improve educational outcomes for care experienced children. The author sets out clearly the rationale behind this, in that many children who are care experienced have historically underperformed academically compared to their peers. The author outlines reasons throughout the book as to why this may be the case and highlights the importance of teacher and peer relationships as a supportive strategy for improvement. Examples contained within the book discuss and reflect on the importance of learning with and from peers, alongside socio-cultural learning to support improvements in educational outcomes. Early on the author makes clear the value of each person's role in Corporate Parenting and that care experienced children belong to everyone, thereby highlighting the need for Corporate Parents to continue to work together to ensure children feel loved, safe and respected. The benefits of establishing a sense of belonging for care experienced children and them knowing that someone believes in them is clearly outlined.

The book contains seven well developed case studies from primary aged children, which highlight the impact on learning across different care settings, including living in kinship care or a children's house. Interviews with the *Scottish Journal of Residential Child Care: An international journal of group and family care experience* 2023 Vol.22, No.1

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children, their carers, and key education staff highlight features of the social context the young people live and learn in. Throughout the case studies the author highlights the need to ensure high expectations, a strengths-based approach, resilience, and confidence building opportunities, along with internal motivators for learning. This is strengthened by the significant value placed on giving care experienced children opportunities to support other children and young people in their education setting.

A particular theme throughout the book, which the author returns to often, is the benefit of care experienced children taking part in collaborative work with peers. This is to allow learners to work together and be peer-led rather than teacher-led. There are also examples given of effective strategies to engage and support care experienced children, such as checking in with them and attuning to their feelings, in order to build a positive and meaningful relationships to help meet their individual needs. Focus is placed upon transitions and the importance of positive, consistent, and objective information being passed on to both school and carers, especially for care experienced children moving between local authorities.

The book emphasises the benefits of whole school nurturing approaches so that teaching staff are supported to fully understand the impact of being care experienced, to include developmental trauma, attachment needs, and barriers care experienced children may face when engaging in learning. Further focus is given to the importance of building secure and stable relationships, both in school and within the wider community, to instil a sense of belonging, alluding to the fact that this can take time. Agency alongside pupil voice is another key strategy and approach described to improve outcomes. This involves young people specifically in the decision-making process and allowing extra time for learning to occur in a safe and supported environment guided by the learner. A helpful aspect of the strategies outlined in the book is the relevance to good learning and teaching that could benefit all learners in a nurturing school environment.

Each case study concludes with a very helpful guide for practitioners and school leaders, including points for reflection and an audit tool. This can be used in a

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practical and reflective way by school leaders to help plan, improve and evaluate the intended outcomes, to support care experienced children further. Final focus is given to exploring assumptions and shaping practitioners' views, such they are encouraged to hold a non-biased, positive, equitable and inclusive view of a care experienced child. Building capacity within schools beyond the designated manager is highlighted so that the wider teaching staff have autonomy to support and champion care experienced children's learning needs. A designated manager is the person in educational establishments who has overall responsible for care experienced learners. They are usually a member of the senior leadership team.

This book is clearly written and engaging to read. The author draws upon her own extensive experience within education in Scotland, as an education inspector and as an international education consultant. She uses inclusive language and throughout the book suggests strengths-based practical approaches to improve outcomes. The book can feel compact at times due to the chapter descriptions, however, the last few chapters pull the main themes together in a clear and cohesive manner.

The final chapter highlights that practitioners working with care experienced children are the greatest resource to support improvements in learning to include social and emotional learning alongside health and wellbeing.

This book reaches out to any professional working with care experienced children and young people and is hugely relevant to education staff and school leaders as agents of change. Whilst written in the Scottish education system context there is a helpful chapter at the start looking at the international perspective.

Recommendations and reflections throughout the book will be of general use to any practitioner working with care experienced children and young people nationally or internationally. The research referenced within the book also stretches across many different sectors and settings and offers evidence-based support to the recommendations contained within the book.

About the author

Seonaid Graham is the Lead for Care Experienced Learners in Glasgow Virtual School. Prior to this Seonaid was seconded as a Senior Educational Psychologist into the Care Experienced Team. Seonaid has worked as an Educational Psychologist and before this as a Primary School Teacher. Alongside her Residential Children's House colleagues Seonaid successfully led on the implementation of 'How Nurturing is Our Children's House' programme in Glasgow.

Emerald Publishing Ltd provided free access to an electronic version of this book for review.

Book Review

Children in care 1834-1929: The lives of destitute, orphaned, and deserted children

By Rosemary Steer

Publisher: Pen & Sword History, 2020

ISBN: 152672801X

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As a non-historian who has become immersed in family history research and the history of care services, I found this book fascinating. I appreciated the clear writing, depth of archival research, meticulous referencing, and advice on further reading.

Central to the book is Steer's study of the lives of more than 300 children who were in the care of a local charity in the village of Dickleburgh in Norfolk, England. That charity was taken over by The Waifs and Strays Society, which ultimately became The Children's Society. Steer's research is compiled from a variety of sources, including charity and poor law records, census returns, newspapers, and published personal accounts.

I wish that as a student I had read more about the social history of welfare and children's services, and so I commend this book to today's students. The emerging themes – and the political and personal motivations, explicit and implicit, affecting care provision – are surprisingly familiar. The UK's rapid industrialisation in the nineteenth century laid the conditions for inadequate housing, poor sanitation, overcrowding, disease, and precarious employment.

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The efforts of social reformers were kept in check through pervasive attitudes about the natural order, with the labouring classes firmly placed at the bottom.

The pernicious nature of these attitudes, leading to blaming the poor for their situation, is demonstrated in the 'reform' of the poor law system in the UK which produced the infamous Poor Law Amendment Act 1834. This did introduce education to the workhouse, but not enough to lead to the poor questioning prevailing attitudes which equated poverty with idleness, and '...workhouse conditions were made harsher to act as a deterrent' (p.20).

Steer's book includes significant chapters on the world of the deprived child and the reasons children came into care, quoting extensively from case files, as well as on the work of household-name charities like Barnardo's and Quarrier's. In her chapter on 'boarding out' (what we now know as foster care), Steer makes the point that this '...was a key feature of the Scottish poor law system, especially after the new poor law of 1845, but there was much slower take-up of fostering schemes by poor law authorities in England' (p. 111). She quotes from a Board of Supervision for Scotland report of 1852, which raised concerns about boarding out following a case of neglect and inadequate supervision but concluded: 'in the vast majority of cases, the children appeared to be treated with kindness and often tenderness' (p. 113).

The chapter I found most difficult to read deals with the notorious practice of child migration: '[in] the view that emigration to the wide open spaces of the young country of Canada [and other parts of the former British Empire] would give the children a fresh start away from poverty and crime, which would be good for the nation as much as for the children themselves' (p. 137). I learned from this chapter that the Canadian government agreed to inspect migrant children annually and created the post of Inspector of British Immigrant Children and Receiving Homes, the sole holder being George Bogue Smart from 1899 to 1933. This official inspection role did not involve asking children directly about their experiences, in contrast to an earlier inspection on behalf of the Local Government Board of England carried out in 1874-5 by Andrew Doyle, a Poor Law inspector in his mid-sixties, who travelled throughout Canada and interviewed 400 children as well as their employers and adoptive parents. Doyle

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appeared to have identified all or most of the appalling inadequacies in the migrant schemes, but, sadly, his criticisms were vigorously rebutted.

By coincidence, I am writing this a few days after the Scottish Child Abuse Inquiry (2023) published its case study report on Child Migrants' Experiences, which includes among its conclusions: 'All children were migrated through a scheme that did not regard them as individuals and took no account of their individual needs and vulnerabilities' (p. 341), a view reached by Andrew Doyle which if it had been heeded could have prevented the isolation, abuse, and misery of so many children.

References

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The review copy was purchased by the reviewer.