Scottish Journal of Residential Child Care

An international
Journal of group and
family care experience

WWW.CELCIS.ORG/SJRCC

VOLUME 20.1

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Editorial

Graham Connelly

This is now the third SJRCC editorial I have written during the COVID-19 pandemic. Since the last issue, several vaccines have received approval from regulatory authorities and the news on their efficacy is very good. The World Health Organization reports (18 February 2021) that seven vaccines are being deployed, and more than 200 vaccines are in development, more than 60 of which are at clinical research stages. Wealthier countries are farther along in vaccine roll-out, with Israel and the UK out in front. The real challenge is to ensure equitable distribution on a world scale. The WHO has developed the COVAX Facility as a mechanism for pooling vaccine procurement and distribution to middle and low-income countries.

Children are not priority candidates for receiving the vaccine, because the evidence is that fewer children get sick with COVID-19 compared to adults, though they can spread the virus, including asymptomatic spread. Children and young people, however, have been major casualties of the pandemic in other ways. Schooling has been significantly affected in most countries. School and college education has variously moved online, but access to digital learning is sharply differentiated by country and by level of family income. According to UNICEF, only 33 per cent of children and young people globally have internet access at home, with 87 per cent coverage in high-income countries, compared to six per cent in low-income countries.

During the crisis, there has been a growing body of research aimed at better understanding the real lives of children, young people and their families, and how these are being affected by the current circumstances.

For example, research carried out by CELCIS and the University of Edinburgh examined digital inclusion and exclusion on young people who had left care in Scotland during the pandemic. The researchers found challenges including lack of hardware and access to stable broadband or Wi-Fi as well as gaps in digital confidence and literacy. The researchers point out that digital exclusion is a human rights issue, with consequences for mental health, educational and employment opportunities, and access to vital support.

Towards the end of 2020 the Scottish Government published a summary of Scottish and UK evidence on the impact of COVID-19 on wellbeing of children and young people. Food poverty, and increased anxiety and isolation were consistent findings across the studies reported.

Also in Scotland, 5 February saw the one-year anniversary of the publication of the conclusions of the Independent Care Review, and the appointment of members of an Oversight Board responsible for ensuring that Scotland 'keeps the promise' to improve its care system for children and young people. During 2020, 'The Promise' team distilled these conclusions into reports on particular aspects of the care system and the vision on what needs to change. For residential care this is summarised as follows (The Promise, 2020, p. 2).

- Residential Homes and Schools must prioritise the quality of relationships that children experience in residential settings.
- Staff must be recruited on the basis of their values rather than educational levels.
- Children must not be further stigmatised, and any rules that do so must end.
- Scotland must strive to become a nation that does not restrain its children.
- The workforce must be supported to ensure a caring, relational and trauma-informed response to challenging behaviour.
- Decision making processes must involve children and prioritise their rights and needs.
- Scotland must stop the criminalisation of care experienced children by supporting the workforce to behave and treat children in a way that is relational rather than procedural and process driven.
- The importance of relationships cannot be overstated – Scotland must nurture and sustain positive relationships for care experienced children.

In January 2021 the Secretary of State for Education for England announced an independent review of children's social care. The terms of reference include examination of early years help, child protection, fostering and kinship care, and residential care homes, as well as the family support measures needed to prevent children having to enter care.

Back in Scotland, a Bill to incorporate the UN Convention on the Rights of the Child into Scots Law is progressing through the Parliamentary process. The office of the Children and Young People's Commissioner Scotland has provided very accessible information about the Bill, including the advantages of legal incorporation, on its website.

In Ireland, the Commission of Investigation into Mother and Baby Homes published its final report in January. This very substantial report describes in shocking detail the distressing history of 14 mother and baby homes and four county homes for young women who became pregnant outside marriage. Around 56,000 mothers, aged from 12 to the 40s (80 per cent were aged 18-29), and 57,000 children were put by their families into homes run by religious societies because of the stigma of illegitimacy, the largest numbers during the 1960s and early 1970s. A further 25,000 mothers and a larger number of children placed in the county homes, mostly pre-1960, were not investigated. A very high proportion (15 per cent) of children born in the institutions died, a rate which was much higher (40 per cent) in the 1930s and 1940s. The Commission notes that what was 'disquieting' was that the high mortality rate was known to the authorities. The report outlines in detail the conditions of the individual institutions, pieced together from official records and the testimonies of witnesses, as well as the 'boarding out' of children in foster homes and the process of adoption as it changed over time.

Spring 2021 issue

We will publish two issues in 2021, in spring and autumn. The autumn issue will seek articles on the theme of SIRCC Online (date to be announced), and that theme will be circulated soon. During the year we will also highlight articles from our substantial archive which now extends to almost 20 years of publication.

The current issue includes four original research papers and five shorter articles. The longer research papers are peer-reviewed by at least two members of the editorial advisory board, while shorter articles are reviewed by one member.

Philip Teer of Children's Community Services in Belfast has reviewed the literature on the role of informal networks in young people transitioning from care, concluding that research highlights the emerging importance of interdependent living programmes to complement traditional independent living programmes and the important role relationships have for wellbeing and improving life outcomes for care leavers. Rosie Urquhart-Stewart and Nicola Wylie, psychologists at NHS Fife, report on their research to elucidate how young people and the workforce experience labels in a secure and residential service. Their study which used grounded theory and ethnographic methods found that 'young people and the adults working to support them perceive that much of the everyday language they experience are labels which they often regard as negative and not conducive to empowerment'. Yesha Bhagat and Barbara O'Reilly of the Institute of Integrated Systemic Therapy report on their case study research of the feelings of residential managers on children leaving homes, something they found was not much reflected on. Tara Collins and colleagues from the School of Child and Youth Care at Ryerson University, Canada report on child rights education for young people involved in child welfare services, concluding that this 'has been underutilised in its capacity to improve the way child welfare services generally and residential services in particular are delivered'.

The first short article, by Paul Sullivan of CELCIS, explains how 'Musicares' is helping to heal trauma and support the development of supportive relationships during the COVID-19 pandemic. Phillip Mendes of the Department of Social Work at Monash University, Australia considers the policy context and outcomes of support beyond care in the State of Victoria, Australia. Claire Lightowler of Children and Youth Centre for Justice at the University of Strathclyde, with Bruce Adamson and Maria Galli of the office of the Children and Young People's Commissioner Scotland, reflect on why a high proportion of children who have not been tried or have not been convicted are deprived of their liberty in

Scotland. Paul Sullivan of CELCIS and Beth-Anne Logan, chair of the secure care advisory group, STARR, describe the national standards for supporting children and young people in secure care in Scotland. Finally, Alexandra Giordano, social work students and residential worker with Glasgow City Council, considers messages from the literature on risk assessment toolkits and intervention strategies that are helpful for those working directly with looked after children.

The issue ends with a review by me of Madeleine Bunting's book, 'Labours of Love: The Crisis of Care' (Granta, 2020). Madeleine gave the 18th Kilbrandon Lecture at the University of Strathclyde on 18th February 2021. Her lecture, facilitated by online webinar, is available in a new web-based archive devoted to the Kilbrandon Lectures.[1]

Reference

The Promise (2020). *Residential care*. www.thepromise.scot

About the author

Dr Graham Connelly CPsychol is the editor of the Scottish Journal or Residential Child Care and an honorary senior research fellow with CELCIS and the School of Social Work and Social Policy in the University of Strathclyde. Graham's research interests have ranged over alternative care internationally and more particularly the education of care experienced children and adults. He is a non-executive director of Kibble Education and Care Centre, a trustee of MCR Pathways school-based mentoring programme.

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[1] https://www.strath.ac.uk/humanities/schoolofsocialworksocialpolicy/thekilbrandonlectures/

The role of informal networks in the lives of young people transitioning from care: A review of the literature

Philip Teer

Abstract

Young people leaving the care system face significant challenges when making the transition to adulthood, with limited support from other agencies. Their outcomes are significantly poorer than those of their non-care peers. This review aims to synthesise recent research on informal network support for care leavers making the transition to adulthood.

Method: A systematic search was undertaken using three bibliographic databases: PsycINFO (Ovid platform), Social Care Online (SCIE) and Social Services Abstracts. Systematic searching identified three concepts: "children in care", "transition" and "social networks". Ten articles were identified for inclusion.

Findings: Informal networks play an important role in promoting wellbeing and better outcomes in adulthood. There is also growing recognition of the importance of an educative approach to strengthen young people's internal resources, increase their ability to develop relationships and to raise awareness of the difficulties care leavers have in developing relationships due to trauma.

Conclusion: Recent research highlights the emerging importance of interdependent living programmes to complement traditional independent living programmes and the important role relationships have for wellbeing and improving life outcomes for care leavers. The review identifies opportunities for further research to explore the development of interdependent approaches before the transition from care to adulthood.

Keywords

Children in care, transition, social networks

Corresponding

Philip Teer Team Leader, Residential Childcare Programme, Children’s Community Services, Belfast Health & Social Care Trust, 585-587 Crumlin Road Belfast, BT14 7GB, philip.teer@belfasttrust.hscni.net

Introduction

The link between leaving care and poor life outcomes is well established. Care leavers are poorly equipped prior to transition and subsequently experience loneliness, isolation, poor mental health, unemployment, poverty, drift and homelessness (Stein, 2005).

Numerous papers and reports have highlighted such shortcomings and offered recommendations aimed at supporting care leavers. For example, the policy document *Care Matters* (DHSSPS, 2007) highlights the need to strengthen support for young people leaving care as they make the transition to adulthood. Nevertheless, the quality of support for care leavers remains patchy, and the 'longstanding problem' of poor outcomes (National Audit Office, 2015, p. 5) continues to present challenges for policymakers and governments, both in the UK and internationally.

Prior to leaving care at eighteen, young people can experience nurturing relationships with carers who provide ongoing emotional and practical support. While a small number in Northern Ireland may stay in foster placement until 21 as part of the Going the Extra Mile (GEM) initiative, the majority of young people will leave their care placement before turning eighteen. The post-care framework significantly decreases the support that young people receive, whether they have been in a foster or residential placement, and most make the journey out of care largely on their own (The Centre for Social Justice, 2013). Literally overnight, some will move from their care placement to independent living in the community with a limited network of people around them. As one care leaver put it, "I never left care, care left me" (The Centre for Social Justice, 2013).

Research on care leavers suggests their transition out of care and into adulthood is 'compressed and accelerated', placing unrealistic responsibilities and expectations on them (Stein, 2012). Furthermore, predisposing factors related to early trauma can impact on their ability to trust others, affect emotional development and increase the likelihood of isolation (Smith, 2011).

In 2017/2018, there were 313 care leavers in Northern Ireland (DOH, 2018). The Health and Social Care Services (NI) retains responsibility for supporting young people post-18 into early adulthood. This responsibility was strengthened by the Children (Leaving Care) Act (Northern Ireland) 2002, which placed additional duties on the Trust to improve the life outcomes of young people leaving care through a Pathway Plan prior to leaving care. While the legal framework is clear, the system is not working effectively to deliver good outcomes (National Audit Office, 2015). For example, while the Pathway Plan includes consideration of support, identity, social needs and family relationships, in practice these elements are often missing, with practical aspects of transition, such as housing, training and employment, receiving primary focus (Munro, Lushey, Ward & National Care Advisory Service, 2011).

Recognition is emerging of the important role informal networks and relationships play in determining the quality of life after care (Winter, 2015). Various studies in this review have identified that strong relationships and supportive networks enable young care leavers to meet the significant life challenges they face and help to improve outcomes.

That said, the benefits of informal networks for care leavers have not received sufficient theoretical or policy focus to date (Dima & Pinkerton, 2016). This review therefore has four objectives: (1) identify and evaluate evidence from research on care leavers' experience of informal networks when making the transition from care; (2) explore how informal networks influence their adjustment to adulthood; (3) present recommendations for further research; and (4) stimulate discussion to influence practice and policy regarding preparation for leaving care.

Limitations

The author is a team leader in a long-term residential home for young people aged twelve to seventeen which is part of the Belfast Health and Social Care Trust, Children's Community Services Directorate. The nature of this role, which involves working with care leavers transitioning out of residential care, with particular focus on their emotional needs, elevates the risk of confirmation bias (Nickerson, 1998) or overcompensation to avoid bias in the selection process. These factors may have influenced the selection of studies and the focus on areas relevant to the author's own interests at the expense of others.

Method

A systematic search was undertaken using three bibliographic databases: PsycINFO (Ovid platform), Social Care Online (SCIE) and Social Services Abstracts. Systematic searching identified three concepts: 'children in care', 'transition' and 'social networks'. Of the 161 studies retrieved initially, ten articles were identified following expansion and amendment of the search terms as being pertinent to the review topic and meeting the inclusion criteria.

Inclusion criteria

The primary focus of this review, and therefore of the studies selected for inclusion, is on informal networks. A significant challenge in the selection process was the lack of an agreed definition of this term. For the purposes of this review, informal networks include those adults in the community who do not have a paid role in the young person's care and with whom the young person has a personal significant relationship. These include biological and extended family members, mentors, former carers, foster carers and individuals from community organisations.

To be selected, studies must have been peer reviewed and published in English between April 2018 and January 2000. This time range ensured content was relevant to current policies and practices. The selected studies varied in size, geographical location and age of participants, and include both residential care settings (n=5) and foster care settings (n=5). They also varied methodologically, with data collected through interview, survey and focus groups involving various participants, including care leavers, carers, and caseworkers.

Findings

Emerging themes

- Informal networks and interdependent approaches can play an important role in helping young people transition out of care;

- Negative experiences in early childhood and placement disruption create additional challenges to forming meaningful relationships and support networks;
- Educational and learning approaches help young people develop relationship skills and help significant adults understand the difficulties care leavers have in making connections;
- Care leavers receive different types of support from various people through informal networks;
- Prosocial activities create opportunities for care leavers to develop informal network support.

Role of informal networks

Across the studies, there was recognition of the important role of informal networks that include various family members, peers, naturally occurring mentors, and community groups (Collins, Spencer & Ward, 2010; Dinisman, 2016; Dima & Pinkerton, 2016; Sala-Roca, Biarnés, García & Sabates, 2012). Across these studies, four main social support figures were mentioned: care system staff (foster parents, caseworkers, and home staff) representing formal networks; and family members (biological parent, siblings, and extended family), mentors, and peers representing informal networks (Sala-Roca et al., 2012).

Frimpong-Manso (2017) found that those involved in formal networks and services, including foster carers and home staff, gradually take on an informal role such as significant adult or mentor after transition. However, this change from a formal to an informal role appeared to be limited, the exception, not the rule.

Both Dima and Pinkerton (2016) in Romania and Frimpong-Manso (2017) in Ghana examined outcomes for care leavers in countries where there is little or no formal support. In this regard, they are unlike the other eight studies, which were located in countries with formal aftercare services. Dima and Pinkerton’s (2016) mixed-method study comprised three stages of data collection. The first phase involved semi-structured interviews with 34 young people who had left residential care two to four years earlier (between 2004 and 2006). This data was analysed qualitatively using Interpretative Phenomenological Analysis (IPA). Two further waves of data collection followed in 2016. The first of these involved interviews with two young people and file data. The second involved a focus group of six other care leavers who were involved in an aftercare programme. Thematic analysis of both datasets was conducted.

The study provided a unique perspective on informal support that highlighted the important role played by peers in providing emotional and practical support to care leavers and identified the practice of discharging young people in small groups and setting them up in accommodation to live together in the community. Its findings suggest that informal networks, particularly care peer support networks, are very effective in supporting care leavers through challenges such as accommodation, relationships and instability in the absence of formal networks. However, the study also highlighted the disadvantages of peer support. For example, peers can be fluid and perpetuate negative behaviour and a care identity. The authors conclude that special attention should be given to learning from countries where there is an absence of formal support and suggest that informal networks may be the ‘richest resource available to those who have left care’ (Dima & Pinkerton, 2016, p. 424).

Like Romania, Ghana is a country with little formal aftercare support. Frimpong-Manso’s (2017) qualitative study sampled a group of 29 former residents of a care home in Ghana from which the young people experienced a graduated and extended transition to the age of twenty. In examining the sources and types of support as well as the barriers to social support in the absence of formal support the author found that the role of care staff changes from formal, professional SOS carer to informal mentoring. The findings suggest that the graduated transition process was a factor in maintaining these strong relationships well into adulthood.

The importance of family support was evident in a number of studies. Most young people named their biological mother in particular as an important influence, even if they found their foster parents supportive when they were in their care. In contrast, biological fathers were rarely mentioned in these studies (Nesmith & Christophersen, 2014; Collins et al., 2010; Jones, 2013).

Jones' (2013) qualitative longitudinal study examined the adjustment from foster care and the level of social support. The author conducted structured interviews with 97 young people over a two-year period at six months, one year and two years. Highlighting the important role of biological and extended family in a care leaver's network, Jones (2013) suggested that the ties with family remained strong even when a young person spends a long period in care. Some contradictory findings regarding family support were reported, however. For example, the study found that while biological family can be a great source of support, young people who return home did more poorly than young people living independently because of previous family problems.

Furthermore, the prominence of family during transition reported by Jones (2013) contrasted with the findings from other studies that suggested family provided limited or no support to care leavers (Sala-Roca et al., 2012; Frimpong-Manso, 2017; Dima & Pinkerton, 2016). These studies suggest various reasons for this, including the family's belief that the residential home meets most of the young person's needs post-care or the presence of substantial relationship difficulties that led to the original family breakdown. Nevertheless, Jones' (2013) main finding was the need for professionals to engage much more proactively to reconnect young people with their family members.

The importance of family in supporting care leavers was highlighted also by Collins et al. (2010), whose mixed-methods study sought to examine care leavers' social support and outcomes and to identify types and characteristics of supportive relations. Qualitative and quantitative data was collected from 96 young people discharged from foster care, aged nineteen years and above, through in-person interviews using a combination of closed survey and open-ended questions. Descriptive analysis was used to summarise young peoples' views of their social support.

The relationship between social support and self-reported youth outcomes was examined through bivariate analysis. Most young people (90%) in the study had contact with their birth family and identified the birth mother as the most significant person. The birth father, by contrast, did not feature as a significant person. Both these findings were echoed in other studies. Like Jones (2013), Collins et al. (2010) recommended further assistance for care leavers to facilitate reconnection with their birth family. These studies suggest that little is known about the benefits and problems that may stem from reconnection with family after care and that more attention on family is required in support plans prior to discharge.

The impact of early negative experiences and placement disruption

Daly (2012) used a mixed-method approach of survey and interview to collect data on 65 young people aged seventeen to eighteen currently involved with aftercare services in North Dublin. A survey questionnaire was used to retrieve data from participants' case files, including care history, education, accommodation and health.

A follow-up survey was distributed eight months later to the same participants. The survey data was complemented by semi-structured interviews with the caseworkers (n=8) who had provided the survey data and eight young people drawn from the original group of 65. These interviews aimed to provide an in-depth view of young people's experiences of leaving care and aftercare service, as well as practitioners' views of emerging issues working with the group of 65 care leavers.

The main method of the study was quantitative. Because the question posed by the title of the study, *What do Young People Need When They Leave Care?,* is very broad, numerous aspects of care leavers' general needs were addressed rather than a specific topic. Nevertheless, some of the findings were relevant to the topic of informal networks. In addition to highlighting the views of significant adults and identifying relationship characteristics from a care leaver's perspective, Daly (2012) suggested that instability and placement moves in a young person's care history increased the likelihood of frequent accommodation moves after care. This finding echoes established theory, which suggests that placement movements can re-traumatise young people and impact negatively on their future ability to develop relationships and make connections (Bowlby, 1980).

Daly's (2012) findings highlighted the negative impact of repeated network disruption on the wellbeing of young people, which compounds the challenge of creating supportive networks prior to leaving care. The study also recommended assessment and planning around emotional needs. Like those from other studies in this review, this finding is in line with the overwhelming view from young people regarding the importance of having someone they could turn to in times of need and an adult they could trust and rely on.

Educative and activity approaches for young people

A number of studies highlighted a growing recognition of the need to help young people strengthen their internal resources through educational approaches that increase their competence, coping skills, and self-efficacy, thereby promoting social connection and creating supportive networks.

Nesmith and Christophersen (2014) assessed the benefits and effectiveness of an American foster model entitled CORE (Creating Ongoing Relationships Effectively), which was designed to improve care leavers' transition to adulthood. The model engaged others involved with the young people such as their foster carers.

Nesmith and Christophersen (2014) is a qualitative comparison study with a longitudinal element. The study sample comprised 88 young people who were currently in the care system and connected to one of two foster agencies. Both groups had similar demographic features and care histories. Participants ranged in age from fourteen to nineteen. One foster agency implemented the CORE model (n=58); the comparison group received traditional foster care (n=30). The primary data source was in-person interviews with the foster youths, who were interviewed twice, nine to eleven months apart. Two assessment tools were developed specifically for this study. The first, relationship competency assessment, was used both pre- and post-interview. The second assessment tool, quality youth relationship assessment, included a scale addressing areas such as trust, encouragement, and willingness to devote time to the young person.

An educational programme targeted at young people leaving foster care, the CORE model was designed to help them learn skills to develop supportive networks. The model focused on three areas: relationship skills to build supportive relationships, empowering young people to be involved in all aspects of the planning, and educating adults such as foster carers about the impact of trauma and its effects on young people. The programme included a twelve-week "Emotional Effectiveness Education"-session, which brought foster carers and young people together. The primary recommendation of CORE is that nurturing relationship programmes should supplement daily living skill programmes.

Nesmith and Christophersen (2014) concluded that the CORE programme yielded positive results in terms of helping older foster youths develop relationship skills and develop relationships with adults post-care. They recommended that programmes to nurture relationships should be promoted and incorporated into the independent living programme for care leavers, which places foster youths at the centre of planning and decision-making processes. They also recommended education programmes for adults working with young people regarding the impact of past trauma on present behaviour to help foster youths develop relationships. This is in line with other studies that have advocated an increased emphasis on an educative programme aimed at helping care leavers develop connections in the community with naturally occurring mentors or significant adults.

Sala-Roca et al.'s (2012) study involved 21 care leavers aged nineteen to 28 who had left residential homes in Catalonia, Spain. The study had a comparative dimension, as participants were selected based on the success or failure of their transition. Data was collected through qualitative, semi-structured, in-person interviews, conducted by two interviewers to minimise subjectivity, at a venue preferred by the young person. Topics included the young person's involvement in education, social relationships with peers, current social network, and housing problems. The interview content was analysed by means of an inductive classification process using analysis scales.

One finding from this study was that the group who experienced a successful transition had better social abilities, which was partly due to the socio-educative intervention by the homes. Most participants in this group reported enrolling in leisure activities and in extra-curricular activities which they felt helped them develop relationships. By contrast, the other group had problems with employment and society and appeared to have poorer social and emotional skills. They did not engage in activities and had a small social network. The authors therefore recommended that social and emotional education programmes be implemented to help young people in care develop abilities and create and maintain social relationships (Sala-Roca et al., 2012).

Both Sala-Roca et al. (2012) and Thompson and Greeson (2017) specifically suggested involving young people in extra-curricular activities to promote the acquisition and development of social skills. Furthermore, these studies highlighted the need to design programmes that will increase care leavers' opportunities in different areas of their lives.

Dinisman (2016) focused on 272 young people leaving care from a residential setting in Israel. Having identified a lack of emotional and tangible support in the participant group, the author recommended greater emphasis on relationship skills and emotional preparation for leaving care alongside practical skills development, designing programmes that strengthen internal resources through educative approaches to relationship skills building and emotional competency, and putting the young person at the centre at the planning process. The study also identified a need for specific leaving care programmes that provide opportunities to participate in pro-social activities to help young people build social networks and promote an interdependent approach.

Types of support

The selected studies reference different types of support in which various people are involved. For example, informative support, which includes advice, guidance, and provision of services to help young people cope with future challenges, is likely to be provided by care system staff (that is formal networks). Jones (2013) suggests that care system staff also provide 'instrumental support' relating to material aid, finance, and housing. Although Dima and Pinkerton's

(2016) findings suggest that peers, care peers, and friends were more prominent in providing an 'instrumental role', this could be due to there being limited, if any, formal support in Romania (Dima & Pinkerton, 2016). Despite these challenges, the young people quoted in these studies place a high value on trust.

Day-to-day emotional support was found to be provided on a primarily informal basis by peers, siblings, and significant adults in the community or naturally occurring mentors/significant adults (Collins et al., 2010; Dinisman, 2016; Nesmith & Christophersen, 2014). Young people themselves defined emotional support as someone who provides advice and comfort when they have a problem, as feeling valued and loved, and someone who they trust to share a problem and who believes in them (Dinisman, 2014; Frimpong-Manso, 2017; Jones, 2013). Interestingly, these definitions of emotional support seem to mirror the aspects of care young people may not receive in early childhood.

There was broad acknowledgement across the studies that young people recognise the importance of family support and the need for a feeling of closeness whether they are still in care, with family or living independently. Support from family is complex considering many young people enter care due to poor parenting and relationship breakdown at home. As Jones (2013) highlighted, some young people who returned to the family home after discharge did less well than peers who moved to independent living.

Collins et al. (2010) identified a need to think more creatively about how to tap into potential support from adults and to recognise that the composition of these networks and their effectiveness in helping care leavers in particular circumstances is not clear-cut.

Prosocial activities to develop relationships with others

Thompson and Greeson (2017) examined the extent to which involvement in prosocial activities is associated with naturally occurring mentoring, which they defined as 'supportive non-parent adults such as teachers, coaches, neighbours, and religious leaders' whom young people self-select. Questionnaires were administered through computer-assisted personal interviews to 720 foster children aged fourteen to seventeen prior to ageing out of care. The study suggests that environmental factors such as prosocial activities, community activities and clubs create opportunities for ‘protective natural mentoring relationships’ among foster youths who will be leaving care. However, the data collection method used in this study is a limitation, however, as computer-assisted interviewing may attract only computer savvy respondents. Additionally, the data in this study is self-reported and not verified through any other source of data.

Thompson and Greeson (2017) suggest that foster children who participated in prosocial activities (e.g. organisations, hobbies, clubs, church) were less likely to have no natural mentor. Their study attests to the importance of ensuring that this type of (naturally occurring) mentoring is self-selected by the young person and develops gradually without pressure or expectation. The authors suggest that this form of mentoring may be less prone to trust difficulties and more likely to be long term in contrast to formal mentoring, which can be time-limited and not self-selective.

Collins et al. (2010), Daly (2012) and Thompson and Greeson (2017) observed that the settings where relationships and networks can be developed encompass a wide variety of systems and people, including employment settings, schools, and community and religious organisations. Similarly, Sala-Roca et al. (2012) highlighted the importance of leisure and extra-curricular activities as opportunities for young people to learn and develop values, skills, and behaviours that promote relationships. Their data also suggests a link between getting involved in prosocial activities and developing supportive aftercare relationships, such as those with natural mentors.

Dinisman’s (2016) findings suggest that a young person’s readiness to leave care will mediate the effectiveness of network supports post-care. This finding is important, as readiness to leave will be determined by the quality of planning and leaving care programmes. Furthermore, Dinisman (2016) suggests that planning should include assessment of young people’s emotional needs and abilities and extent of social support prior to leaving care so that any concerns can be addressed in a timely manner. Likewise, both Sala-Roca et al. (2012) and

Thompson and Greeson (2017) recommend placing more emphasis on care planning for prosocial activities through community organisations/clubs to help the young person develop supportive relationships.

Discussion

Most young people growing up are likely to have well-established supportive networks of family members, peers, and other adults. However, this experience contrasts starkly with that of young people leaving care, who may have been separated from their families, communities, and school peers (Perry, 2006). Almost a quarter of care leavers in the UK, for example, will have experienced more than eight placements, disrupting relationships and leading to dislocation (Department for Education, 2012) and instability that may be further compounded by staff turnover (Stein, 2005). Various studies in this review suggest placement disruption re-traumatises young people and instils and compounds a deep sense of distrust in others, further limiting their ability to develop the important relationships they need to support and enrich their lives.

Dima and Pinkerton (2016) suggested that care leavers might have difficulty asking for help due to past negative experiences. Fewer than half the interviewees in their study mentioned the need for help to 'overcome tough times', and one interviewee explained 'that even if the majority of care leavers needed emotional support, they would not admit it' (Dima & Pinkerton, 2016 p. 420). In fact, one of the findings from the focus group in this study was that care leavers are more willing to offer emotional support than to ask for it. Similarly, various scholars, including Frimpong-Manso (2017), have observed that young people leaving care have difficulty trusting others. Both Sala-Roca et al. (2012) and Collins et al. (2010) suggest that the issue of trust is compounded by lack of stability and staff turnover, which can re-traumatise those who have already experienced loss and who harbour a deep sense of rejection. The vulnerability of this group informs Nesmith and Christophersen's (2014) contention that foster carers and other professionals need to be educated about the attachment challenges and other factors that hinder the ability of young people to connect with others.

A significant theme across a number of other studies (Sala-Roca et al., 2012; Daly, 2012; Thompson & Greeson, 2017) was that external resources such as relationships with adults, mentors and participation in the community are linked to increasing potential for better outcomes. Likewise, various studies suggested more planning is needed around young people's social and emotional needs prior to discharge (Dinisman, 2016; Daly, 2012; Sala-Roca et al., 2012). Many studies highlighted the importance of young people developing internal resources through role modelling, shared values, and relationship skills through relationships with other in their community (Thompson & Greeson, 2017; Sala-Roca et al., 2012).

The findings from this narrative review highlight a need for better support for care leavers. While informal networks can play an important role in helping young people transition from care and into adulthood, the studies also highlighted that predisposing factors associated with young people in care amplify the challenges of developing relationships, making connections, and asking others for help. Various studies suggest introducing educational programmes and promoting socialisation opportunities to help young people develop emotional resilience and the ability to connect with others.

Implications for practice

The findings from this review suggest that awareness is growing of the importance of informal network support for care leavers. Traditionally, there has been a focus on independent living skills as opposed to interdependent social connections and skills to help build relationships and promote the value system of a 'collectivist culture' (Frimpong-Manso, 2017, p. 195). However, there has been little research on how informal support networks may promote wellbeing (Collins et al., 2010; Dima & Pinkerton, 2016).

The review identifies the need to promote a learning agenda that will help care leavers develop relationships and informal supportive networks and simultaneously educate key adults on the challenges specific to care leavers and how best to support them. This narrative synthesis suggests that a variety of approaches could promote learning among young people regarding how to develop social networks and build relationships with potential mentors/significant adults in their community.

The review has identified a need for education not only of the care leaver, but also of those helping them. Attachment theory is fundamental when considering how people connect with each other and there should be more of a focus on the challenges young people with attachment issues face in developing a network of support. Some research has highlighted the need to ensure that the underpinning principles of the helping and enabling role of professional and significant adults includes an ability to 'believe in' (Dinisman, 2016) the young person. Arguably, there could be a tendency to have lower expectations of care leavers than of their non-care peers, which could be detrimental to the young person's confidence and sense of self-worth.

Approaches that help promote relationship building through education and socialisation are explored in these studies. Practice and policy must incorporate such approaches to ensure a more meaningful focus on the social and emotional needs of young people in care. Towards this end, foster carers, social workers and residential social workers must be educated about the importance of their specific role and undertake training in the skills required to help young people in care develop meaningful links to their community.

The studies all advocate further research to establish the flow of support and analyse network support. For example, Blakeslee (2012) examined the need to understand commonalities through more innovative research around network analysis with the aim of identifying the level of support to help inform policies and practice.

Dima and Pinkerton (2016) found that peer support was especially important in the absence of a formal support system. This approach is not without drawbacks, however. Some of the young people in this study eventually concluded that these same peers were holding them back by perpetuating negative behaviour and therefore decided to separate from them.

Sala-Roca et al. (2012) and Dinisman (2016) advocated more focus on designing a preparation programme to educate young people specifically in the development of relationship skills and to promote socialisation. Dima and

Pinkerton (2016) concluded that research is needed on the interface between formal and informal network to complement support for care leavers.

Conclusion

Various studies in this review acknowledged the importance of interdependent as opposed to independent living. Additionally, the traditional focus on attainment and tangible support is giving way to a recognition of the role of relationships in promoting health and wellbeing. Indeed, some emerging research suggests that it is their relationships with others, not the accruing of individual attainment, that determines the quality of young people's lives after care (Winter, 2015).

Practice needs to develop ways to support an agenda that promotes peer support, peer educators, mentoring, and network group conferencing. The important role of existing formal networks such as organisational services and foster carers cannot be overlooked, as they can provided much needed stability for young people. However, this recognition should be developed alongside a better understanding of informal networks. Learning from other countries where there is an absence of formal support should continue. Informal networks may not be the panacea, but this literature review suggests they represent a rich resource that should be developed.

Relationships and network support should have more prominence in pathway planning. In the assessment and planning process, emotional and social support are to some extent overlooked as professionals tend to focus on the practical needs of care leavers (Munro et al., 2011). Based on my professional experience, I would concur with this view.

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About the author

Philip Teer has working for Belfast Health & Social Care Trust, residential childcare programme for 16 years in various roles. Both in practice and management roles. At present Philip is a team leader of a new project aimed to provide additional support to young people and staff in residential care in the Belfast Trust.

’It’s all about you’: The hopelessness of labels for young people and the workforce in secure and residential care

Rosie Urquhart-Stewart and Nicola Wylie

Abstract

Practitioners and policy makers have become increasingly aware of the importance of language used around children and young people within the care system. Existing research on young people and labels largely focuses on the impact of diagnostic labelling. More general explorations of how care experienced young people perceive labels calls for in-depth qualitative enquiry. This study aimed to elucidate how young people and the workforce experience labels in a secure and residential service using grounded theory and ethnographic methods. Researchers were full-time psychology staff within the host organisation with an already established nurturing relationship with participants which allowed for a rich view of their shared experience. The study finds that young people and the adults working to support them perceive that much of the everyday language they experience are labels which they often regard as negative and not conducive to empowerment. The findings provide insight into the issues within the Scottish care system and present an opportunity for improvement with the need for minimal resources.

Keywords

Secure care, grounded theory, labels, hopelessness, residential care, Scotland

Corresponding author:

Rosie Urquhart-Stewart Assistant Psychologist, NHS, Stratheden, Cupar,
rosie.urquhart-stewart@nhs.scot

Introduction

Labelling is a phenomenon certainly not limited to residential childcare. It is known that if wine is labelled 'sweet' tasters are more likely to discern sweetness than they are in the same wine labelled differently (Pohl, Schwarz, Sczesny & Stahlberg, 2003). Classic sociological labelling theory (Hecker, 1965) posits that individuals' self-identity and behaviour could be influenced, or even determined, by the language used to describe, classify, define and portray them. There is no escaping the use of labels in residential childcare; whether we refer to children as 'care experienced' or 'looked after' or use clinical diagnoses to define characteristics there is little known about the impact of such labels within the care system.

The Independent Care Review (2020) in Scotland has highlighted that outcomes for children and young people who are care experienced are less positive than non-care experienced peers and recognised that much of the language used by adults and professionals around the care system is potentially stigmatising. Mannay et al.'s (2017) Welsh study sought to understand the lived experiences of children and young people using qualitative methods to explore the educational 'consequences of being labelled "Looked After"'; providing essential insight. However, data collection took place over only three days so may have missed the opportunity to gain a full picture of the young people's perspectives meaning more research is required to gain a fuller understanding of experiences (Mannay et al., 2017).

It is widely known that care experienced children are more likely to hold one or more diagnoses (Klein, Damiani-Taraba, Koster, Campbell & Scholz, 2015; Ford, Vostanis, Meltzer & Goodman, 2007; Stanley, 2007). The literature around children and diagnostic labels is conflicting, with some claiming diagnostic labels are helpful (Clark, Vinen, Barbaro & Dissanayake, 2018) and some unhelpful (Moore, Russell, Arnell & Ford, 2017). More specifically for the 'looked after population' there is research around the explicit need for mental health support (Doyle & Cicchetti, 2017; Stanley, 2007) and the argument put forward that there is a need for developmental trauma, prevalent for this population, to be considered as a diagnostic label (Van der Kolk, 2017). However, there is a dearth of recent inquiry into the related views of young people in care and the professionals around them (Miller & Baxter, 2019).

Given the broad range of enquiry into labels and care experienced young people, the evidence of generally bad outcomes within the population (Care Review, 2020) and the apparent link between this and stigmatising language within the care system it is important to gain a grounded understanding of the experience of young people in care. For children and young people, the family system is an essential context in which all experiences take on meaning (Erdem, Gizem & Safi, 2018). For children in care, members of staff undoubtedly form an important system within which they experience life and find meaning. As such, it is also important to gain insight into the views of staff in the care system when trying to better understand how young people in care experience labels.

This study sought to help understand what labels are important to young people and workers within the care setting; to find out how labels may relate to the young people's feelings of being supported and the workforce's feeling of being equipped to provide support. This was important, principally because there is a consensus that the Scottish care system fails in many ways. Therefore, there is a drive to understand exactly why that is and how it can be changed (Independent Care Review, 2020).

Qualitative research by Stanley (2007) used grounded theory methodology to effectively highlight the unique mental health needs of care experienced young people by uncovering the perspectives of young people in care, their views and the views of their carers. The link between practice and real experience is evidently strengthened by this type of research as it is now commonplace for young people in care to be offered mental health support and for care providers to have direct links to NHS Children and Adolescent Mental Health Services.

Subjects of this nature are often best explored using techniques free from pre-determined hypotheses (Charmaz, 2017), enabling themes to be understood, explored and defined. Thus, a sensitive approach whereby researchers can seek to understand meaning from data is required for answering the present research question. The scarcity of research that gains rich insight into the lived experiences of young people and practitioners in secure and residential care gives precedence to developing research practices which use the qualitative methods most conducive to exploring experiences: ethnographic inquiry and conversational interviewing (Miller & Baxter 2019; O'Neil 2001; Emond 2000). It is important to gain information from participants and for the understanding of phenomenon to be developed as the data is gathered without methodological constraints.

Snyder's (1994) Hope Theory was used as a theoretical framework throughout the analysis process. It posits that in order for hope to flourish a 'sense of successful determination in meeting goals in the past, present and future' must be facilitated (Snyder, 1994). The second component of this cognitive set of hope is, 'the sense of being able to generate successful plans to meet goals' (Snyder, 1994).

Houghton (2015), in a review of literature about young people's involvement in research and policy making, found that it was essential that young people are empowered to share their experiences to be able to effect change on the issues relevant to them, such as domestic abuse. The current study empowers young people by enabling them to explore their views on the everyday language used around them and also uncovers theory about experiences which is useful for policy makers and practitioners to reflect on. Houghton (2015) also stressed the importance of researchers being equipped to deal with young participants' distress and any disclosure that may arise; this was ensured throughout the current study by working within the GIRFEC framework (Scottish Government, 2019) and because of the substantial clinical experience of the researchers.

Methodology

Epistemology

Grounded theory research is free from pre-determined hypotheses and asks a number of qualitative questions to determine information from participants and reach theoretical saturation. Findings should be led by the participants' realities and the researcher must be sensitive to the data (Charmaz, 2017).

The position of the researchers of the current study within the host organisation - and therefore as a part of the participants everyday life - gave data collection a valuable ethnographic dimension (Charmaz, 2014) which garnered an inclusive understanding of views which have been underrepresented (Miller & Baxter 2019; O'Neil 2001; Emond 2000). Ethnographic inquiry goes beyond regular qualitative methods, allowing for the whole atmosphere and aggregate life occurring in it to be taken into account (Charmaz, 2014).

Participants

Participants were adult staff and young people (aged between 12 and 15) at a secure and residential service for young people in Scotland. The service accommodates up to 18 young people in the secure campus and up to 14 in the residential service and there are around 160 members of staff employed across care, education, specialist services (including psychology, nursing and through care-aftercare) and housekeeping and administration.

The current study was ethnographic; data collection took place over several months, with 12 days of focused data collection; the researcher was not a stranger and participants were made aware that they could choose to meet again if they felt they had anything else to add to their responses. As a result of this ethnographic style of enquiry the data and analysis are unique and highly conducive to gaining a full detailed insight into the young people's experiences.

Every member of staff in the organisation was invited to participate by email and young people were informed of the study orally; all participants were informed that their decision to take part or not had no impact on their placement or employment. No rewards or biases for taking part were offered.

Demographic information pertaining to each individual participant was not obtained. In *Perspectives in Clinical Research*, Shivayogi (2013) asserts that vulnerable populations should be treated sensitively and protected by researchers. It was judged that seeking demographic information may make both adult and young participants uncomfortable or wary of the researcher, so the decision was made to avoid asking participants for demographic information. Griffin and Bengry-Howell (2017) set out the importance of the researcher-participant relationship in ethnography, citing a positive relationship where the participant does not feel pressure to fulfil requirements for the study as vital for good research. It was therefore epistemologically congruent not to ask young participants to provide demographic information or to seek permission to do this through file reviews. This epistemological position was also ethically significant as effective reflexivity is conducive to best practice in responding appropriately to ethically important moments that can arise unexpectedly when conducting research with young people (Graham, Powell & Taylor 2015).

Formal participants who took part in semi-structured interviews were four young people (*n*=4) across both the secure (*n*=3) and residential settings (*n*=1). Formal adult participants (*n*=5) consisted of members of staff, within their first two years of employment in the organisation (*n*=3), and having exceeded 10 years of service for the organisation (n=2).

The researchers were employed by the host organisation during the process of the research although the aim of the project was to add to the growing research in care experiences rather than to fulfil any service objectives. As such, Charmaz (1990) suggests that as the researchers were embedded in the field of enquiry, they have been influenced by members of staff and young people who, though not formal participants, have shaped the theory which has been constructed rather than discovered.

In concordance with grounded theory methodology researchers acknowledged their experience and standpoints as practitioners throughout the process of inquiry. As a forensic psychologist and an assistant psychologist regularly working therapeutically with young people in the service, and beyond, we felt well positioned to gain the trust of the young participants and enable them to share their views; being mindful of the potential for a perceived power imbalance and making it clear that there were no right or wrong answers or obligations. We were also well practised in reflecting on our own views which was of particular importance during the analysis process.

Design

Interviews were obtained over three months. Each interview was semi-structured and included variation in questions in line with theoretical sampling. As such, after one interview had been conducted and subject to an initial phase of coding and analysis, the interview schedule for the following participant would contain new open-ended questions based on observations emerging from initial analysis in order to follow a line of enquiry during the process of coding and analysis which coincided with data collection. However, within each interview the aim of the study was consistently presented to participants and core questions to ensure data collection was open to all kinds of labels and experiences were used. One interview was a group interview with two young people who found one-to-one situations uncomfortable. The flexible ethnographic nature of the study and the knowledge the lead researcher had of participants meant there was a particular ease in facilitating a group interview; allowing these individuals to share their views where they may otherwise not have felt supported to.

Procedure

Analysis and data collection took place concurrently. Data was continually subject to an open coding process: line by line descriptive analysis which was repeated across data before being conceptualised, giving rise to emerging categories which are detailed in the analysis section and which were integrated to form the grounded theory (Walker & Myrick, 2006). Memos, an integral part of the grounded theory method, were used throughout data collection to foster an advanced analytical process and reflexivity (Willig, 2008). Memos were the researchers' written record of theory development and were a vital analytic step between coding, categorising and presenting theory (Strauss 1987; Charmaz 2006). Writing memos at all stages of the data collection process allowed for straight forward comparison of codes and categories and, in turn, meaningful analysis. This cyclical process of data collection and analysis was central to the researchers' recognition that saturation was reached; no new concepts were emerging and finally the theory was uncovered (Willig, 2008).

This research was conducted under British Psychological Society code of ethics and the host organisation's most current guidance on conducting research, including a process of application for approval by the Board of Governors. Ahead of research, prospective participants were given plain language statements, offered the opportunity to have the statement read to them and given time to reflect on the statements before being presented with a consent form.

Participants' right to withdraw from the study at any point was made clear and they were reminded of this throughout the research. Consent was a process rather than a onetime agreement. Although the participating organisation may be identifiable, and confidentiality cannot be unassailably guaranteed, every effort has been made to respect each participant's confidentiality; no names or identifiable information have been obtained. The permission for this research to take place was fully granted by the organisation and it is understood by them that great care will be taken with participant data which will be kept on their secure drive.

Analysis

The analysis revealed the effect on young people and the workforce of everyday language within the care setting. The aggregate theory of this research is presented and clarified by the component categories and sub-categories. A summary of this is presented in Figure 1 below.

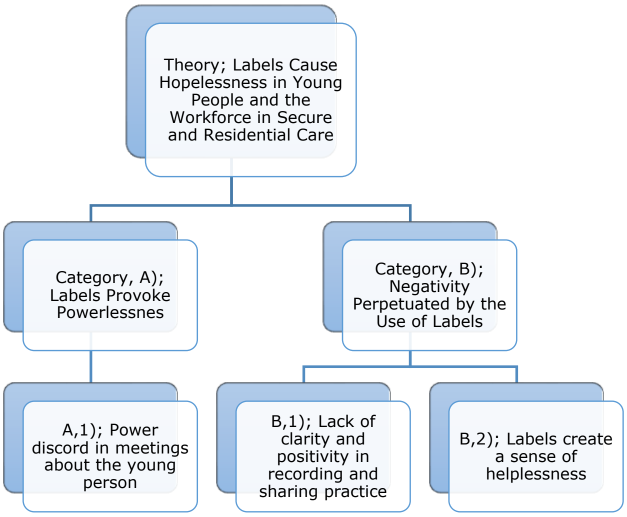

Figure 1: Summary of theory including component categories and sub-categories

Theory

Labels Cause Hopelessness in Young People and the Workforce in Secure and Residential Care

The theory represents a conceptual link between all categories and sub-categories within the analysis. It centres on the internalisation of labels in secure and residential care that is experienced by young people and mirrored within the experiences of the workforce. Hopelessness arose from participants' perceptions and internalisations of the language used around them, broadly due to a sense of powerlessness, helplessness and a lack of clarity.

Category A: 'Labels Provoke Powerlessness'

A.1) Power discord in meetings about the young person.

Both professionals and young people communicated a feeling of loss of their warranted power through their experience of labels in professional meetings held to discuss and make decisions about the young person. Each young participant shared these feelings and care and through-care participants reflected this.

A young person described having the knowledge that the meeting is, 'all about you', and that it is important to attend to have the chance to be involved in decision making but that the over-riding feeling was of awkwardness and a lack of influence (young person 6, 14-19). The young person highlighted the imbalance of power in these meetings through the use of professional labels such as 'LACS [LAC-R]' (Looked After Child Review) and Secure Care Reviews:

> There was three people in the panel, four other people in the room and it was just decided whether I should be in secure or not. If they didn't call them LACs it might be better because I didn't [know]. Some kids might not know what that means. Or sc... sc... secure care review – SCR – how would we know what that is? (Young Participant 6, 10-24)

It appears meetings are important to young participants; they are acutely aware that decisions made wholly affect them, but it seems they also feel that the meetings do not accommodate their agenda and understanding well enough. Another young participant recognised the challenge of the professionally generated labels around meetings: 'you need to be here a month or two before you learn about it all' (Young Participant 7, 56-57). They appeared wearied by professional meetings while sharing the number of meetings they had attended in recent months. Also illustrative of this was the theatrically bored tones in which one young participant listed the professional labels for each type of meeting (Young Participant 7, 5-6). This weariness seemed to pair with a sense of feeling alienated by those who make decisions and their perception of the arbitrary nature of meeting secure criteria. 'Meeting secure criteria' is a label often applied which does not inform an understanding of its components, especially for young people. In a group interview a young participant asked another, 'Do you meet secure criteria? I don't but I'm still in secure care', (Young Participant 7, 55-56). When asked why that was the young participant shrugged their shoulders and said they didn't know.

Staff member participants agreed with young participants in terms of the unsuitability of meetings for young people in the language used and the prominence of professional and legislative labels such as 'LAC' [Looked After Child] and Secure Care Criteria. A care staff participant felt that they are most aligned to the young person in any meeting as it is their job to support them and care for them. There is a commitment to the young person; they feel compelled to support the young person to understand but don't always feel they have the power to do so. Staff participant 2 described the challenge it can be to take up space in the meeting to ensure the young person has understood what is being discussed:

> Not every person would feel comfortable stopping a meeting where, you know, you've got a psychiatrist, a social worker, a mental health nurse, you know you could think, 'Hmm, I'm kind of down the pecking order in this hierarchy of professionals.' (388-393)

This highlights the imbalance of power observed by care staff and young people in the realm of meetings; they perceive that there are more important people in the room than themselves even though they don't believe this should be the case. There is reasonably an ensuing feeling of hopelessness in experiencing this perception. The second component of Snyder's (1994) cognitive set of hope is, 'the sense of being able to generate successful plans to meet goals'. Since care staff and young people feel that the power in making plans is held by others, they do not experience hope, rather, hopelessness.

Category B: 'Negativity perpetuated by the use of labels'

B.1) Lack of clarity and positivity in recording and sharing practice.

Each professional participant had a perception of there being a lack of use of positive labels and this is reflected by a general feeling which young participants shared that the labels they experience are mostly negative. Members of care and teaching staff reported a lack of sharing positive staff practices, interventions and behaviour. Staff participants reflected that they found this particularly challenging during which times they were new in post.

B.2) Labels create a sense of helplessness.

There was a general consensus between adults and young people that goals were sometimes created around the young person but not by them. For example, one adult participant shared a view that while young people in the care setting don't have the emotional or language literacy to understand what 'nurture' means it is always included in their care plan in terms of goals and actions. This appeared to cause frustration from the adult participants who felt their success was measured in terms of goals which are not completely specific to the individual young person being 'ticked off'. They shared a drive to support the young people's understanding and help carve suitable paths for specific goals but did not feel the structure in which they work enables this as well as it could. Thus, goals can become labels rather than something the young person can internalise a realistic and achievable path towards, facilitating hope.

Another challenge staff that participants shared was the lack of clarity in the language used in reporting, especially incident reporting. Behaviour labels such as 'heightened' and 'aggressive' frustrated staff participants, as they all felt that they were ambiguous, holding various meanings for various members of staff. Conceivably this uncertainty around the meaning of the language of colleagues might reduce the extent to which staff members feel confident that those around them will be able to understand and support the positive language essential to work towards goals and engender hope. When procedure appears to support the use of language that does not connect to unambiguous meaning, confidence in the effect of positive and personal goal orientated language appears reduced.

The imprecise meanings gained from negative behaviour labels combined with a perceived under-reporting of positive behaviour labelling and trauma-informed practice seemed to create a feeling of helplessness among the adult participants. One staff participant recounted a specific incident in which they recognised several good pieces of trauma informed practice but felt this was not the focus of the procedural information sharing post incident; rather the ‘disobedient and ‘defiant’ behaviour was the focus.

> Sometimes in incident reports or handover forms we don’t always put in the detail that maybe should be there; we don’t say enough, how we’re trauma informed. For example, last night we spent at least half an hour talking to someone about going to their room before they went there... I would say that’s trauma informed because we’re not just putting them to their room [which could be interpreted] as a punishment. It’s trying to work out: ‘Why are you not wanting to go to your room? What is it that’s going on for you? Is it that you don’t want to be alone or don’t want to do something? Is it, triggering a flashback? What is it?’ And those three separate chats prevented three separate restraints happening and that was useful. (Staff participant 2, 192-207)

The perception of the staff member is that people become more focused on the negative behaviour than the positive trauma informed strategies which hold the greatest value in improving the outcomes of future potential incidents. There was a consensus among staff participants that the negative labels received the most ‘airtime’. Each participant mentioned the importance of trauma informed practice and highlighted the discrepancy in frequency of using negative behaviour labels and positive ones including trauma informed practice and language. Trauma informed practice emerged as a shared goal among staff participants. It appears that the lack of reporting usage and successes, the active reviewing of the goal, reduces the sense that their practice has impact, perpetuating a sense of helplessness.

Discussion

A grounded understanding was gained of lived experience of the young people and the workforce in a secure and residential service in relation to labels of any kind, uncovering what labels mean to them and how the use of labels may affect them. Through conducting ethnographic data collection and simultaneous analysis, in an iterative process (Charmaz, 2014) talk was analysed to construct abstract analytical categories which were then applied across data to produce the theory of 'labels cause hopelessness in young people and the workforce in secure and residential care'.

In line with a constructivist grounded theory approach, we did not set out to pursue a specific empirical topic when developing theory (Charmaz, 2010, 2014). As such, this study is not restricted to building on labelling literature, rather it is intended to enrich the landscape of explorative literature on the experiences of young people and the workforce within secure and residential care. In essence the theory produced through this study explains how young people and the workforce in secure and residential care respond to the language commonly used around the, their experiences and consequential interpretations and internalisations of 'everyday language used within the care setting'. The research displays the fundamental significance of labels, the disharmony between the everyday language used within the care system and the essential role, described within scaffolding theory, of adults to appropriately support a child's development in terms of adjusting interactions according to a young person's ability (Mermelshtine, 2017; Wood, Bruner & Ross, 1976).

The study was open to any type of label or language yet labels with positive connotations were scarcely perceived by participants. While the young people within the study reported a total absence of any label they perceived as being in any way positive, the members of staff identified that trauma informed language constituted a positive label, but all were focussed on the precedence of negative types of labels over these. The overarching negativity which arises from the experiences of labels within this setting can be validated through a trauma lens, specifically concerning the effect of trauma on the 'internal working model' (Hawkins & Haskett, 2014). An insecure attachment, which is a common manifestation for individuals in care who often have traumatic backgrounds, adversely influences an in individual's internal working model (Suzuki & Tomoda, 2015; Naismith, Zarate Guerero, & Feigenbaum, 2019; Van der Kolk, 2017). The internal working model has implications for how one experiences and perceives themselves, others and the world around them (Van der Kolk, 2017). Thus, the influencing of an individual's relational style: it is relied upon to determine how others think, feel, act and intend. Van der Kolk (2017) explains that an underdeveloped internal working model leads to children believing they are, 'unlovable/wrong/bad/unworthy of love and affection or care', perceiving adults as 'abusive/harmful/unavailable/unreliable' and the world as 'frightening/unpredictable/inconsistent/harming'. It is important to consider that the young people in this study were predisposed to having a negative view of the world in order to better understand the analysis.

Principally the analysis found that participants were deserted by the labels they experienced as most significant. The labels that both young and adult participants perceived as common, as significant to them, lead to provocation of powerlessness, negativity and ultimately a hopeless view of themselves and the future. Lambert and Lambert (1981) related classic sociological and social-psychological role theory (Turner, 1978; Lindsmith & Strauss, 1968) to the concept of powerlessness in a health context. Role theory posits that the individual identifies their role by going outside themselves and taking on the perspective of others (Lindsmith & Strauss, 1968). Lambert and Lambert analysed clinical observations and found that when patients felt unable to take on the role of the ill person as it was perceived by those around them, they experienced powerlessness. This supports the discordant experience of the participants in the current study; the professional labels they hear represent to them how they are perceived by those external to themselves and the care setting, but they do not feel equipped to enact this. Thus, participants experience powerlessness; the perception of those around them (implied by labels) is at odds with their own understanding of their role. The participants believe they should have power but are not equipped with the means to take on a role outside of the expectations of those they perceive to be in power. This is represented in young participants' talk about the professional meetings (such as

LAAC-R and Children's Hearing) and their knowledge that the meeting is 'all about you' being inharmonious with their experience of such meetings. The findings of this study indicate that the young people experience these meeting as forums for decision making whereby the decision is made beyond their involvement and understanding. This was punctuated by the ever-changing set of external adults in attendance.

Lambert and Lambert (1981) propositioned that powerlessness in the context of illness can be understood in terms of the individual's strength of identification of self, pre-illness; the weaker the sense of identity the more powerless the individual feels when enacting a role. Considering that many young people in secure and residential care have experienced adverse childhoods it is likely that they have an underdeveloped sense of themselves in relation to self-concept and self-esteem (Suzuki & Tomoda, 2015; Naismith et al., 2019). This embodies the experiences of the young participants who are likely not to have a strong sense of self and are therefore not equipped to take on the role they perceive is expected of them when they imbibe professional labels, creating a sense of powerlessness. This was also mirrored in the talk from the adult participants who feel they are most aligned to the young person and understand that their role is to support them but perceived that compared to external members of the workforce ('a psychiatrist, a social worker, a mental health nurse') the role of care-worker could be seen as less important, thus feeling less power in their position. It is conceivable that there is an internal conflict in the workforce in secure and residential care; they enact the role of nurturing carer but feel powerless within the conflicting realm of meetings and professional labels.

Participants conveyed a sense of helplessness arising from their experience of labels. Maier and Seligman's Learned Helplessness Theory (1976) demonstrated that when there is a non-contingent relationship between responding and reinforcing impairment in learning arises. If a person learns that their responses have no effect upon subsequent reinforcement within their environment they may display 'learned helplessness' behaviours such as detachment, apathy and passivity (Abramson, Seligman & Teasdale, 1978). Although learned helplessness is a theory mostly applied in clinical settings covering the development and maintenance of depression it has also been applied in the organisational context (Martinko & Gardner, 1982; Tayfur, Bayhan Karapinar & Metin Camogoz, 2013). Tayfur et al. (2013) measured learned helplessness in bank employees using a self-report measure and found a significant relationship between learned helplessness, emotional burnout and cynicism, reinforcing earlier application of the theory which linked it to job dissatisfaction and high rates of turnover (Martinko & Gardner, 1982). The adult participants in this study alluded to labelling of positive practice and progress being lost in over-reporting of negative labels representing behaviour. The omission of the positive trauma informed practice recognised by adult participants across the organisation appeared to give them a sense that their input lost impact. They experience a non-contingent relationship between responding and reinforcing so helplessness occurs (Maier & Seligman, 1978). The perceived dominance of negative language is something that could be easily combated with changes to service provision requiring minimal time and resources. For example, including overt processes to ensure positive language outweighs negative and ensuring reports focus on the positive actions staff take rather than problems.

Overall, the analysis found the feelings and experiences of the young participants were mirrored by adult participants. While it is not possible to determine which direction the influence flows in, it appears that the influence of attachment is significant for both sets of participants. As previously mentioned, it is likely that the young people in the study have attachment issues which have adverse effects on how they interact with the world around them (Van der Kolk, 2017). The effect this also has on their relational style means that the adults closest to them, the staff in the care setting, are at risk of experiencing compassion fatigue (Bride, Radley & Figley, 2007) as well as vicarious trauma from being regularly exposed to details of the past traumas of the young people (Adams, Matto & Harrington, 2001). This goes towards illuminating why the adult participants in this study perceive that they experience more mirrored feelings than external staff acting as professional visitors. Thus, learned helplessness (Maier & Seligman, 1978) is a suitable framework to understand the adult participants' position; they feel enhanced pressure to have a positive effect on the young people in their care and are therefore sensitive to feeling that their efforts to support the young people could be lost in negative labels, on which they perceive a greater focus by those outside their direct personal relationship with the young person.

A framework by Snyder (1994) which allowed for analysis of the meaning of participants’ experiences was set out in the introduction. The Hope Theory (Snyder, 1994) framework is limited in that it offers a static view of an individual and fails to take into account the context of the setting, a significant focus in the present study. To redress this Bronfenbrenner’s (1979) ecological model of human development was referred to. The model suggests that young people mature within a system of interdependent contexts which influence, and are influenced by, the process of maturation (Bronfenbrenner, 1979). Within this model, secure and residential care can be understood as having a significant impact on the ‘mesosystem’ which exists as the result of a dynamic inter-relationship between a ‘microsystem’ (home/school and peer group), an ‘exosystem’ (contexts which affect the young person such as parents’ status) and a ‘macrosystem’ (the broader cultural and social contexts determining social policy and cultural values). It is helpful to consider the setting of the current study, the secure and residential care centres, in the context of a ‘mesosystem’ as this reflects the experience of being in secure and residential care for young people. Snyder's (1994) hope theory can be adapted to represent the participants’ experiences alongside Bronfenbrenner’s ecological model of human development (1979). Snyder’s cognitive set for hope was adapted for the setting of the secure and residential care centres rather than each individual participant, how the context of the setting and the prevailing labels represented and provided agency for the young people and the workforce, and how clear and functional the goal pathways were.

In terms of the question of agency in relation to hope (Snyder, 1994) it was clear that participants perceived that meetings intended to set and review goals for young people (such as LAC-R meetings) were not accessible to them in terms of the language used. Neither young nor adult participants shared that they imbibed a ‘sense of successful determination in meeting goals in the past, present and future’ (Snyder, 1994). Rather, they disclosed feelings of powerlessness which punctuated their experience of these meetings. This, again, highlights the significance of meetings for the participants of this study. The meetings are significant due to their legal strength in terms of definitive decisions about how the young person is going to be cared for but also as a platform for people to hear and embody labels.

The second component of Snyder's (1994) cognitive set of hope, ‘the sense of being able to generate successful plans to meet goals’ is contradictory to the sense of helplessness described by participants. The perception that participants shared was that labels with negative connotations were more prominent in their experience than positive ones, centrally in terms of behaviour support and progress monitoring. Similar to this was the absence of hope in goal setting due to the young people’s lack of understanding of the goals made around them, for example, to be ‘nurtured’. In order to facilitate hope, goals need to be made with the child rather than for them, i.e., for the young person to be hopeful about the goal they need to understand how it can be achieved. This suggests that they experience the antitheses of what Snyder (1994) posits is the cognitive set of hope. Thus, the theory of ‘labels cause hopelessness in young people and the workforce in secure and residential care’ is reached.

There are limitations to the research findings. Charmaz (2014) recognises a tendency for grounded theorists to focus too heavily on codes rather than theory and posits this is born of a fear of missing meaningful aspects from their study. However, the importance of contextualisation in presentation of theory is also recognised by Charmaz (2014) who cites presenting codes as a means to achieve this. Duly, this study sees descriptive analysis from initial open coding and memo writing give way to the conceptualisation process to allow the core category to emerge whilst initial codes are still presented to allow for vital contextualisation (Holton, 2011; Charmaz, 2014). Although analysis of the participants’ talk is presented transparently the assumption that the young people who took part in the study come from traumatic backgrounds and/or have attachment issues is central to this. In order for the theory to be further explored through additional research, therefore, specific data about adverse experiences and attachment could be collected.

A further limitation of this study is the limited sample size and the fact that all participants were residents of or employed by the same service. It is possible that their experiences are unlike other care experienced individuals and workforces across the country. It would be helpful, therefore, to conduct similar research in other secure and residential care services in Scotland to identify whether the experiences shared within the current study and the culminating theory represent a wider trend. However, grounded theory research is not intended to produce generalisable data but instead sets out to explore the experience of a particular group, inviting further exploration and richer understanding.

Due to the nature of grounded theory, it was not hypothesised that helplessness would arise. Therefore, it would be beneficial for helplessness within the care system's workforce to be further explored and this could be done through the use of a learned helplessness self-report scale (Martinko & Gardner, 1982; Tayfur et al., 2013). Given the apparent reciprocal nature of the experiences of children and young people and the workforce within the care system it seems that a meaningful yet accessible change to service delivery would be for positive labels to be championed in everyday language and in all procedures including reporting and monitoring.

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Acknowledgement

The authors would like to thank the sponsor and host organisation, Rossie, which has a commitment to improving the Scottish care system. They would also like to thank the participants for giving up their time and so generously sharing their views and experiences.

About the authors

Rosie Urquhart-Stewart is currently working as an assistant psychologist within the NHS Fife Children and Family Psychology service. This was her first independent research project since graduating from a psychology (conversion) MSc in 2018. She is interested in qualitative and participatory research and was inspired to undertake the study by listening to the young people and staff she worked with.

Dr Nicola Wylie is a chartered and registered forensic psychologist and has worked with young people for over 10 years. She has particular experience working with young people with complex needs within the secure estate or criminal justice arena. Her interests are in trauma, risk assessment and management as well as supporting positive change through principles of positive behaviour support.

Left behind: Reflections of residential care home managers when children leave

Yesha Bhagat and Barbara O' Reilly

Abstract

A case study of a children's therapeutic residential care provider consisting of five homes in England was carried out to consider the feelings and reflections of the managers on children leaving the home. This is an unexplored perspective/ subject which considers the significant and emotional transition of leaving care. The reflections in this case study can be used to improve practice for social care providers and give insights into a niche area of work. To explore this topic, a focus group was carried out with four residential home managers and two psychotherapists who work at the same care provider. It was found that the subject of leavers was not much reflected on and it was agreed that it needed to be to improve practice, as well as processing certain unconscious feelings around the child. Failure was a prominent feeling potentially derived from the pressure of ending cycles of failure for the children as well as unconscious projections held by the managers. There were also found to be certain issues around terminology, such as 'planned' and 'unplanned', used in this area of work which holds particular connotations. Lastly, it was found that relationships with local authorities were significant for ensuring healthy transitions.

Keywords

Residential care, care leavers, managers, reflections, children's homes, England

Corresponding author:

Yesha Bhagat, Research Manager, The Institute of Integrated Systemic Therapy, 210 Borough High Street, London, SE1 1JXT, y.bhagat@psychotherapy.institute

Introduction and rationale

Leaving a residential care home is an inevitable part of every child's placement and is argued to be the most emotional part of a placement for the child and those working with them (Tomlinson, Gonzales & Barton, 2012). This can generate feelings of separation and loss, requiring time and space for reflection on each leaver, their placement, and their transition, to reduce trauma for everyone involved (Black, Brearley, Gutridge, & Roberts, 2013; Tomlinson et al., 2012). Previous research has explored placements, breakdowns, and the impact of leaving care (Brown & Bednar, 2006; CELCIS, 2018; Egelund & Vitus, 2009; Harkin & Houston, 2016; Hek & Aiers, 2010; Khoo & Skoog, 2013; NICE, n.d; Rock, Michelson, Thomson, & Day 2013; Sallnäs, Vinnerljung, & Kyhle Westermark, 2004; Tomlinson, 2005; Tomlinson et al. 2012). However, there seems to be a gap around care home managers and their feelings and reflections on the subject of leavers both as a group and on individual cases. Often research may focus on the child's key worker, as they are seen as the 'main carer', but not on care home managers despite them being just as emotionally invested (Black et al., 2013).

This case study set out to explore the feelings and reflections made by a group of care home managers on leavers. Using a psychoanalytic lens, we wanted to analyse if and how the managers are reflective and emotionally affected by leavers and also how this is changed based on the nature of the ending and the context. We believe that managers, and the home by extension, often do not have the space to reflect on children leaving. This is backed up by the lack of literature on the subject when arguably it is a significant matter which should have more light shed on it.

We would hope that the reflections taken will allow the managers to understand, accept and develop their awareness of both: the feelings that may be left behind by the children, and their approaches to leavers to improve care in future.

What the children bring with them and what they leave behind

The levels of trauma experienced by children in care mean that they generally have highly fragmented inner worlds, consequently, the fragmented inner world of the child is projected onto the adults (Dockar-Drysdale, 1993). Adult-child relationships are reciprocal, and though the adult influences the child, so does the child influence and impact the adult (Fahlberg, 1994). This is significant when thinking about how the children project feelings that are difficult to handle, certain ‘bad parts’ of themselves, such as feelings of anger or failure which the staff then internalise and manage (Ogden, 1982; Stokoe, 2003). *Projection* is an unconscious process as part of a defence mechanism, where one's own unpleasant, unmanageable or unacceptable feelings, impulses or stressors are externalised onto another person (Ogden, 1983). Due to their past, children may arrive carrying failure, which can get left with staff when the placement ends (Chipungo & Everett, 1994). Any ending at any point is complex as there will be elements of projections which have not been fully processed in some groups. Much of the emotion that is left behind in the staff will have emerged from the child’s inner pain and become projections from the child’s fragmented mind.

When thinking about the effect this has on the adults working with the child, we consider the idea of countertransference. This means the adult is then influenced and affected by the child’s feelings and understanding about the world (Youell, 2006). These views may be difficult or upsetting for adults to take on. Additionally, the complexities of these unconscious processes lend themselves to being interrelated; for example, splitting could be linked to projection and projection may be overlapped with transference or countertransference. To prevent this affecting the other children in the home, or potentially new children coming in, the adults in this care provider are offered regular reflective spaces e.g. groups and supervision. To process and hold all these emotions, there is a’ holding environment’ whereby a person’s physical and emotional wellbeing are held safely by others (Winnicott, 1965). This offers layers of emotional containment which ensures that the children and staff are taken care of and held. Due to the intense trauma faced by the children, this holding environment is held within a therapeutic framework and forms organisational layers, of which the manager is the head and responsible for in the home. However, due to the emotional outputs of both the children and staff members, the manager is liable to receive many projections and transferences (Rose, 1990). They therefore will have the challenge of managing and processing all the parallel unconscious processes within the home while also looking after the smooth running of their community (Bullock, 2008; Hicks, Gibbs, Weatherly, & Byford, 2007; Menzies-Lyth, 1988; Rose, 1990).

While receiving so many unconscious emotions, the managers must also be aware of changes in dynamics and stay in tune and emotionally connected to the children and staff in the home (Burton, 1998). At the time of placement ending, the individual child would be experiencing an abundance of ranging emotions and heightened anxiety at moving on (Tomlinson, 2005). There would also be mixed feelings of loss and happiness by the staff and children's group in response to a member of the care home family leaving (Tomlinson et al., 2012). This is why we argue that it is significant for the managers to reflect deeply on every leaver as they have built these emotional connections and become invested in their development. Through reflection they may also become more aware and responsive to the atmosphere, current residents, and staff, and therefore can better maintain the therapeutic ecology (Burton, 1998).

However, it is established that there is an uneasiness around the discussion of how children’s therapy comes to an end (Lanyado, 1999). Nevertheless, it is argued that it is essential to discuss this area of endings as, to be truly helpful to the child, this must be thought about; it is a vital experience in the therapeutic process (Lanyado, 1999). It may be that the managers may find it difficult to reflect on the leavers, especially with cases that seemed 'unplanned' (in whichever definition they deemed suitable for the case). As mentioned, some unconscious processes will not reach a natural resolution; we contend that many of the most potent experiences for the managers can be related to those times when a process has not reached such a conclusion.

Defining the terminology of placement endings

Historically, there is certain terminology used in this area such as: 'placement breakdown', 'disruption', 'instability' and 'unplanned ending' (Harkin & Houston, 2016). However, one could argue that it is difficult to objectively assign one of these terms to a placement ending. For example, past research on this subject defined the term 'placement breakdown' based on just the length of placement or age of the child (Sallnäs et al., 2004). Other definitions describe a 'placement breakdown' as 'an unanticipated and untimely placement ending that is not included in the young person's care plan' (Berridge & Cleaver, 1987, p. 6). It is more recently argued that the definition should incorporate and consider the relationships involved between the care provider, the local authority and the child to define the nature of a placement ending (Sallnäs et al., 2004). Furthermore, a Swedish study of foster carers found that rather than being an individual event, a placement breakdown was a complex process which was shaped by the individuals and context involved (Khoo & Skoog, 2013). It therefore seems vital to consider and examine each leaving event independently rather than assigning overarching definitions or terminology which do not allow for individuality and context.

We can see the inconsistency in how a 'breakdown', or an 'unplanned move' are defined and additionally we wonder what purpose it serves to label placement endings in such a way. This type of terminology inevitably produces certain 'negative' or 'positive' connotations which may not be very reflective of the situation. A move, though unsettling, does not always present a negative transition; it can be healthy based on the context (NICE, n.d).

Context

The organisation on which this case study is based is a therapeutic residential care provider made up of five homes in England at the time of writing. The homes are made up of four to 10 children, with age ranges of six to 12 in two homes and 13-16 in the other three. The primary objective of the care provider is to heal trauma, help children and young people build healthy relationships, and to hold and contain them in a way they have not been before within a nurturing family like environment.

The organisation is run via the Integrated Systemic Therapy (IST) Model. This applies psychodynamic/ psychoanalytic concepts to understand the unconscious processes affecting a child's wellbeing and functioning, while also therapeutically containing all the structural layers around each child including all staff and managers in their day-to-day work. IST is rooted in the therapeutic community and the psychoanalytic movement though both the planned environment or milieu therapy and systemic (family/ group) thinking via dynamic group spaces.

Method

In keeping with the IST methodology, which uses group dynamics and group work as a therapeutic intervention, it seemed appropriate to conduct this small-scale qualitative case study through a focus group. This method allows a natural interaction and journey through themes with the ability to experience the consensus and difference within the group (Bryman, 2008; Morgan, 1998). Additionally, as this is a sensitive topic, and potentially quite provocative, a group may be more supportive rather than individual interviews as the participants would have alike experiences (Barbour, 2008).

The focus group comprised four of the children's homes managers and two psychotherapists who work closely with the managers and other staff and are integrated with and knowledgeable about the work. The psychotherapists were added to the group to help mediate the sensitivity of the topic, facilitate conversation and to offer insight and reflection on the leavers, situations and the manager's feelings.

The focus group was somewhat 'unstructured' in that there were no set questions or guides. The aim was to see what the natural flow of the narrative or reflection on leavers would be. The discussion was guided around statistics on the children that left their placement in the last two years and the nature of their leaving. The focus group was audio-recorded and transcribed.

To analyse underlying themes and feelings, thematic analysis guided by Braun and Clarke's (2006) process, was used to examine the data which seemed appropriate at this exploratory stage (please see Table 1 for reference).

Ethical approval was granted by the organisation's ethics committee, and consent was obtained by all the participants.

Results

From the thematic analysis, certain themes and concepts emerged which flowed throughout the conversation.

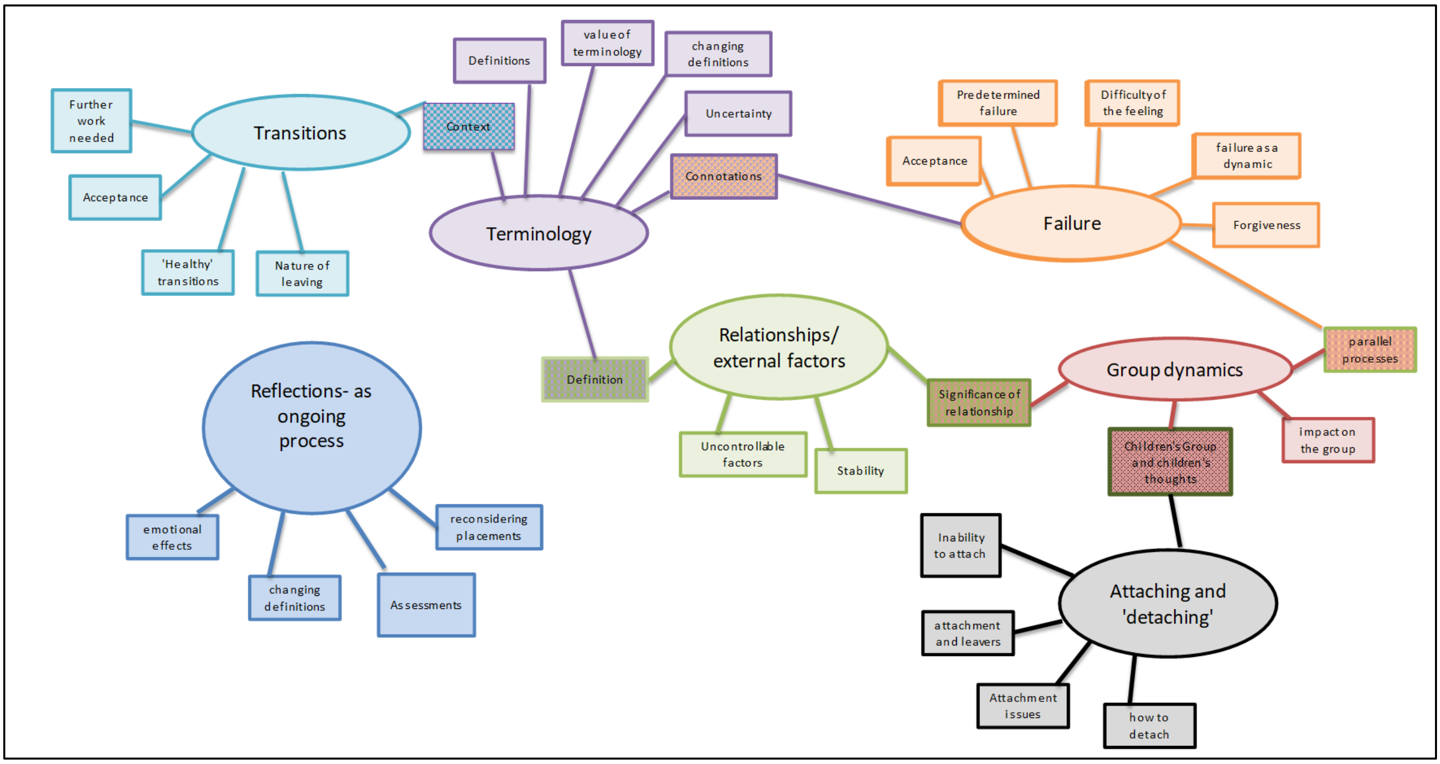

Figure 1: Thematic analysis diagram

Transitions

The discussion began with transitions and the process of a child leaving the home and how this is managed. However, instantly there seemed to be some unease or space for excuses to be made in not having thought about leavers enough, as well as acknowledgement that more needs to be done:

> M1: … the process of transitions and letting go. So I agree there's some work to be done.
>
> M3: …we do a little bit of work … looking at who is leaving, why, where, when…

> PSY1:…need to think further about how that works…

As hypothesised, it seemed that transitions of children leaving care, and these reflections, were not focused on enough and that more consideration and processes need to be put in place to consider the leavers. In addition to this, the idea of quick or unprocessed data around leavers gave the sense of not holding the child in mind:

> M3:…we were not able to finish the plan, so the child went in a precipitate way… it said something about systems and processes that weren't in place, or was it the fact that we could not hold this child in mind?

This seemed difficult, as though the child was let down. However, it was discussed that if the time and space can be given for their transition, it can be very healthy and positive. This included leaving 'ceremonies' of a sort which can process 'goodbyes', creating a healthier separation for the leaver and the rest of the home:

> M3: … experience a separation that is healthy…get her and the children to put together a programme of her leaving. So we've got a calendar of eight weeks… and how the children can work with her, and when her leaving date is…

Terminology

A significant area of debate was around the terminology of the nature of leavers in terms of 'planned' and 'unplanned'. These are quite generic terms for this area but hold inconsistency and uncertainty as can be seen from the quotes below:

> M1: Can you say something about how you defined planned and unplanned?
>
> PSY1:… looking at planned and unplanned in terms of if the child left within a certain period of time, but then we thought…was that an appropriate place for the child to move onto?

> M1: …it was unwanted that he left, but at the same it was planned in that it did not become disrupted.

> PSY2: …It probably feels like unplanned, meaning quite muddily.

As can be seen from the above quotes there was some confusion and contention when it came to the words 'planned and 'unplanned'. Additionally, the value of such terminology was disputed due to the connotations and the potential culture it can form, which ideally needs shifting:

> M3: We used to treat that as a tragedy. So, we're trying to rebrand it to say let's look at why this person is leaving…very difficult to turn a culture which says every leaving is bad.

> PSY2: I wonder if the categorisation of planned and unplanned is actually the most helpful thing…what we're grappling with is that planned is 'good' and unplanned is a 'failure'.

When considering terminology, one of the main outcomes was that context of each child/ case must be considered to understand the nature of a leaving rather than label it based on set rules:

> M3: What's quite right is the narrative to support what that means.

> PSY2: …it's also possible to have someone stay with you for 5 years and make a complete hash of the ending by contrast.

The discussion presented the importance of reflecting contextually by individual case to understand leavers.

Relationships and external factors

The nature of a leaving seemed closely linked with how relationships were managed, particularly with the local authority and social workers:

> M1: …unplanned becomes something about either the relationship with the child breaking down, or maybe even the relationship with the local authority breaking down.

> M2: …there's been a change in social worker and then whilst I was on holiday in August there was a plan to pull him.

> M3: I mean one child, his social worker, the first thing she said was this is too far for me to travel… So, the first time she came to us she was like, 'I need to get a taxi from the train station, who's going to pay then?' so in the end I said we're going to pay because we cannot have something like £27 become the showstopper for the child… driver is the social worker's needs, not the child's.

The managers seemed to feel helpless in these situations and frustrated at both the external factors and the lack of appreciation of the IST methodology by which they run; this emphasises relationships and long-term therapeutic interventions:

> M2: …an 'unappreciation', if that's the word… psychodynamic approach is not a quick fix, it's about relationships.

Regardless of such issues, there appeared to be a consensus on the parallel between keeping a healthy relationship with external bodies and ensuring a healthy placement and transition for the child. M1 explained later that even if a child must move on for whatever reason, a healthy transition can be ensured by maintaining a good relationship:

> …we managed to keep something of the relationship with the local authority kind of going so that he could leave in a planned way.

Failure

Regardless of the reason for ending the placement, the feeling of failure was heavy in the room upon reflection of the leavers. It was a concept that came up multiple times and the insecurity around it was very present and painful:

> M2: …I was thinking, well had I failed him?

The managers expressed failing via their main task of providing stability and containment:

> M4:…about containment and holding, because from day one, that's what we're providing- wanting to provide stability. So, if a child is only with us three months, then leaves, that's not providing stability for the child.

There were descriptions of unconscious processes around failure in the form of projections, parallel processes and self-fulfilling prophecies:

> PSY1:…they bring with them, that they've been failed. Then it gets into the adults… it's a parallel process.

> PSY1:…the social worker said, 'this has broken down so many times this child isn't going to survive more than a couple months here'. So already when you're thinking about the failure it's kind of like the social worker has that idea, suggesting that the child is going to fail.

> M3:…they almost had like an internal clock where they're thinking, 'they're about to chuck me out now'.

It felt as though failure was almost ingrained in the discussion about the leavers due to being constantly disappointed by the adults and the system around them. The managers accepted failings and the need to reflect on them. However, they also discussed the importance of acceptance to learn and move forward:

> M2: I think well did I fail, and it led me to think about how passionate I am about the current placements and what we're doing with the local authority and that.

Additionally, it was to be accepted that sometimes the placement is not fitting or healthy for a child and that the appropriate step is for them to move on to a more successful or fulfilling placement:

> M3: …we knew that the child needed to leave because we couldn't meet her needs… it might be safer for the child not to be

> here…so there is something about being able to forgive ourselves really …it was very intense but totally appropriate [moving on from the placement] and the child is thriving now where she is.

Assessments

Many of the above reflections led to and focused on formal assessments conducted at different stages and the need to review them:

> M4:…part of the assessment is what are the things that you've learnt from this placement breaking down…I think there's a need for end of placement assessment.

> M1: If a placement does become disrupted, then with the local authority, you must provide a disruption report. But it's a much better idea to have an end of placement report for all children. It might also help to bring these things together and define planned and unplanned.

Conducting an end of placement review seemed an agreeable plan to help evaluate placement endings regardless of the nature of leaving. This reflection on leavers through a formal assessment would be quite supportive in both guiding transitions and also learning from experiences of each placement. It would also provide a formal and allocated space for reflection that hasn't been present but seems imperative.

The other children in the home

The managers also considered the complexity and impact of leavers on the other children in the home and the importance of considering the change in the group dynamics.

> M1: It is important to put it back and ask the community…the group bit, what the children feel you know in the community. You have to take all of that into consideration.

As we can imagine, there may be feelings of separation and loss at a child leaving the care home family. However, for several reasons a placement may not be functioning and the ending of it can feel a healthy release for the rest of the group, as M3 describes a case:

> M3: My recollection was the sense of relief from the other children and the staff [after a child had left]. Some of the kids still talk to her.

Attaching and detaching

Attachments with leavers and the complications around them were debated. Such a care provider aims to help form healthy attachments with the children, creating a very close bond similar to parent and child. This, however, causes some problematic dynamics around 'ownership' (not in an objective sense to own them but a sense of family belonging):

> PSY2:…there's some sort of thing about who owns this child and who's this child most attached to and so on.

> M4: I think from the communities it's the link worker who 'owns' the child as you say or is it the community?

It was then argued that a wider problem occurs on leaving with the notion 'detachment':

> PSY2: I wonder how much we really know or think about the process of detaching, because that's what we're talking about here… want to provide stability…but maybe one of the things we're actually not so good at is about helping children detach from us, even in a planned way.

However, this felt a difficult and slightly unfair concept to consider for both the children and the staff:

> M2:…there should be some kind of attachment for the next couple years or so really in terms of making sure there's links and inviting them back to the home every year and so.

This process of a gradual 'detachment' appeared to be quite agreeable and further consideration on the process was planned for future discussion.

Discussion

Initially mentioning leavers seemed to elicit feelings of unease and defensiveness, which aligns with what Lanyado (1999) stated with regard to this topic. The group agreed and accepted there needed to be more reflective practice, improving formal assessments and general focus around leavers.

The work involves forming and developing healthy attachments, and when this is successful, it is difficult to say goodbye and 'detach' in a positive manner, which is why the leaving transition is significant to think about. Tomlinson (2012) argues this transition can celebrate the child's therapeutic journey which does not have to be 'sad' or 'negative' as the move may be a healthy, natural, or appropriate next step for the child and the home. The managers also mentioned the negative culture around leavers which may need shifting, as M3 mentions: 'we used to treat that as a tragedy. So, we're trying to rebrand it to say let's look at why this person is leaving…very difficult to turn a culture which says every leaving is bad'. The idea around creating a type of meaningful 'goodbye ceremony' to show the significance of the relationship to both the leaver and the rest of the children in the home seems an interesting idea which could be quite healthy from a therapeutic standpoint when considering how important endings are (Lanyado, 1999).

The discussion around definitions and terminology was significant due to the lack of consistency and differing connotations associated with certain words. Within this work, words such as 'unplanned', 'breakdown' or 'premature' are used regularly, however, the connotations around these words are not reflected upon much. As mentioned in the group, initially the data was categorised based on definitions similar to what Sallnäs et al. (2004) found around the length of placement. However, upon further reflection and consultation, it was discussed that each situation should be considered independently and in context. This would allow increased focus and attention, improving care, and transitions going forward. The group also debated whether using such terms are even helpful to begin with due to the connotations associated. Labelling a child's leaving as 'unplanned' or 'planned' can induce an idea of either success or failure which may not be justified, and such language can be damaging.

The experience of children leaving care can evoke intense emotions, and the difficulty was magnified through the belief of not holding or containing the child as planned or promised. This produced powerful feelings of failure in the managers who felt that they had let that child down. As Chipungu and Everett (1994) argue, a child leaving care often results in their carer experiencing loss or failure. In the group, the managers reflected on cases where they felt they could have done more, especially for these children who have been consistently let down and disappointed.

In their parental/ responsible role, the managers may take it upon themselves to feel the pain of failure. This idea of the children being failed so tragically in the past by those who should have been reliable seems to resound. The managers must then be so anxious about not failing the children that when a placement ends in an abrupt way, the feeling resonates so much more. Additionally, there may be certain parallel processes involved whereby the children in the service have constantly faced and experienced failure in different forms and project these feelings onto the adults around them. As Rose (1990) describes, the managers receive projections from the children and will need to manage such parallel processes.

However, regardless of a ‘successful’/ ‘planned’ move or an ‘unplanned’/ ‘abrupt’ move, the transitions should ideally be managed or orientated so a child can leave in such a way where they are not carrying the feeling of failure with them, but feeling they are moving in a healthy appropriate way.

As mentioned in the group, often circumstance is out of their control and the local authority will need to make a final decision, which is based on several varying factors. Understandably, practical issues around time and cost will of course affect the logistics around a placement. Furthermore, we must also consider the various factors and contexts that play a part in the decisions and reflections made by the managers such as political agendas, statutory compliance, financial considerations and child welfare. There is an added pressure to an already difficult balance between emotional and practical management considerations. This understanding, however, does not stop us feeling disappointed in a system where the child’s needs and wellbeing are not put first. When the group were discussing these issues around external factors affecting the placements and the therapeutic work, their anger, frustration and disappointment were tangible. One could sense their years of experience in dealing with such problems that, ultimately, they have no control over. Unfortunately, this means the therapeutic work comes to a close, but also based on how abrupt the ending is, a healthy transition cannot take place. Interestingly it was stated that the relationship which may or may not be maintained with the local authority impacts on the therapeutic work and the nature of the child leaving. This is why the relationship with the social workers and the local authority is highly significant as they need to feel the child is well looked after and the placement and staff are worth the time and costs involved. It seems that keeping good relationships are key to supporting the child's placement and smooth transition.

In thinking about relationships, it was vital to consider the impact on the other children and the effects a leaver has on them, and subsequently the effect on the dynamics of the group. The managers are responsible for the many layers of containment in the group (Bullock, 2008; Hicks et al., 2007; Menzies-Lyth, 1988). They must always be in tune with the needs of the other children and maintain the therapeutic ecology (Burton, 1998). This may mean that though there is a sense of loss at a child leaving, it may at times be more beneficial to the leaver and the other children depending on the relationships or dynamics they had. This is also an important aspect the managers have to reflect on with every leaver.

Conclusion

This case study has provided an insight into the thoughts, processes and feelings of children’s home managers on children moving on from those care homes, and what emotions may be held by the managers when a child leaves home. From both the literature and the focus group findings, it was evident that this is not an area that has been explored- though arguably it should be. The managers already consider, deliberate and contain many areas and layers of their work within the therapeutic environment; however, they are unable to think about leavers in much detail.

It is highly significant within the care milieu to gain these perspectives of managers as they can implement vital change from their position, resulting in a culture shift. This shift may focus attention on leavers and transitions to improve children and young people's experiences of the care system as well as the emotional containment of those working with them.

We can hypothesise a few reasons why space may not be provided for reflection on leavers. This may be due to factors around: the amount of time, lack of structured or formal assessment, and emotional difficulty in thinking about leavers. It was established however, that it is vital to make space for this reflection for the benefit of both the child leaving and the therapeutic environment in the home. This was found through the various aspects discussed above such as processing unconscious feelings, understanding the therapeutic environment they manage, developing and sustaining relationships, and assessment techniques. It was also established that it would be better to reflect on each child individually within the context to contemplate the nature of the ending, how it could have been improved, and what can be learned from it to improve care going forward.

We are aware that this is a very niche small-scale study of only one group in one organisation. Though it is appropriate for this initial exploratory study, it is also the most significant limitation of this study as it would not give us a generalisable or representative picture of the subject. However, it has been able to give us the initial steps towards further exploring this area of study by giving us a small window of insight. The next steps would be to include more children's homes managers from other organisations to cross-reference themes, feelings and processes. Additionally, the topic of managing transitions could be further examined: this could further inform practice on transitions and leavers to improve processes within the care system.

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About the authors

Yesha Bhagat is a researcher at the Institute of Integrated Systemic Therapy. Her work focuses on the evaluation and assessment around the progress of children in care within a therapeutic setting. She has a background in social research, sociology and criminology.

Barbara O'Reilly has significant experience of psychodynamic psychotherapy practice and of training practitioners, counsellors and psychotherapists spanning across 25 years. Barbara is the Director of the Institute of Integrated Systemic

Therapy and has contributed to the development and establishing the Institute of Integrated Systemic since 2012.

Table 1 Thematic Analysis Table

Transitions		Definitions/ Terminology		Relationships/ external		Failure		Reflection		Other children/ group		Attach/de-tach	
a healthy transition	"It was intense, it was very intense but totally appropriate and the child is thriving now where she	planned and unplanned definition	"so can you say something about how you defined planned and unplanned"-M1	Definitions through relationships	"unplanned becomes something about either the relationship with the child breaking down, or	failure	I was thinking, well had I failed him? M2	changing definitions	"we looked at it in a different way" psy1	group/ children's thoughts	", it is important to put it back and ask the community"-M1	attachment to do with leavers	"holding and attachments and these are ideas that we work with on a regular basis,
acceptance + work to be done	"on transitions as these are really key and we need to think further about how that works."	planned and unplanned definition	"we were looking at planned and unplanned in terms of if the child left within a certain period of	uncontrollable factors	"Yeah if the LA decided that the placement ends, then literally our hands are tied and I think key to	learning from failure	"I do have some feeling about that because I think well did I fail and it led me to think about	reconsider the placement	"it might be safer for the child not to be here" M3	group/ children's thoughts	"about what's the group bit what the children feel you know in the community. You have to	innability to attach	"a whole lot of adults leaving that that wouldn't provide those kind of attachments with
inability to carry out transition	"we were not able to finish the plan, so the child went in a precipitate way" m3	changing definitions	"we looked at it in a different way" psy1	uncontrollable factors	"he complained to his LA about various things and based upon what he said, they pulled the switch,	difficulty of failure	"there is something there about the failure, and that really does resonate with me" -psy1	changing definitions	"we asked the communities who they felt were planned and unplanned, rather than	impact on the group	"the impact on the community might be that it was like an unplanned leaving regardless of	how to detach	"I wonder how much we really know or think about the process of detaching, because
the nature of leaving	"it's been very difficult to turn a culture which says every leaving is bad" M4	changing definitions	"we asked the communities who they felt were planned and unplanned, rather than	significance of the relationship	relationship with the LA nearly broke down, but I was thinking did it break down or did we manage	failure as a process/ dynamic	"The thing about failure is that I've never experienced it so powerful in my life as I	changing definitions	"maybe actually there's 4 or 5 different categories instead"	parallel processes	"part of the dynamic that's with the children, that they bring with them, that they've been	innability to attach	"because how are they meant to form those bonds if they constantly had to move" psy1
acceptance	"how do we accept a young person leaving, and what does that do to us on a feelings level"	uncertainty	"My take on it would be that it would not be unplanned" psy 1	significance of the relationship	"key bit is something about the breakdown of the relationship either with the child or with the	difficulty of failure	"about containment and holding, because from day 1, that's what we're providing- wanting to	assessments	"I think there's a need for end of placement assessment" M4		the sense of relief from the other children and the staff.	attachment to do with leavers	"there should be some kind of attachment for the next couple years or so really in terms of
acceptance + work to be done	"they're talking about the process of transitions and letting go. So I agree there's some work to be	value of terminology	"I wonder if the categorisation of planned and unplanned is actually the most	uncontrollable factors	", there's been a change in social worker and then whilst I was on holiday in August there was a plan	forgivness	"so there is something about being able to forgive ourselves really" M3	assessments	"part of the assessment is, what are the things that you've learnt from this placement breaking			innability to attach/ patterns	No ones' ever held him before, why would you, you won't care for him. What's that thing,
a healthy transition	"opportunity to leave somewhere and leave in a wholesome way. And also experience a	uncertainty	"the impact on the community might be that it was like an unplanned leaving regardless of	stability	"if you had a whole of number adults coming in, a whole lot of adults leaving that that	acceptance	"we knew that the child needed to leave because we couldn't meet her needs." M3	emotional effects	". I think it does, it all carries emotion for us it's such an emotional wave really." Psy1			issues around attachment	"there's some sort of thing about who owns this child and who's this child most attached to
acceptance + work to be done	"we do a bit of work on in our referrals meeting, so we start by looking at who is leaving, why,	connotations	"what we're grappling with is that planned is good and unplanned is a failure. " Psy2	significance of the relationship	"an 'unappreciation', if that's the word, of that psychodynamic approach is not a quick fix, it's	acceptance	"we're able to accept that yeah maybe we need to learn, to be able to do these things	assessments	"if a placement does become disrupted, then with the LA, you must provide a disruption				communities it's the link worker who 'owns' the child as you say or is it the community. M4
changing definitions	"because it's also possible to have someone stay with you for 5 years and make a	planned and unplanned definition	"it was unwanted that he left, but at the same it was planned in that it did not become disrupted"	uncontrollable factors	" for instance that social services department saying we need to get him so we can save some	predetermined failure	"the social worker said "this has broken down so many times this child isn't going to survive	acceptance + work to be done	very little data for the young people that left in an unplanned way. That was quite important to				
context	cannot base the idea of a plaanned or unplanned leaving on a set definiiton or stucture, it	value of terminology	"I think about whether it is helpful to say planned or unplanned"=psy1	uncontrollable factors	"I mean one child, his social worker, the first thing she said was this is too far for me to travel, it	predetermined failure	, they almost had like an internal clock where they thinking, "they're about to chuck me out now".						
context	"it might be safer for the child not to be here" M3												
context	what's quite right is the narrative to support what that means. M3												
value of terminology	"we do need to think about how planned and unplanned is it good or is it bad" psy1												

From procedural child rights education to a relational child rights-based practice model

Tara Collins, Kiaras Gharabaghi, Sheldon Caruana, Shannon Cherry, and Richard Marcano-Henry

Abstract

Children's rights are often operationalised in administrative and procedural ways, particularly in child welfare and residential services contexts. In this article, a group of five authors representing academics and alumni from Ryerson University's Child & Youth Care programme who are also people from care present a dialogue process surrounding lived experiences of rights education processes while in care. The dialogue is complemented with a review of child rights education material used by child welfare agencies in Ontario, Canada as tools to explain rights to children and youth admitted into care. We conclude that a child rights-based practice model is necessary in which rights and daily life are fully integrated.

Keywords

Child rights, child welfare, residential care, child rights education, lived experience, Canada

Corresponding author:

All the authors are affiliated with the School of Child & Youth Care at Ryerson University as students, faculty members and in several cases, as people from care. Please direct any questions or comments to Tara Collins at tara.collins@ryerson.ca

We are writing this paper to offer a unique perspective on child rights education for young people involved in child welfare services, such as residential care and treatment, foster care, or kinship care. Their human rights exist inherently by virtue of being human (United Nations (UN), 1989, 1993). It is the duty of the state and the responsibilities of adults in children's lives to respect and uphold them (UN, 1989). As Collins (2019, p. 5) suggests, rights provide for a common language, and they can inform 'attitudes, behaviours and actions' of young people and the adults/professionals in their lives. A meaningful approach to operationalising child and youth rights can furthermore contribute to a growing sense of autonomy and civic participation on the part of young people.

Our perspective is formed through a collective process of knowledge generation involving the five authors, of whom one is a child rights scholar, one is a practitioner and scholar focused on residential care and treatment, and three are former youth from care who have now achieved at least undergraduate degrees in child and youth care practice. The paper is the outcome of a dialogue amongst the authors and a careful analysis of child rights materials and procedures used by child welfare agencies in Ontario to inform young people in care of the state of their rights (and often their responsibilities).

Below, we seek to capture the core themes of our dialogue as a group of authors differently situated and with different experiences in relation to our analysis of the materials used to inform young people of their rights while in care of the state. We had requested these materials directly from the 49 Children's Aid Societies in Ontario, and we received materials from 16 of them. Materials included booklets, pamphlets, one-page posters, as well as more policy and procedure-type documents explaining the process used to inform young people of their rights.

Context

Our evolving perspective on a relational child rights-based practice model relies on the substance and intentions of the UN Convention on the Rights of the Child (CRC; 1989), the UN Committee on the Rights of the Child (2003), as well as the Ontario Child, Youth, and Family Services Act, 2017, which provides the local legislative context for child rights in relation to child welfare and youth justice. We acknowledge on the one hand young people's right to know about their rights (CRC 1989, article 42; Jerome, Emerson, Lundy & Orr, 2015; Collins, 2019) and on the other hand, the enormous evidence of system failures with respect to upholding child rights in child welfare (Gharabaghi, Trocmé, & Newman, 2016; PACY, 2016a, 2016b). We also acknowledge that in Ontario, and indeed across Canada, discussions about child rights are inherently tainted by the systemic racism and oppression imposed on Indigenous, Black, LGBTQ2s+ and Disability communities in particular (Truth and Reconciliation Commission, 2015; Fruja Amthor, 2017; Pon, Gosine, & Phillips, 2011). We do, however, want to celebrate the excellent work done by young people themselves (supported by the Provincial Advocate for Children and Youth (PACY)): Feathers of Hope (PACY, 2016c), an action plan with Indigenous young people; Hairstory (PACY, 2019), providing a platform for Black young people in the care system; and 'We have something to say' (PACY, 2016b), to facilitate young people with disabilities to speak out and advance change.

The current procedures related to child rights education in residential care in Ontario are, for us, anything but relational. Child rights are explained to young people admitted to residential care by the admitting staff during the intake process, when young people are often already overwhelmed with paperwork and the anxieties that come with transitioning into residential care. The process usually includes a pamphlet that is given to the young person. As per legislative requirements, child rights are then reviewed using a standard template every 30 days, often incorporated into Plan of Care sessions. There are no workshops or group-based sessions dealing with child rights offered to young people (or to staff, for that matter). The purpose of this process is to meet legislative and regulatory requirements rather than meaningful engagement with young people about their rights.

For us, a relational child rights-based model is congruent with the core characteristics of a child and youth care approach, articulated explicitly by Garfat, Freeman, Gharabaghi & Fulcher (2018), and represented in the work of both Canadian and Scottish practitioner-scholars such as Gharabaghi (2019), Smith, Fulcher and Doran (2013), and Steckley & Smith (2011). It is an approach to child rights education that is consistent with the principles of life-space practice, relational practices, and strength-based practices that draw on the voices and autonomy of young people as subjects rather than objects. This is commensurate with principles of social pedagogy, and in the specific context of child rights, it is compatible with Petrie's (2013, p. 7) argument that 'pedagogy builds on an understanding of children's rights that is not limited to procedural matters or legislated requirements'.

Our goal, ultimately, is to ensure that the experiences of young people in state care are at the centre of our approaches to 'making child rights real and meaningful'. We reject procedural approaches that meet standards established in distant places but fail to engage young people in precisely those things that matter most to them, including the one thing they cannot be robbed of – their rights. While rights can be and have been violated and withheld, they cannot be negated.

Methodology and approach (in brief)

Our methodology is centred around a process of tying a dialogue that brings together research, practice and lived experience to the aesthetic of child rights education material and procedures in operationalizing child rights education. The 2019 Care Experienced Conference in the UK also highlighted the importance of rights in a key message and that those who experienced care 'are not always being told what they are'. We were impressed by the positive response from Children's Aid Societies to our request for their materials; indeed, our first finding, even before fully engaging our methods, was that the child welfare sector in Ontario is eager to improve child rights education and has an awareness of the inadequacies of procedural approaches. This is positive and presents opportunities for the future.

Our process of dialogue with our co-authors relied upon pre-existing relationships in this subject area. Together we agreed on the rules of respecting confidentiality and respecting the narrative of each co-author as it was shared. We chose not to impose a particular method of dialogue in order to meet each co-author where they were at (Garfat et al. 2018). The themes were developed iteratively based on multiple dialogic pauses – during these pauses, themes were discussed outside of the dialogue circle to offer an element of informality to an otherwise formal process. Our approach to validation, therefore, focused on abiding by best practices in maintaining integrity and credibility in qualitative research (Noble & Smith, 2015), including: 1) we reduced researcher bias by ensuring multiple perspectives were heard within the diverse research team; 2) we included 'rich and thick verbatim descriptions of participants' accounts' (p. 35); 3) we invited respondent validation by ensuring all co-authors whose lived experiences are shared here had ample opportunity to reflect on the accuracy of the narrative; and 4) we aimed to demonstrate 'clarity in terms of thought processes during data analysis and subsequent interpretations' (p. 35).

Below we present the overarching themes of our dialogue first, followed by our analysis of the materials and procedures, and finally we return to our dialogue to present our perspective on moving forward differently.

The dialogue: Opening act

Our dialogue started through an expression of lived experience:

> My experience with having my rights read… was obnoxious. I had a significant number of booklets that were given to me every time I met someone new, went to a new event or moved. I found the interaction around it very annoying and would often just walk away as I got older. It was very repetitive (person from care, retrospective).

It became clear quickly that the themes of repetition and constant exchange of booklets corresponded to the experiences of the other authors in their various roles - practice, research and additional lived experiences. More themes quickly became apparent. The tying of rights to responsibilities was noted in particular as destructive and threatening. One of our co-authors spoke in depth about how the use of a rights and responsibilities booklet confused their understanding of rights with that of responsibilities making them seem conditional rather than something entitled to as a human being. Here we were able to contextualise the relationship of rights and responsibilities using the research of Howe & Covell (2010):

> When children are encouraged to think critically, to reflect on the meaning of rights, they quickly discover the conceptual linkage between rights and responsibilities. If, then, we wish to fully respect the rights of the child and to raise socially responsible children, we must allay our fears and dispel the myths that undermine appropriate children's rights education. A focus on responsibilities does not promote responsibility in children. A focus on rights does (p. 101).

Furthermore, the theme of empathy repeatedly emerged in our dialogue. In the words of one of the authors:

> It was difficult for me to fully understand or process what my rights were, as my transition into care was traumatic. Imagine being ripped away from your loved ones by force and the world that you have known has been turned upside down… and at that moment you have a stranger showing a lack of empathy trying to explain what your 'rights' are, on a piece of paper that you have to sign off on, while that person disregarding your emotional state. … This created a trauma response every time my rights were explained to me, associated with the lack of empathy I received while transitioning into care (person from care, retrospective).

This observation highlights how children's rights are not only legally and administratively important but also linked to the healing process and how procedural efforts can undo that process.

At this stage, we wanted to check our dialogue against the aesthetic of the child rights education materials we had received from Children's Aid Societies as well as the procedures forwarded.

A brief analysis of the materials

The materials collected from Children's Aid Societies reflect well-intended ways of engaging the interests and curiosity of young people as evidenced by the choices of format for written materials (large print, pictures, text boxes, one example of a colouring book for young children, etc.), the language used to describe rights (accessible and diverse language based on variable skills pursuant to age or literacy), and the medium through which knowledge about rights are transmitted (posters, brochures, booklets, some online formats). In spite of these efforts, we are able to identify at least four aesthetic features that require further thought:

Volume – the materials range from short, single page, poster-like presentations to 60-page narratives and often quite dense text. Either extreme of these variations seems unlikely to be engaged by young people.

Visual effects – much of the material we reviewed offers visual representations of people, institutions, processes and rights, including highlighted text that captures a particularly important message, such as: 'YOU HAVE THE RIGHT TO BE HEARD!' There are also efforts to depict photographs of young people of different races and ethnicities. These visual effects are unrepresentative of the real-life experiences and circumstances of the young people. There are no visual representations of group homes, special education classes, or courtrooms or of routines and everyday life experiences that are acutely relevant to young people, such as food consumption, physical restraints, or a lack of private space. In other words, there are no visual representations of the kinds of problems and experiences that might lead a young person to invoke his, her or their rights.

Examples – none of the materials we reviewed provides any examples of a rights resolution process initiated and completed by a young person. What is entirely missing from the materials is any example of young people who fought for their rights and won. How did they do that? What were their experiences? Can other young people who want advice on how to proceed with resolving their specific situation contact them?

Youth-driven 'class action initiatives' – the representation of rights is entirely framed within individual contexts. For young people concerned about their rights, there are no representations of group actions, collective strength or shared concerns (Magalheis, Calheiros, & Costa, 2016). This seems particularly critical in the context of the systemic racism experiences of Black and Indigenous Youth in child welfare.

The review of materials designed to 'educate' young people about their rights very much supported the themes emerging from our dialogue. A booklet, no matter how clever in its design, simply cannot bring to life how rights function in everyday life.

A rights-based practice model is ultimately not about learning in the form of knowledge exchange, but instead it is about experiential learning within the context of relational structures. This is particularly critical in the context of racist institutional patterns, where Black and Indigenous young people are under much greater surveillance that what is experienced by other young people, and their responsibilities (to peers and staff) are enforced much more vigorously (Paradis, n.d.; Roberts, 2014; Edwards, 2016).

The dialogue: Second act

Our dialogue then focused on the procedural aspects of child rights education in child welfare, and quickly led us to contemplating a move from procedure to real time relational process. Again, we were led in our dialogue by an opening statement from one of the authors with lived experience, responding specifically to the impact of being asked to sign off on having their rights explained to them:

> Initially, this caused me to refuse to sign off on the required documents that verify that my worker has explained my rights to me and that I understood them. Thus, my workers often bribed me to sign the required documents they needed, creating the perception that they were more concerned about getting their documents completed than my wellbeing, as there were no efforts to ensure that my rights were actually being upheld.

> These so-called rights were nonbinding (person from care, retrospective).

Based on our analysis of the materials we reviewed, it is clear that procedurally, emphasis is placed on a thorough review of rights at the admission into care stage, which layers on top of an already charged emotional experience a need for young people to focus on very detailed and as of yet not relatable information about their rights. Ironically, given the often limited voice young people have in the context of coming into care in the first place (Percy-Smith & Dalrymple, 2018), or in the context of placement decisions more generally (Epstein et al., 2015), sitting through a standardised presentation of their rights that highlights the importance of their voice (but also their responsibilities) seems hardly congruent with the process that landed the young people in their current context.

Our dialogue assumed a life-space perspective, where one can take advantage of the everyday opportunities to explore the connections between rights and the rituals, routines, and interactions in both foster care and residential care settings (Gharabaghi & Stuart, 2013a; 2013b). Scheduling a review of rights at regular intervals disconnects those rights from the life-space. It ‘others’ rights, and encourages young people to understand the meaning of rights as outside of their daily experience with respect to food, school, rules, inclusion, and other factors.

Our co-authors with lived experience highlight the importance of a shift to a relational approach characterised by dialogue between the young person and someone they trust, seeking out the appropriate time, in an engaging manner, suited to the young person’s needs and comprehension level. Activities that present situations to the youth, and allow them to practice negotiating, or acting in a manner of advocacy helps ensure youth understand how to operationalie their rights. The context of engagement must be safe enough to ensure that young people can contest their rights through regular opportunities to discuss such things without consequence or fear of reprimand.

Our dialogue then developed five questions that may help to situate child rights education in a relational context (Garfat, 2008; Freeman & Garfat, 2014):

1. Is this the right time and context to explicitly talk with a young person about rights?
2. Are we talking about rights as an abstract idea or as a real-life process?
3. Do I, as the worker, have a relational connection with the young person that would allow for dialogue and discussion rather than information and knowledge transmission?
4. Is the way in which I am discussing rights with the young person sufficiently geared toward the lived experiences of this young person, including their (racial and gender) identities, their social network, their spiritual orientation, and the anxieties they might hold with respect to their living context, their family context, and their Plan of Care? In addition, am I taking into account any unique learning needs and supports they may require, to comprehend their rights (e.g., young people with intellectual disability diagnoses or unique learning needs, such as autism)?
5. Am I ensuring that other professionals involved in the young person’s life are aware of and able to operationalise the rights perspective I am sharing with the young person? Are direct care-givers involved in this process?

In essence, there needs to be a shift that centralises young people and considers their social location, to ensure that young people are able to explore their rights in a meaningful and effective way that is unique to them. This approach avoids generalisations and starts with care. The professional responsible for exploring with the young person their rights must be invested in the young person to establish a positive rapport. The goal of this ‘real time’ process is to not merely educate young people on their rights while in care, but to ‘coach’ young people on conversing, debating and operationalising these rights right now, right here.

The dialogue: Third act

In this part of our dialogue, we focused on negotiating rights conflicts, informed once again by an opening statement reflecting the lived experience of one of our authors:

> I was informed if I decided to contest my rights or address them, then I would be removed and placed in a new home. I was living in a stable care arrangement and was terrified to be moved elsewhere (person from care, retrospective).

One legislated element of the dissemination of rights in the child welfare system is the articulation of a complaint procedure (UN Committee, 2012; Ontario's *Child, Youth and Family Services* Act, 2017). All of the complaint procedures that we were able to review based on the materials submitted by Children's Aid Societies were well articulated and represent a reasonable level of procedural transparency. They are characterised by a sequential process of moving through organisational hierarchies of decision-making and authority, and ultimately having recourse to outside entities such as an ombudsperson. We also acknowledged, however, that the characterisation of negotiating rights as a 'complaint process' renders the agency of the young person in behavioural terms, which may sabotage a relational process from the start. Using research knowledge emanating from our analysis of the materials we received, reflections on practice and the lived experience within our group, we arrived at three key observations about complaint processes:

First, they place enormous burden on young people to articulate their complaints well and to *a priori* take account of additional factors that may be pertinent to the particular circumstance of the complaint. As such, the complaint procedures become differentially relevant to young people based on their language skills, their intellectual capacity, their access to information, and their pre-existing relationships with individuals involved at various stages in the process. Moreover, none of these procedures explicitly take account of already existing power and structural inequities, stereotyping and discrimination, such that Black Youth, Indigenous Youth, gender-non-conforming youth, or youth otherwise impacted by chronic power imbalances and structural oppression, are significantly disadvantaged.

Second, the experiences of young people engaging a complaint procedure, as well as the outcomes of complaint processes, are nowhere documented in ways that young people themselves have access to such documentation. This means that the procedure itself is unaccountable; young people are asked to trust that if they follow the procedure, they will be treated fairly and their voices will be heard. There is very little evidence to suggest that young people hold such trust particularly with respect to ‘demand-processes’ (processes where young people place a demand on their service provider, such as the resolution of a complaint).

Third, complaint procedures are entirely individualised. This means that these procedures explicitly negate opportunities for power imbalance mitigation, and instead perpetuate such power imbalances by pitting young people as individuals against staff teams and agency personnel as a collective.

Complaint procedures are an essential component of a rights-based approach to providing service. In developing such procedures, however, more attention needs to be given to mitigating the power differentials between institutional procedures and young people. As one of our co-authors highlighted, rights debates tend to occur when parents and/or staff are in disagreement with the young person and it becomes an emotional power struggle rather than productive and thoughtful dialogue. Complaints should not be translated into an assessment of behaviours, nor should young people’s assertion of their rights be interpreted as a threat to adult authority.

The final act and recommendations

Nearly 30 years ago, Michael Durrant (1993) described the opportunities embedded in young people’s activism within a residential setting (in Australia) in the context of a ‘living room strike’ reminiscent of the Occupy Movement on the part of young people that ultimately was resolved in dialogic engagement with the staff over a period of several days. True to that description, we know from research in international jurisdictions that the interface of children’s rights and professional practice is not always smooth, as Darkwah and his colleagues (2018) discovered in the context of residential care in Ghana, and Olafsen and her colleagues (2018) discovered in the context of Uganda. Within our dialogue group, we came to the conclusion that child rights education is doomed from the start without engaging young people in relational processes that centre their everyday experiences and connect these to the exploration of rights. This means that notwithstanding the enormous efforts to produce child rights education materials on the part of service providers, such efforts cannot yield meaningful outcomes if they are operationalised procedurally. From the perspective of young people in care, talking about rights is deeply connected to the theme of power. Procedural approaches centre power within those structures that own the procedure, while young people are left to conform and comply. Change in this dynamic will require all of the usual elements of training, youth engagement and an increased role for youth participation, but beyond that, it also will require mitigation strategies for the imbalance of power inherently embedded across all of our systems and in services and professionals and practitioners. The focus in social pedagogy on human agency, autonomy, and on rendering young people as subjects, as opposed to objects, may well provide a helpful framework for rethinking institutional power imbalances. Beyond social pedagogy per se, the ongoing theoretical exploration about an 'ethic of care', as Mark Smith (2008) has argued, 'requires a stepping in to encounters with the other rather than a stepping back into a rational and objective position where professionals distance themselves from those with whom they work by mean of rules and procedures' (p. 230).

We wondered, for example, about the potential impact of having a dedicated adult working in partnership with youth to assist with mitigation of power imbalances while negotiating rights conflicts. While such an approach could be helpful as a transition to a rights-based approach, the end goal must be the full integration of rights into relational practice, rather than reliance upon a dedicated position, since this would reintroduce and even affirm procedural and policy-driven aspects to child rights.

Our arguments in this paper are not framed as critiques of agency practices. Children's Aid Societies across Ontario have invested significant energy, creativity and resources in developing their approaches to child rights education. We believe that the priority is not getting the process right, and should emphasise making the process meaningful (Garfat, 2004). As one co-author outlined, 'I strongly believe that, if my rights were presented to me in a more meaningful way, it would've helped me navigate my personal life and navigation through the child welfare system more effectively' (person from care, retrospective).

In short, we believe that relational child rights education has been underutilised in its capacity to improve the way child welfare services generally and residential services in particular are delivered and the impacts such services can have on the well-being of young people in care. As we continue to work in our group of persons from care and scholars, our next step will be to define more concretely how we might operationalise a child rights-based approach in the everyday context of residential services.

Acknowledgements

This research was supported by a grant from the Faculty of Community Services at Ryerson University. The authors additionally wish to thank the Ontario Association of Children's Aid Societies as well as the participating Children's Aid Societies. We acknowledge the research support of Janine Fernandes for this study.

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About the authors

Tara M. Collins is associate professor, Child and Youth Care, Ryerson University, Toronto, Canada, and honorary associate professor, Children’s Institute, University of Cape Town. Children’s rights have inspired NGO, government, and academic work in Canada and internationally since 1996.

Kiaras Gharabaghi is professor in the School of Child and Youth Care and the John C. Eaton Chair of Social Innovation and Entrepreneurship at Ryerson University. He worked for 25 years directly with young people and their families in residential care and treatment settings in Canada and elsewhere.

Sheldon Caruana is an undergraduate alumnus who studied Child and Youth Care at Ryerson University, with a research specialisation in Residential Child Welfare and Therapeutic Horticulture.

Shannon Cherry has been working with children and youth for nearly two decades across a variety of sectors, including child welfare, youth justice and education. Her love and passion for CYC has led her to pursue her master's in Child and Youth Care, where she has focused her attention to understanding barriers to high school graduation, looking at innovative ways to support young people in/from care.

Richard Marcano is a child and youth worker, who is in his final year of the CYC program at Ryerson. To date he has many accomplishments while working in the field. Richard is the president of a non-profit named HairStory, which aims to elevate the voices of Black youth in Ontario's systems of care. He finds fulfilment in moments when youth are influencing others through their bravery to believe in their value, their purpose, and their ability to impact the world and make change rooted in love.

Creativity with care during COVID-19

Paul Sullivan

Abstract

The importance of music and creativity in promoting the social development and wellbeing of children and young people is well documented. For children and young people with care experience, music can build resilience, help to heal trauma and support the development of supportive relationships; however, despite these myriad benefits, significant challenges remain that prevent care experienced children and young people's access to creativity. This article explores the impact of these challenges, many of which are being exacerbated by COVID-19; and, shines a light on one initiative 'Musicares' that is helping to overcome these challenges in Scotland.

Keywords

Music, creativity, COVID-19, care, residential care, trauma, hope, potential, education, Scotland

Corresponding author:

Paul Sullivan, Chair, The Sound Lab, thesoundlabglasgow@gmail.com

The importance of creativity and care

The importance of creativity in promoting the social development and wellbeing of children and young people is well documented. In 2016, the Scottish Government published an Instrumental Music Group report, which recognised that: ‘Music contributes greatly to young people’s mental, social, emotional and physical well-being’. Despite this, a 2019 enquiry by the Scottish Parliament's Education and Skills Committee, A note of concern: The future of instrumental music tuition in schools, highlighted the huge prohibitive cost of music tuition in Scotland.

For children and young people with care experience, music can build resilience and help to heal trauma (Hallam, 2015). CELCIS research ‘Creative Consortium: Children and Young people in Residential Care Engagement in Music’ has found that music promotes emotional wellbeing, is linked to personal identity and promotes a sense of inclusion and belonging. It also helps build relationships amongst young people, and between young people and their carers.

As well as enjoyment, musical tuition supports children and young people’s emotional wellbeing, increases confidence and provides a sense of achievement (Hawthorn, Gracie, & McCue, 2018). The Independent Care Review in Scotland also recognised the importance of supporting children and young people’s creativity. Perhaps most importantly, it is also great fun.

All the evidence confirms the benefits of music for care experienced young people, yet, despite these myriad benefits, there are significant challenges that continue to prevent care experienced children and young people accessing music and creativity. Some of these are cultural or practical, whilst others stem from a systemic lack of continuity, that can be a feature of the lives of too many of the children and young people who are in care. COVID-19 risks exacerbating these existing challenges.

Care experienced children and young people very often do not have the space or opportunities to express their creativity. This can affect their immediate wellbeing, their long-term mental health and their future life chances. It matters because access to creative outlets and resources to explore creative expression should never be seen as a ‘nice to have’ or just for those who can afford access.

With Scotland working towards the incorporation of the UNCRC into Scots Law, children's right to relax, play and take part in a wide range of cultural and artistic activities is never more important.

Creative opportunities

Opportunities exist, both during COVID-19 and as we come out of the pandemic, to support care experienced children and young people in creativity.

A collaborative Musicares project run by the charities Sound Lab and Music Plus is the first national music project for care experienced young people in Scotland, providing free music tuition, workshops, mentoring and advice for care experienced young people all across the country. This programme offers any type of music or creative tuition, from DJ and sound production, to learning to play the guitar, drums, keyboard, singing/song-writing, music theory, art and anything else that young people might want to learn. With Musicares, we have the ambition to provide a fully national music service for care experienced young people all over Scotland.

The workshops are free and are designed to be flexible and accessible — able to follow the young person if they move home, for example. We can provide the loan of instruments and other technical equipment and the tuition can be one-to-one or group work, removing all possible barriers to engagement.

We have fantastic tutors based all over the country that allow us to reach any community in Scotland. We have the learning from working alongside young people in the first years of the project and building connections with other care partners. Most importantly, we have the ambition to create as many free creative opportunities for young people as we can.

Creativity during COVID-19

The COVID-19 pandemic put an abrupt end to the many face-to-face workshops Sound Lab hosted under Musicares each week. However, being aware of the importance of maintaining those supportive relationships, the volunteers have worked tirelessly to create a programme of digital delivery so that young people can continue to take part. The online workshops have boosted the morale of the young people who participate, giving them something to focus on and helping them to feel less cut off from the outside world. COVID-19 has really shown the importance of our work — not just in the creative tuition and technical education, but, perhaps more importantly, in the relationships that many of the young people have built up with their tutors and volunteers. In some cases, our tutor has been the only other supportive relationship these young people have seen each week.

As well as ongoing digital tuition, weekly tutorials over social media from industry professionals within Scotland's vibrant music scene were introduced. These pre-recorded tutorials come from their bank of specialist tutors, including DJ track mixing, music production on a professional mixing desk, and insights into the song writing process from professional musicians.

Enjoying art made by others, producing a piece of music, learning an instrument or writing a song can provide comfort to people in such uncertain times, and this should not be a privilege given only to those who can easily access it. For care experienced young people, having a trusted adult who is there to support them can make an unbelievable difference to their wellbeing, and this has been particularly important during the last few months. Covid-19 has required us to think creatively about how our Musicares project responds to meet the needs of young people across Scotland. As the public health measures seem likely to be in place for the foreseeable future, so too will our model of providing free online tuition support for any care experienced young person who can benefit.

A call out to carers

Some barriers remain, however. The Creative Consortium research (Hawthorn, Gracie & McCue, 2018) recognised some of the systemic barriers that prevent children and young people having their creative rights realised.

> While children and young people enjoy and value engagement in music activity, their lives have been marked by change and discontinuity. It is therefore difficult to sustain involvement when children are admitted to residential care and, along with this, often change school. The residential care system is complex in

respect of staff cover and rotas, care planning systems and regulations.

Two years on from that research, it can still feel like creativity is not always valued as much as it should be by those working with care experienced young people. This is what we want to see change.

We want to see service managers, carers, advocates, teachers – anyone who has an impact on a child or young person's life – recognise the value of creativity and acting as a champion for every care experienced young person in Scotland. Creativity should never be for a privileged few: it should be a right for every child and young person.

Musicares is a free resource to bring these benefits to every care experienced young person in Scotland. Please spread the word about the project – make sure that you've done everything you can to bring creativity to care experienced young people. Get in touch at thesoundlabglasgow@gmail.com if you would like to learn more.

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About the author

Paul Sullivan is Chair of The Sound Lab and Sector Engagement Lead at CELCIS.

Extending out-of-home care in the state of Victoria, Australia: The policy context and outcomes

Philip Mendes

Abstract

In November 2020, the State (Labour Party) Government of Victoria in Australia announced that it would extend out-of-home care (OOHC) on a universal basis until 21 years of age starting 1 January 2021. This is an outstanding policy innovation introduced in response to the Home Stretch campaign, led by Anglicare Victoria, to urge all Australian jurisdictions to offer extended care programmes until at least 21 years. It also reflects the impact of more than two decades of advocacy by service providers, researchers, and care experienced young people (Mendes, 2019).

Keywords

Care experience, out-of-home care, aftercare, care leaving, extended care, staying put, Australia

Corresponding author:

Philip Mendes, Associate Professor, Monash University Department of Social Work, philip.mendes@monash.edu

Background

Australia has a federal out-of-home care (OOHC) system by which transition from care policy and practice differs according to the specific legislation and programmes in the eight states and territories. In June 2019, there were nearly 45,000 children in OOHC nationally of whom the majority (92 per cent in total) were either in relative/kinship care or foster care. Only about six per cent lived in residential care homes supervised by rostered staff. Aboriginal and Torres Strait Islander (hereafter, Indigenous) children were vastly over-represented in OOHC, comprising 17, 979 — that is 40 per cent of the total population or eleven times the rate for non-Indigenous children (AIHW, 2020).

As noted in Table 1, approximately 3,350 young people nationally aged fifteen to seventeen years transition from care each year including 871 in Victoria (AIHW, 2020). About 1140 or 34 per cent are Indigenous (Mendes, Standfield, Saunders, McCurdy, Walsh, Turnbull & Armstrong, 2020). The national Federal Government recommends, but does not enforce, minimum benchmarks such as the expectation for all youth to have a leaving care plan commencing at fifteen years of age. The Federal Government is currently funding a three-year Independent Adulthood Trial in the state of Western Australia which is intended to advance the social and economic well-being of 80 care leavers aged sixteen to nineteen years (ACIL Allen Consulting, 2020).

Table 1: State and Territory transition from care numbers and legislative and policy supports

State or Territory	Numbers leaving care aged 15-17 years, 2018-19	Legislation and Policy
Australian Capital Territory (ACT)	42	Access to brokerage funding and casework to 25, extended payments to kinship and foster carers to 21
New South Wales	1173	Aftercare support and brokerage to the age of 25.
Northern Territory	80	Aftercare support and brokerage to the age of 25.
Queensland	630	Aftercare support and brokerage to the age of 25.
South Australia	216	Aftercare support and brokerage to 25 years, optional extended payments to kinship and foster carers to 21 years.
Tasmania	56	Aftercare support and brokerage to 24 years.
Victoria	871	Aftercare support and brokerage to 21 years. From January 2021, leaving care age has extended to 21 years.
Western Australia	280	Aftercare support and brokerage to 25 years.

The targeted age and level of support available to care leavers within the eight states and territories varies considerably (see Table 1 above) but, overall, the jurisdictions share a common position of only offering discretionary (and mostly poorly resourced and inadequate) assistance rather than mandatory unit cost funding once the young person turns eighteen years. The exception until the recent Victorian announcement was the Australian Capital Territory (the smallest jurisdiction) which offered extended care including casework and financial assistance up to age 21, but only for those leaving foster and kinship care (Baidawi, 2016). Australia has reasonably been termed a leaving care laggard compared to other Anglophone countries such as England and the USA (Beauchamp, 2016: 278).

The Home Stretch campaign

Home Stretch is a dedicated campaign led by Anglicare Victoria to persuade all State and Territory governments to extend out of home care provision to 21 years of age. The campaign commenced in late 2015 and has used a range of advocacy strategies including public forums and launches, media interviews, surveys of public opinion, presentations to numerous conferences, meetings with state and Commonwealth politicians, and publications of research reports presenting a cost-benefit analysis (Mendes, 2018a; 2018b).

Home Stretch has highlighted positive findings from extended care programmes internationally to support their social and economic case for extended care. For example, a 2016 report referred to beneficial outcomes from England and California as a rationale for introducing similar programmes in the State of Victoria. According to Home Stretch, extended care would provide major economic benefits including reduced homelessness, less hospitalisation, fewer care leavers arrested, and general improvements in physical and mental health and social connections (Anglicare Victoria, 2016).

A further report analysed the costs and benefits of extending care nationally. That report identified major gains in areas such as educational engagement, reduced homelessness, lower hospitalisation rates, reduced involvement in the criminal justice system, and lower rates of mental illness, substance abuse, and teen pregnancy. Overall, it was estimated that the savings over 40 years for a cohort of care leavers would be $66.9 million (Home Stretch, 2018).

Additionally, the Home Stretch campaign attained endorsement from opposition parties in the Federal Parliament. Labour Party senators Doug Cameron and Louise Pratt urged national support for extended care programmes. Cameron drew attention to the success of extended care programs in the UK, Canada and USA, noting improvements in key areas such as education, homelessness, physical and mental health, and reduced involvement in the criminal justice system (Cameron, 2017; Pratt, 2017; 2018. The Centre Alliance MP, Rebekha Sharkie, also voiced support for extending care to age 21 (Sharkie, 2018). However, no representatives of the conservative Liberal-National Party Coalition Government contributed to the parliamentary debates.

In response to Home Stretch, four states agreed to trial forms of extended care until 21 years for selected groups of care leavers. Both Tasmania and South Australia are funding foster care placements to age 21. Western Australia commenced a trial programme supporting twenty young people from all forms of OOHC in May 2019 (Government of Western Australia Department of Communities, 2019), and Victoria introduced a pilot programme in September 2018 providing extended support to 250 young people over five years, whether transitioning from foster care, residential care or kinship care (Mikakos, 2018). The Victoria programme included three components: an accommodation allowance; caseworker assistance based on regular relationship-based contact; and a funding package that assists youth to acquire key education, employment and training, and health supports (Department of Health and Human Services, 2019). The other three jurisdictions — New South Wales, Queensland and the Northern Territory — have not established extended care programmes at this stage.

Victoria

Prior to the extended care trial, Victoria was arguably a policy outlier lacking either prescriptive legislation or adequately resourced services and programmes to support care leavers (Mendes, 2019). The 2005 Children, Youth and Families Act introduced an obligation (but no legal requirement) to assist care leavers up to age 21, but consecutive governments over more than a decade refused to recognise any guardianship responsibilities once transitioning youth turned eighteen years.

To be sure, a fragmented group of mentoring, post care support and flexible funding support services for young people including discrete Indigenous support and housing assistance programmes were introduced in all eight regions (see Table 2 below). Those services cost approximately 11 million dollars a year which sounded generous in principle, but in practice only about five thousand dollars per year was allocated to meet the needs of each care leaver aged eighteen to twenty years. That compared very unfavourably with the average cost per child for home-based care of $48,800 (CCYP, 2020), and in fact a considerable proportion of that small pool of funding was allocated to young people aged sixteen or seventeen years who were still residing in the OOHC system. Hence, the real amount of funding per care leaver was even lower (Campo & Comerford, 2016). Consultations with key stakeholders were also limited, and with some positive exceptions, Victorian governments largely ignored evidence from academic research projects that exposed the failures of existing policies (Mendes, 2014; 2019)

Table 2: Chronology of major leaving care legislation and policy initiatives in Victoria

Date	Legislation/Policy initiative
1998	First Leaving Care Service Model Project, but no specific funding budgeted beyond 18 years.
2005	Children, Youth and Families Act (proclaimed in October 2006) obliged the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, and counselling and support depending on the assessed level of need, and to consider the specific needs of Aboriginal young people. However, Section 16(2) of the *Act clarified* that these responsibilities '...do not create any right or entitlement enforceable at law'.
2012	Introduction of Aboriginal leaving care program which receives $1.16 million per annum, and remains the best resourced Indigenous leaving care program in Australia
2018	Extended care trial for 250 young people over five years
2020	Establishment of universal extended care program

In contrast, the extended care trial announcement in late 2018 prompted the Victoria Government Department of Health and Human Services (DHHS) to establish a 'policy network' (Smith, 1993, p.7) of key stakeholders including service providers, care experienced young people and researchers (many of whom were active in the Home Stretch campaign) to support and legitimise the new framework. For example, I was invited to present a paper at a DHHS information session in early 2019 summarising lessons from Australian and international research evidence on arguments for extended care. I was also invited to join a DHHS Expert Advisory Group, and an Evaluation Working Group.

There were further public policy developments. In February 2020, Fiona Patten, the representative of the minority Reason Party, presented a Private Members'

Bill to the Victoria Parliament urging the introduction of universal extended care. The proposed Bill (Patten, 2020) was supported by speeches from representatives of all political parties, but the proposer agreed to delay a parliamentary vote pending further negotiations with the government.

Additionally, Patten asked the Victoria Parliamentary Budget Office (VPBO) to prepare an analysis of the costs and benefits of extending care. The VPBO analysis calculated that every additional dollar spent on extended care would result in a return of $1.49. Major savings would include reduced costs in housing assistance, alcohol and drug treatment, unemployment benefits, crime and hospital admissions, plus gains from increased income and taxation (PBO, 2020).

During COVID-19, Victoria was the only Australian jurisdiction to issue a formal statement of support for care leavers. That statement released in April 2020 included new funding of approximately $4 million to assist young people turning 18 years between March and December 2020 to remain in OOHC till June 2021 (DHHS, 2020a).

In November 2020, the government announced a Budget commitment of $64.7 million over four years and ongoing funding to extend care universally via the Home Stretch programme from the beginning of 2021 plus funding of $10.3 million over four years for the Better Futures programme (DHHS 2020b; Donnnellan, 2020). That funding allocates per annum between approximately $20,000 to $27,000 to each care leaver: about $16,000 allowance which is either provided directly to the foster or kinship carer, or as a stipend for those unable to remain with their carer or who are leaving residential care; a maximum amount of approximately $9,500 to fund a caseworker through the Better Futures programme; and some flexible funding to purchase needed goods and services for education, employment, housing or other personal needs.

Conclusion

After many years of policy failure and neglect, Victoria has become the leading Australian provider of transition from care support. The policy announcement in November 2020 establishes a benchmark of core ongoing assistance for care leavers up to 21 years of age that all other Australian jurisdictions should follow.

To be sure, some groups of care leavers with complex needs will require additional and specialised assistance: those leaving youth justice custody, those with a disability, those experiencing poor mental health and/or unresolved trauma, young parents, those leaving residential care, and Indigenous youth seeking to reconnect with family and culture (CCYP, 2020). It is likely that some care leavers will require support and nurturing up to at least age 25 which is about the average age that most young people in Australia now depart the family home (Wilkins & Vera-Toscano, 2019).

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Acknowledgement

Many thanks to Catherine Gibson from the Victorian Department of Health and Human Services for clarifying the precise parameters of the universal extended care funding.

About the author

Associate Professor Philip Mendes is the Director of the Social Inclusion and Social Policy Research Unit (SISPRU) in the Department of Social Work at Monash University in Victoria, Australia. He has been researching transitions from care for over 20 years, is a member of the Transitions to Adulthood for Young People Leaving Public Care International Research Group, and has completed major studies pertaining to youth justice, employment and mentoring programs, disability, and Indigenous care leavers. His books include Young people transitioning from out-of-home care: International research, policy and practice co-edited with Pamela Snow (Palgrave Macmillan, 2016).

‘Not cut out for prison’: Depriving children of their childhood

Claire Lightowler, Bruce Adamson and Maria J Galli

Abstract

Children in Scotland continue to be deprived of their liberty in prison like settings. The majority of these children have not been convicted or sentenced, known as being on remand. In 2020 the proportion of children in a young offenders’ institution or prison has further increased, with additional concerns for those experiencing remand during the COVID-19 pandemic. This article explores the data about remand and the human rights experiences of children on remand. We also reflect on why such a high proportion of children who have not been tried or have not been convicted are deprived of their liberty in Scotland.

Keywords

COVID-19, remand, deprivation of liberty, young offenders’ institutions, youth justice, human rights

Corresponding author:

Claire Lightowler, Director, Children and Young People’s Centre for Justice, University of Strathclyde, claire.lightowler@strath.ac.uk

Introduction: Human rights context

Taking away someone’s liberty, locking them up…away from home, away from family and friends. It is one of the most serious decisions a state can impose and raises profound ethical questions. It has deep and long-lasting consequences. For a child, it is particularly damaging because they miss out on critical stages of their emotional and social development; ‘depriving a child of liberty, is to deprive that child of his/her childhood’ (Nowak, 2019, p. 168).

For children who have been traumatised already, from experiences of abuse or neglect, the impacts of being deprived of their liberty can be devastating and irreparable. In prison settings, however well managed, there is a risk of bullying, abuse and violence which compounds existing trauma and adversity and potentially introduces new traumatic experiences. Scotland has known this for some time, documented in the HMIPS Inspection Report (2019) of HMP YOI Polmont which offers an expert review of the provision of mental health services, for young people entering and in custody. It is well illustrated by ‘Oscar’ quoted below:

> A wee boy tried to kill himself the other day... He [judge] sent him here for seven days when he should be in secure. He’s just a wee boy not cut out for prison (Nolan, Dyer & Vaswani, 2017).

The United Nations Convention on the Rights of the Child (UNCRC) and the associated international guidelines on child justice, *the United Nations Standard Minimum Rules for the Administration of Juvenile Justice* (often referred to as the ‘Beijing Rules’), and the *United Nations Rules for the Protection of Juveniles Deprived of their Liberty* (often referred to as the ‘JDL Rules’ or the ‘Havana Rules’) , recognise that children accused of breaching the criminal law, have the rights to be treated in a manner consistent with their sense of dignity and worth and are entitled to a higher standard of care and protection when they find themselves in conflict with the law. This is especially true in relation to detention. Articles 40 and 37 specifically outline the child’s rights to liberty where detention must only ever be used as a measure of last resort and for the shortest possible period of time (UNCRC, 1989). Children’s rights to a presumption of innocence, to protection, to a fair hearing, to privacy and family life, to legal representation, to not be separated from their parents, to non-discrimination, to have their best interests considered, and to participate in decision-making must be taken into account before any child is deprived of their liberty.

The United Nations Committee on the Rights of the Child has repeatedly criticised the UK and warned countries that allow children to languish in pre-trial detention, that this can constitute a grave violation of article 37 (b) of the UNCRC. The Committee stressed that pre-trial detention or remand should not be used except in the most serious cases for instance where the child is an immediate danger to themselves, or to others, and even then, only after a community placement has been carefully considered (United Nations Committee on the Rights of the Child, 2019, para 86). The Committee has been clear about the obligation on the state to put in place an effective package of alternatives to ensure that deprivation of liberty is only used as a measure of last resort. The state must also take adequate legislative and other measures to reduce the use of pre-trial detention (United Nations Committee on the Rights of the Child, 2019, para 97). This requires using all available resources to the maximum extent possible when making decisions about bail and remand (UNCRC, 1989, Article 4).

The proportion of children on remand

It may surprise some people to know that Scotland locks up children (aged sixteen and seventeen) in prison-like settings who have not been found guilty of an offence. Young offenders' institutions (YOI) (and occasionally prisons) detain these children alongside those who have been found guilty but have not yet been sentenced to custody. Over time, the proportion of children who are locked up but have not been tried or sentenced has been increasing and now most children in prison settings are in this situation, known as being 'on remand'.

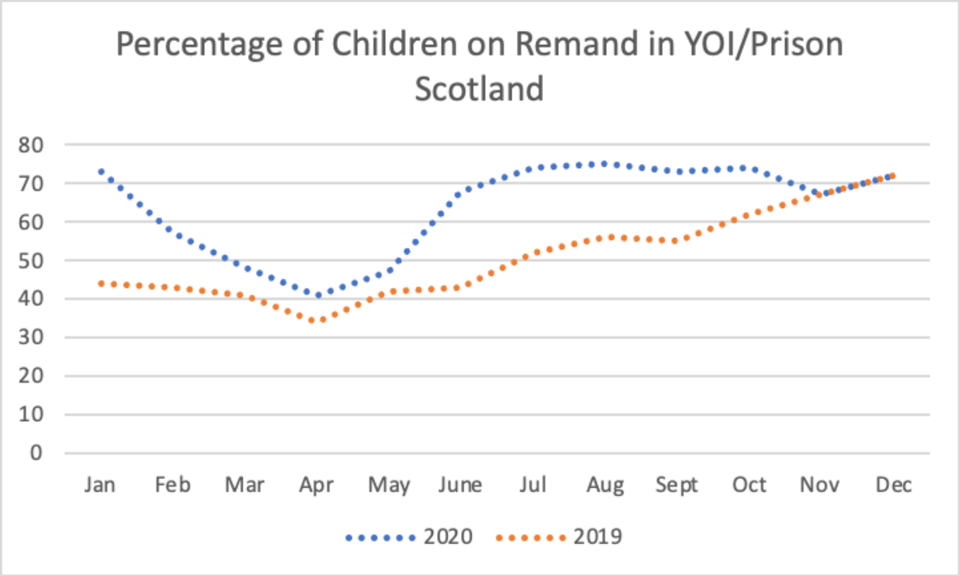
On the 1st January 2021, 25 of the most vulnerable children in Scotland were locked up in Polmont Young Offenders' Institution (Scottish Prison Service, 2020b). These were all boys aged sixteen or seventeen years old. Fifteen of these children had not been tried and five had been tried but had not yet been sentenced. Only five children have been tried and sentenced to custody. So, 80% of the children in a prison setting in Scotland are on remand (twenty children). This contrasts with children in England and Wales, for the year ending March 2019 where children remanded in youth custody accounted for 28% of the average custody population (See UK Parliament – Justice Committee (2020), *12th Report: Children and Young People in Custody (Part 1): Entry into the youth justice system*). Some of the children on remand at YOI HMP Polmont may be found not guilty when they eventually go to court, in which case they will have been detained for committing no crime. Others may be found guilty but will not be sentenced to prison by the court (Data in Scotland is not available about how many children on remand then go on to receive a custodial sentence or not).

In 2020, the proportion of children in a YOI/prison on remand in Scotland each month has been above 50% most months, and has been so consistently since June 2020. Across the year 2020 the average proportion of children on remand over the year was 66%. In the previous year, 2019, the proportion of children on remand was above 50% for six months of the year, from July until December 2019, with the average proportion of children on remand across the year being 47%. Before this, between 2016 to 2018 the average proportion of children on remand in a YOI or prison each year was between 45-52% (45% in 2016, 45% in 2017 and 52% in 2018).

Table 1: Percentage of Children on remand in a YOI/Prison in Scotland (Data provided by the Scottish Government Youth Justice Team)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2020	73	57	48	41	47	68	74	75	73	74	67	72
2019	44	43	41	34	42	43	52	56	55	62	67	72

Figure 1: Percentage of Children on Remand in YOI/Prison (Data provided by the Scottish Government Youth Justice Team)



The data presented in Figure 1 show that a high proportion of children deprived of their liberty in YOI/prison are on remand and have been for some time. The proportion of children on remand in 2020 is significantly higher than in previous years and there is a clear pandemic effect, due to a range of issues caused by COVID-19, such as court delays. However, the data also suggests that remand levels for children were high and rising before the pandemic impacted. It also hints that a complex story lies behind this data, one which is likely to require other forms of research to understand. One important element to note is that there has been a significant reduction in the total number of children who are deprived of their liberty in YOI/prison in Scotland over the past five years. In 2016 an average of 67 children each month were deprived of their liberty in a YOI or prison, compared to 21 children in 2020 (see Table 2). The high proportion of children in YOI/prison on remand may, therefore, reflect a failure to manage complex needs and risks in the community or perceptions that custody is the only way to manage such risks. It might also indicate legal, financial, and system issues around access to, and use of, secure care in Scotland, when the deprivation of liberty is truly the only way to ensure safety. These smaller numbers of children in YOI or prison also means we need to take care when interpreting the data, as one child’s experience can lead to a dramatic percentage change.

Table 2: Average Number of Children in YOI/Prison each month

Year	Average Number of Children each Month
2016	67
2017	49
2018	46
2019	34
2020	21

(Scottish Prison Service, 2020b)

Reasons for the high use of remand

The decision to grant a child bail or to deprive them of their liberty on remand in Scotland is a complex issue, which was highlighted in research undertaken with children and a range of professionals, including sheriffs, procurators fiscal and social workers (McEwan, Maclean, Dyer, Vaswani & Moodie, 2020). The research revealed a strong awareness about the negative effects of remand for children, the trauma this specific status causes and the impact on children’s future opportunities. McEwan et al. found that there was consensus that children should only be remanded in the most extreme circumstances. However, there were complexities in relation to the status of those aged sixteen and seventeen years old, whether they were legally defined as a ‘child’ in all contexts, and whether professionals around them saw them as a child in terms of their policy and practice responses. There are questions here, therefore, about whether human rights obligations are being fulfilled, as well as having implications, for instance, about whether children are remanded to a YOI rather than secure care.

> Because it was my first time up in court my social worker said a bed was available in secure…but because obviously of how serious it was the judge just overruled it and said look he’s 16 now man just get treated as an adult so I got took up. Got

> treated like an adult now innit (child quoted in McEwan et al, 2020, p.17).

The research by McEwan et al. (2020, p. 17) revealed that sheriffs and procurators fiscal identified a similar range of factors that they would take into consideration when considering bail and remand, including:

- The existence of a fixed abode from which the child could be bailed to;
- History of (re)offending and whether there has been an escalation;
- History of complying with/breaching court orders;
- Likelihood of interfering with witnesses;
- The needs and background of the child;
- Risk the child poses to public safety/a victim;
- Nature and seriousness of offence;
- The support social work/third sector could offer the child if bailed;
- For the sheriffs, whether the child had made progress since the time of the offence.

The nature and range of issues outlined above suggests that children who have the most complex needs and vulnerabilities will be more likely to experience being deprived of the liberty on remand. The absence of any consideration of the child’s rights in the decision-making processes, raises concerns about compliance with international human rights law and principles.

McEwan et al. (2020) found wide variations in practice and attitudes in respect of remand, specifically for children who breached bail conditions. For some sheriffs and procurators fiscal if a child was repeatedly offending (even low-level offending) and breaching court orders then remand was considered to be necessary. For others, the risk to public safety was the overriding factor, and where public safety was not a concern then they believed that the child should be bailed — even if the child was struggling to comply (McEwan, 2020, p. 18). At every stage of the decision-making, the child’s views and best interests must be taken into account alongside the overarching protections of international human rights law. The use of custody for low-level breaches of bail, and the lack of consistently good quality support for children on bail across Scotland, clearly contributes to the high proportion of children on remand.

Experiences of remand

Children on remand are treated differently in YOIs because they are not necessarily guilty. They have the right to be presumed innocent, and to not mix with adults, or those who have been sentenced. However, as evidenced in the most recent inspection of Polmont YOI, in practice this means other rights are not respected and certain supports and opportunities are not available to children on remand (HM Inspectorate of Prisons for Scotland, 2019b). As a result, children on remand tend to spend longer periods of time isolated in their cells than those who have been sentenced. They have not had a trial, or been found guilty, but experience the least amount of support and activities. A key frustration shared by social workers and children in the research by McEwan et al. (2020) was the difference between the activities and opportunities available when children were on remand compared to being sentenced.

> CH3: I can get one job [on remand] the cooks but once am sentenced I can get a good job. [On remand it’s] 23hrs a day, 45 mins out to go for a shower, shot of the phone and game of pool an that…brutal…
>
> CH9: When I was on remand I was locked up 23 hours a day it's not good...then when I got convicted I’m oot all the time, I’m never in my room, only at night... remand’s boring, you only get the gym and rec and that’s it, or a visit, there’s no work parties, there’s no nothing.
> (McEwan, 2020, p. 14).

The lack of focus and structure on remand can, and does, have significant impact on children’s mental health and can have profound and long-lasting consequences for them and ultimately for society. The risk of self-harm, suicide and serious mental health deterioration for these children is acute, as evidenced in the expert review of the provision of mental health services for young people entering custody (HM Inspectorate of Prisons for Scotland, 2019a). The combination of the specific status of 'remand' and the issues of not having the same access to opportunities means that children are often spending significant amounts of time in their cells worrying about what is going to happen at their court case and what is happening outside. The waiting and not knowing inherent in a period of remand is an additional form of stress, in addition to the already significant trauma associated with being deprived of your liberty as a child.

> CH6: I'm not expecting to get out, I know I'm getting a sentence; I just want to get it over and done with innit. Like sitting on remand I don't have a lib date, I'd rather have a lib date…then I know am not in here for ever. With that lib date I know that my days are numbered in here.
>
> CH4: Aye, see when you're waiting to get sentenced its torture cos you don't know what's going to happen and you just want sentenced to get it over and done with but when you get sentenced it's "oh fuck", then you get used to it (McEwan, 2020, p. 12).

Beyond this, time on remand is 'lost time' where the child is not yet able to access support or interventions which reduce the risk they pose to others, but at the same time loses positive elements of their life (relationships, education, training, their home, placements, income etc). Despite the most recent inspection of Polmont and the expert review of mental health for children in custody highlighting significant concerns about the impact of detention on young people's mental health and calling for Scottish Government to review the appropriateness of YOI as a location to detain children, this review does not yet appear to have happened (HM Inspectorate of Prisons for Scotland, 2019a; HM Inspectorate of Prisons for Scotland, 2019b).

Remand and COVID-19

During the COVID-19 pandemic many of these impacts are increased, with children experiencing extended periods without face-to-face contact with their families, their children, friends, social workers, or lawyers, and it is likely that some children will experience long periods in their cells with nothing to do. The Special Rapporteur on Torture states that the imposition of solitary confinement of any length on children constitutes a cruel, inhuman or degrading treatment which violates Article 7 of the International Covenant on Civil and Political Rights and Article 16 of the Convention Against Torture, and should be completely prohibited.

Imagine being alone in a cell for over 20 hours a day with little to do and limited opportunity to talk to anyone. Imagine having no idea when your trial might be, due to the significant backlog of cases in court. Imagine not knowing when, or whether, you will be liberated. What if you don’t feel safe? What if you are being bullied or abused? Who do you tell and how do you reach someone to speak confidentially? One young adult, over the age of eighteen, described the situation in prison (not a YOI) during the COVID-19 pandemic:

> no contact with friends and family; locked up at 5pm, no information, nothing is getting done, no support, we don't know what's going on, no gym, only £2 been added as credit for phone calls for friends and family, lots of tension, prison politics, no video calls, visits or mobile phones in cells — said this was going to happen weeks ago (Nolan, 2020).

There are also obvious increased health risks to those in prison settings during a pandemic, with concerning numbers of people in prison in Scotland affected. On November 12, 719 individuals were self-isolating and there were 116 confirmed cases of COVID-19 across Scotland’s prisons (Scottish Prison Service, 2020a). At the beginning of the pandemic, the UN High Commissioner highlighted the specific risks of COVID-19 in prisons (United Nations High Commissioner for Human Rights, 2020) and the UN Committee on the Rights of the Child warned of the ‘grave physical, emotional and psychological effect of the COVID-19 pandemic on children’ (UN Committee on the Rights of the Child, 2020, p. 1). The Committee urged all states ‘to release children in all forms of detention, whenever possible’ (UN Committee on the Rights of the Child, 2020, p. 2). They have also previously stressed that where decisions are taken to deprive children of their liberty, the state must ‘ensure by strict legal provisions that the legality of a pre-trial detention is reviewed regularly, preferably on a weekly basis’, and that it is vital that contact is maintained with their family (UN Committee on the Rights of the Child, 2019, para 10. 4). Despite these warnings, Scotland has failed to assess the needs and risks of children who continue to be detained on remand. If children are deprived of their liberty in a YOI during a pandemic, this decision needs to be subject to the most rigorous of legal processes. There must be careful consideration of the child’s best interests and detailed, recent assessment of the risks they pose to others.

The UNCRC sets out that the deprivation of liberty should be the ‘last resort’ meaning that all other ways to keep a child and/or those around them safe should be considered first. The wording of ‘last resort’ is potentially problematic because it implies that once a child has been deprived of their liberty there is nothing else we can do to help them and this is their only chance. Yet, since the onset of the pandemic, there has been no assessment of whether the children in Polmont YOI pose any risks that can only be managed by depriving them of their liberty. Courts assess whether there are grounds to oppose bail, which involves considering a child’s risk of re-offending. But what is needed is a detailed assessment of the child’s specific circumstances, their needs, human rights and best interests and how to mitigate any risks they pose. These risks can almost always be managed with high quality, intensive support in the community. This includes a range of approaches, such as, intensive fostering placements, electronic monitoring and supervised bail programmes.

The Scottish Government had an opportunity to make specific provisions for the early release of children in YOI/Prison via the emergency COVID-19 measures put in place, including the regulations for children and vulnerable adults and then the early release regulations, but chose not to make specific provision for children in detention. Children were treated as prisoners first and deemed to be not eligible for early release. There was no discussion or consideration of the fact that they were children and therefore entitled to special consideration, or protection. Given the ongoing threat to life and health in the global pandemic, Scotland must ensure that children’s human rights are safeguarded, to prevent pre-trial detention in prison-like settings and to release all detained children to safe, alternative care placements.

Conclusion

The proportion of children on remand in Scotland is an indication that something is awry. There is the need for serious consideration, discussion and debate about Scotland’s approach to children deprived of their liberty in a YOI/prison. The evidence presented in this article suggests that opportunities are still being missed and there continues to be children on remand who could be supported in the community whilst also ensuring that everyone is safe. This community-based provision needs to be prioritized, and appropriately funded if there is to be a significant change to the numbers and experiences of children currently on remand. There are sadly circumstances where the only way to keep other people safe is to deprive a child of their liberty. In these rare circumstances, however, it has been acknowledged that prison settings, including YOIs, are never appropriate places for children (Care Review, 2020, p. 82). More appropriate and sensitive child-focused and trauma-informed settings should be available. Ensuring that in Scotland children are not in prison-like settings or YOIs was a promise made by the Independent Care Review and accepted by the Scottish Government. Even when a child (after a rigorous risk assessment) needs to be deprived of their liberty for their own safety or that of others, Scotland must move quickly to make better use of secure care centres for these children and develop other, alternative provisions, to fulfil our international human rights obligations and to give these children a chance of going on to live positive, happy lives.

> I would rather be outside. I don’t like being in here. I would accept the tag and comply with conditions, provided the curfew times were ok, and would stay out of trouble so I didn’t come back here (‘Gary’ quoted in Nolan et al., 2017).

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About the authors

Claire Lightowler is the Director of the Children and Young People’s Centre for Justice.

Bruce Adamson is the Children and Young People’s Commissioner Scotland.

Maria J Galli is a human rights lawyer at the office of the Children and Young People’s Commissioner Scotland.

Secure care pathway and standards: Co-production process and implementation plans

Paul Sullivan and Beth-Anne Logan

Abstract

The development of the Secure Care Pathway and Standards sets out, for the first time, national standards of what support children and young people in Scotland should expect when in, or on the edges of, secure care. Launched in October 2020, the Standards seek to ensure support is provided before, during and after a stay in secure care and that the rights of children and young people, often facing extreme vulnerabilities and risks in their lives, are respected. When implemented, the Standards will deliver a consistent, unified approach to caring for vulnerable children in all council areas, and to all children placed in secure care in Scotland. Crucially, the Standards were developed using co-production methods alongside children and young people. This article describes some of the elements of that process, as well as the impact that the new Standards will have on young people's lives in Scotland.

Keywords

Secure care, care, co-production, relationships, trauma, residential childcare, social work, participation, Scotland

Corresponding author:

Paul Sullivan, Sector Engagement Lead, CELCIS, p.sullivan@strath.ac.uk

Background

The development and launch of the Secure Care Pathway and Standards comes at a time when Scotland's approach to children deprived of their liberty has arguably never had greater scrutiny and attention. The publication of The Promise, after a national review, provides Scotland with a fresh impetus to deliver the best possible outcomes for the children and young people in our care.

Implementation of the Standards is also a key vehicle for supporting the achievement of, and responding to the recommendations from, the Vision, Purpose, Values and Principles of secure care agreed by the Secure Care Strategic Board. It builds on Calls for Action made during the Secure Care National project, upon which the Standards are based. Also relevant is future work to support United Nations Convention on the Rights of the Child (UNCRC) incorporation into Scots law, the conclusions of the recent Scottish Parliament Justice Committee Inquiry into Secure Care Places and the Care Inspectorate's Report on the deaths of looked after children in Scotland 2012 – 2018.

Full implementation of all 44 Standards will help transform secure care. These Standards are what everyone in the system should expect: for children and young people, their families, staff involved in providing secure care, and professionals involved in supporting children before and after any potential stay in secure care. Each of the standards is written from the perspective of the child, and reflects the areas children and young people said were most important to them.

For children and young people who experience secure care, implementation of the Standards will form part of the journey towards transformational change to improve the experiences and outcomes for children who are experiencing extreme vulnerabilities, needs, and risks in their lives.

What do the Standards mean for children and young people?

The Standards provide a framework for ensuring that the rights of children and young people are respected and are aimed at improving experiences and outcomes for children who are experiencing extreme vulnerabilities, needs, and risks in their lives.

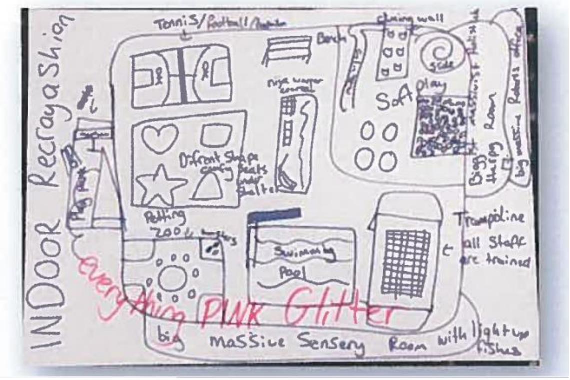
What this means in practice, is that within secure care settings, young people will be welcomed into a space that feels safe, comfortable, and friendly. They will be given access to what they need to relax and rest. The people they care about will be encouraged and supported to stay connected with them, and they will be treated with dignity, compassion, and respect. Their rights will be upheld and respected. With everyone working together to embed these standards and create a culture change, this will further enable a child’s stay in secure care to be as conducive and trauma free as possible.

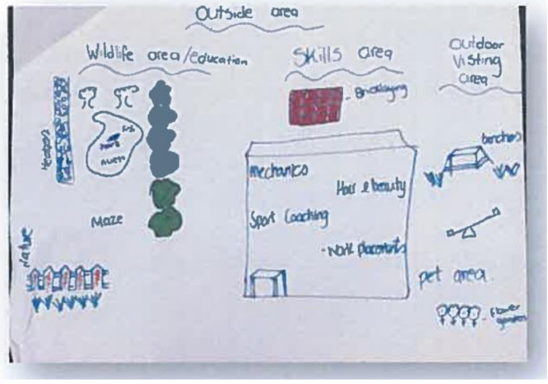
Education was one of the main issues that children discussed during the co-production process and there are a number of Standards that reflect the importance of this; including young people being given a range of high quality educational, vocational, and community-based experiences and qualifications.

The Standards do not just apply to secure care settings. Children consulted said that often it was the preparation for coming into secure care or transitioning out that was most difficult for them. Twenty of the 44 Standards are concerned with the ‘before and after’, ensuring that children are involved in the decision-making process about their care, are given the right information in preparing to enter secure care, and supported to leave secure care at a pace that’s comfortable and safe for them.

Co-production process

Just as importantly, the Pathway and Standards have been co-produced alongside children with experience of secure care. Without their involvement, the Standards could not have been developed in the way they have. The co-production process has been integral to their development and will be integral to their success. This co-production process must now be seen as the ‘new norm’ for the development of any service and the development of the Pathway and Standards should be seen as a real example of co-production in motion.





Each of the five secure care centres took on the 'creative challenge' of redesigning how secure care should look and feel. Supported by Children and Young People's Centre for Justice (CYCJ), CELCIS and the STARR Board, each of the centres used art, storytelling, model building, music, and other forms of creativity to design how care should look and feel. Some of the creative abilities showcased were truly amazing as children worked alongside staff to design their perfect care environment. Once this creative work had taken place, further work was carried out to create the standards, test them out with children in secure care, and then hone and develop them further.

The creative process helped staff and children think differently about how they wanted their care to be. The process gave them an opportunity to work alongside staff on an equal footing. Most importantly, the creative process gave many the opportunities to have their voice heard in ways that felt safe to them. These elements of fun, choice, and creativity were integral to the process.

None of this work could have been possible without the leadership of the STARR group, Scotland's only volunteer group of members with lived experience of secure care who help advise, influence, inform, and challenge key aspects of secure care, and ensure they are upholding children's rights with the highest regard. Developing standards for care is not a quick win. It has been a process of years in the development and one in which STARR has never wavered. Its members have been patient, focused, and always driven towards the goal of improving care for other children. During the co-production activities, STARR had a whole day session to 'sense check' the standards. Among the many questions asked on that day were: 'Are we going far enough? Do these standards uphold children's rights to the highest regard?'. STARR meticulously assessed each standard, one by one checking that the language was trauma-informed, easy to digest, and could result in real, lasting meaningful change. On the same day, STARR also analysed and identified the strategic implications of each standard. For example 'Which parts of the system need to change and adapt in order to meet the needs of our children? What do these standards mean for social workers?' This was particularly relevant when considering children's journeys before and during, secure care as throughout the co-production process children told us they would like more contact with their social workers.

Standards' 'champions' in Scotland's five secure care centres played an equally pivotal role. These champions helped lead the creative co-production process within each centre and ensure children were provided with meaningful opportunities to take part in the design.

The development of the Pathway and Standards is a clear example of multi-agency working and the value of bringing together key partners to work to a common goal. Each of the five centres worked in close partnership, and also with Scottish Government, CYCJ, CELCIS, the Scottish Throughcare and Aftercare Forum (Staf), Education Scotland, local authorities and other corporate parents. Each partner played a critical role in bringing us to this juncture. In particular, The Standards Champions found the space to come together, collaborate, and share practice from across the five centres, particularly useful. It is important that we continue to create these spaces for collaboration to ensure our children are receiving the best care possible, no matter where they are in the country.

Hopes of the STARR Board

> The way in which these standards have been co-designed and co-produced by those with lived experience is testament to the many partners involved and provides a blueprint for how service design and delivery should be done in the future. My hope is that Scotland listens, acts, and reflects on this exemplary work done with the standards and will seek to replicate it at any given opportunity.
>
> These standards should also provide hope for our children, that they will be loved, nurtured and cherished in whatever form of care setting they are in.
>
> Finally, it is my hope that we realise the Secure Care Strategic Board's vision, 'of a Scotland where children are treated as children and no child is deprived of their liberty'
> (Beth-Anne Logan – STARR Board chair).

Implementation

The approaches and supports provided to children in or on the edge of secure care are different in each area of Scotland, so change will happen at different paces. What is important is that all partners and agencies are on board and are working to make things better for everyone.

In supporting the phased approach to evaluation and monitoring, the first phase of which is focused on self-evaluation, learning and improvement, the Secure Care Group have developed materials to support local reflection on what the Pathway and Standards mean for agencies within each area.

The Standards champions' group acts as a forum to support implementation of the standards, helping to share experiences and practice in respect of the standards. The group provides opportunities to collaborate, innovate, and constructively challenge practice.

The co-production of the Standards has been a journey, just as the next phase of their implementation is. Children and young people should remain at the heart of this work. The standards by themselves do not make change. That will require the effort of us all.

If you would like to find out more about the Standards please contact Paul Sullivan, p.sullivan@strath.ac.uk

About the authors

Paul Sullivan is Sector Engagement Lead at CELCIS. Beth-Anne Logan is Chair of STARR.

Child sexual exploitation: Considerations for those who care

Alexandra Giordano

Abstract

Children who are in residential care are especially vulnerable for becoming prey to child sexual exploitation due to a number of different factors they have experienced throughout their lives. Due to the changing nature of exploitation, it may be notoriously difficult to identify and intervene. In the past decade, new policy and literature examines risk assessment toolkits and intervention strategies that are helpful for those working directly with looked after children.

Keywords

Child sexual exploitation, risk assessment, building relationships, COVID-19

Corresponding author:

Alexandra Giordano, social work student/residential worker, Glasgow City Council, alexandra.giordano.2019@uni.strath.ac.uk

Introduction

In the past decade, there has been a growing concern worldwide about the prevalence of child sexual exploitation (CSE) especially among looked after children. Beckett, Brodie, Factor, Melrose, Pearce, Pitts, Shuker and Warrington (2012) noted that a factor associated with risk of CSE is experience of the care system. A history of poor parenting, insecure attachments, and forms of neglect or abuse are common backgrounds for later exploitation according to Scott and Skidmore (2006), which many looked after children have experienced. The Centre for Excellence for Children's Care and Protection (CELCIS, n.d.) defines CSE as a form of child abuse, whereby a power imbalance is used to force or entice a child into engaging in sexual activities in return for something tangible or intangible such as gifts, money, affection or status. Children may be unaware of what is actually happening therefore it is classed as abuse regardless of perceived consent. Policy, data, and literature in the UK have been rapidly evolving over the past decade. In 2015, the UK's coalition government acknowledged CSE to be a national threat and suggested various proposals for assessing and managing risks. Many recent studies have proposed relevant findings involving policy, practice, management, and inspection of current CSE standards.

Considerations when assessing risk

As more data has been published, risk assessment and management methods have evolved and informed innovative frameworks. Different ideas of 'good practice' have been implemented through many initiatives. The Scottish Government published the National Action Plan to Tackle Child Sexual Exploitation: Final Report (2020) which compiles all of the changes to risk management since 2016. Since risk factors and the nature of CSE make it challenging for looked after children to recognise they are being abused (Berelowitz, 2013), the government has promoted CSE awareness and education programmes in schools. There has been a focus on early identification of CSE and online resources have been developed for residential staff and other professionals to be able to identify abuse. Identification of CSE is an important first step to referring young people for further risk assessments.

In 2012, the Scottish Government introduced a National Risk Framework to Support the Assessment of Children and Young People as a toolkit for practitioners. The guidance is set firmly within Scotland's Getting It Right For Every Child (GIRFEC) policy framework and uses Wellbeing Indicators (SHANARRI). The GIRFEC model provides a framework for practitioners to understand what support children may need based on strengths or pressures in their lives. A child's plan is created based on SHANARRI indicators as residential staff analyse whether the child is meeting the indicators and how better outcomes can be achieved. Barnardo's has also developed the Sexual Exploitation Risk Assessment Framework (SERAF) to be used alongsidethe national framework.

While having toolkits to be able to firstly assess risk is integral to managing risks in looked after children's lives, we must also recognise how they apply in practice. Naturally, there have been some criticisms of the current frameworks from workers and young people. Barnardo's with the Scottish Children's Reporter Administration carried out research resulting in the report, Sexual Exploitation of Children Involved in the Children's Hearings system (Henderson, Parry, Baird, Dagon & Kirkman, 2020), in which they suggest these tools struggle to distinguish between risk or vulnerability from the factors that indicate CSE is occurring. It was also noted that the 'tick-box' approach may be discouraging to young people and eliminates professional judgement due to an overemphasis on scoring. Checklists may potentially distract the practitioner from engaging with the child and getting to know them. There is a lack of research evidence on how to base risk assessment tools which are developed instead based on case conference reviews, experience, and emerging studies. One notable issue identified is that tools may be developed with a particular type of CSE in mind and newer forms of CSE may be missing from assessment. There is a concern about the quality of evidence that informs the grounds of assessment tools which continue to improve as more data is collected. Continuing to research CSE is of utmost importance as it strongly informs assessment tools available for practitioners.

Building relationships while assessing risk

Risk assessments ideally should be designed age-appropriately for children and adolescents who have a growing sense of autonomy. Exploited young people may be experiencing a loss of control and disempowerment that permeates their exploitive relationships; therefore, services should move towards open, child-centred practice. Unfortunately, in this area, young person-centred participatory practice is ill-defined and irregularly integrated into CSE services. Directly involving a young person in making decisions about managing their risk is more difficult than fostering a risk averse approach where decisions are made for them. However, young people's agency should ideally be reframed as a resource rather than a problem that requires restrictive measures (Warrington, 2013).

Gaining a young person's trust is a vital precursor and foundation to successful risk management. Trauma-informed relationship building between young people and residential staff is an integral part of a residential worker's job. Relationships between practitioners and young people are more difficult to build as it requires a practitioner to give consistent attention over a period of time. In turn, successful outcomes are harder to achieve through time-limited interventions (Bovarnick, Scott & Pearce, 2017). For that reason, residential workers have the crucial responsibility of maintaining close relationships with young people as they may be more likely to disclose CSE-related information to someone they trust. Being persistent and reliable with the young person is crucial for them to recognise trust. Even if a young person is not ready to engage in risk management interventions, there will be an entrusted professional available when they are (Jago, Arocha, Brodie, Melrose, Pearce & Warrington, 2011). Children need time to process their experiences at their own pace which is difficult to achieve due to timescale limitations (Lefevre, Hickle, Luckock & Ruch, 2017). It takes time for workers to get to know the child's experiences enough to respond in a way that the child feels safe. CSE is a multi-faceted problem that involves persistence and time from both the young person and the worker alike. The young person needs time to process their experiences and the worker should also take time and utilise careful theory when creating a risk assessment for them (Hallett, 2016).

Research has consistently shown that CSE interventions should be done through an integrated approach, providing comprehensive, co-ordinated, consistent risk management (Dodsworth, 2014). In line with personalisation theories, Warrington (2013) argues that the views of the young person should be involved with their intervention at both policy and practice level. Hickle and Hallett (2016) have advocated a harm-reduction approach to be applied to CSE risk management. This approach supports worker's efforts to promote children's rights in practice by providing services for marginalised children who may be hesitant to disclose or are not yet able to engage in programmes that involve a high level of commitment. Young people may demonstrate what is perceived as low motivation to escape exploitative situations and may not feel ready to leave relationships or give up the sense of belonging that sometimes accompanies exploitation (Reid, 2014). Instead of the often used 'rescue' rhetoric for addressing exploited children whereby services rescue the child from their perpetrators by moving them to secure or different residential care, Gilligan (2015) suggests that young people may engage with services and then go missing for periods of time. Therefore, practitioners should focus on being a stable and trusted adult throughout these episodes. When working with looked after young people, it is important to recognise their agency and utilise it at the centre of their risk management plan. Personalised approaches may empower the young person and emphasise their agency while being rights-centred and innovative with their risk assessment (Hickle & Hallett, 2016).

The current impact of COVID-19

Multi-agency workers continue to play an integral role in responding to the coronavirus (COVID-19) crisis and have upheld the human rights of service users despite facing new challenges. In terms of looked-after children at risk of CSE, nation-wide lockdowns may hopefully separate some young people from potentially harmful situations, but this also isolates them from protective factors such as friends, school environments and other trusted adults and organisations that offer respite from their circumstances (ECPAT, 2020). There have been indications that conditions caused by COVID-19 have heightened the vulnerability of young people to online abuse as more people use technology

(Romanou & Belton, 2020). This presents a new danger which practitioners must be able to recognise in risk assessments. Europol (2020) has raised the issue of children spending more time online during COVID-19, where they can be exposed to offenders through gaming, chat groups, phishing attempts via email, social media contact and online educational applications. Many children, especially looked after young people, are increasingly lonely and isolated in this situation. They may be more likely to be taken advantage of such as arranging to meet offenders in person or producing and sharing explicit material.

Interpol (2020) has described a delayed reporting of CSE since services and resources are reduced, and court closures lead to delays in processing cases. Young people are experiencing limited access to community support services which often play a key role in detecting and reporting CSE cases. Residential staff working with looked after children must be vigilant in identifying possible CSE during this time as they are currently the primary contacts for accommodated young people. It is important that workers are able to identify CSE indicators and be able to have open and trusting conversations with young people.

Conclusion

Child-centred practice starts with the principle that no child, whatever age, can consent to their own abuse, which is why residential staff and practitioners must explore why they appear to be ‘choosing’ abusive relationships (Barnardo’s, 2011). Literature has noted that workers must build relationships with young people over time by supporting them through different situations, absconding, and challenging behaviours (Pearce, 2014). Risk assessment and intervention strategies rely strongly on these relationships as a young person may be more likely to disclose CSE to adults they are comfortable with. Care experiences, systems and a young person’s relationships with their carer sit at the crux of CSE response and prevention. CSE is never the fault of the child and vulnerable, looked-after children must be safeguarded, supported and advocated for in trauma-informed ways that accommodate their diverse life experiences.

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About the author

Alexandra Giordano is currently completing her Master of Social Work degree at the University of Strathclyde, Scotland. Since the COVID-19 crisis, Alexandra has enjoyed working in a residential children's unit. Alexandra has also worked in mental health and social care services for several years and has worked with a variety of different service user groups. Alexandra would like to work towards developing specific child-centred, trauma-informed practices for looked after children to best suit their varying needs.

Book Review

Book Title

Labours of Love: The Crisis of Care by Madeleine Bunting,

ISBN: 978 1 78378 379 3; eISBN: 978 1 78378 380 9, Granta (2020)

Corresponding author:

Graham Connelly g.connelly@strath.ac.uk

Journalist and broadcaster Madeleine Bunting spent five years researching what she calls a 'quiet crisis buried in individual lives' (p.5). The book's page proofs arrived with the author just after the UK had gone into lockdown because of the COVID-19 pandemic. Having written a book to shed light on work which is misunderstood, and marginalised, overnight care-work was featuring daily in news bulletins, and carers were being cheered and clapped from the doorsteps. Bunting's timing was perfect, but a book which examines 'the UK's precarious and overstretched health and social care systems' (p. vii) is long overdue.

This is not a book about caring for children, or about children's services. But it is one that examines what care is and how it is valued – or, on Bunting's evidence, seriously undervalued. It is also not the product of desk research, though it is very well researched and includes detailed notes on sources; Bunting shadowed carers, even volunteering as a carer herself, and listened to their stories. A real strength of the book is that carers are allowed to speak for themselves in contrast to their usual invisibility. Part of Bunting's thesis is that this invisibility is a product both of care being predominantly women's work and the theories of Western capitalism being expounded largely by men. In her Kilbrandon Lecture[i] at the University of Strathclyde on 18 February 2021, Bunting referenced the question Katrine Marcal posed in the title of her book: Who Cooked Adam Smith's Dinner? While Adam Smith's mother kept him fed as he worked on his writing, Bunting points out the irony: 'Capitalism was built on ignoring and marginalising the care work of women' (p.23).

Labours of Love, bookended by an introduction and a final chapter considering 'possible futures', is structured in seven other chapters, each of which is introduced by an exploration of words most commonly associated with caring and being cared for: care, empathy, kindness, compassion, pity, dependence, and suffering. Caring, Bunting says, is largely dismissed, even by the people who perform it, even when it is valued so much by its recipients. 'Care lacks a language in part because it is often accomplished without words, but it also sometimes needs to be wordless. Discretion and tact can be essential. The quality of the care may lie precisely in not being obvious to the recipient or any observer' (p57).

In an earlier book, 'Love of Country: A Hebridean Journey' (2016) Buntings says of the island Iona that its history can be easily misunderstood; writers have emphasised the island's remoteness while in reality at several times in its history the island has been very well connected. That loss of awareness of connectedness reads like a metaphor for how care has become marginalised. In 'Labours of Love,' several forms of evidence are presented, such as:

- The way in which unpaid care is taken for granted and endemic low remuneration for paid work
- The spread of consumerism through public services
- The valuing of paperwork and systems over relationships, captured perfectly in the words of the home-care worker who told the author that 'the work is both closely supervised and yet lonely'
- Finally, what she calls 'obfuscating language' – 'words bankrupted of meaning' – such as 'delivery' of services and glossy brochures which drop the word 'care' – rather carelessly into every other paragraph.

'Labours of Love: The Crisis of Care' makes disturbing reading, but it also pinpoints what it is that we need to do to value care better. The book is beautifully written. The testimonies of Bunting's informants are interwoven with reflections containing references to literature and philosophy. It is also a deeply personal account. The author describes being 'confronted with the two pivotal experiences in the life course when care is required: birth and death' (p. 217).

Her father had a heart attack and was given months to live just three weeks after the birth of her youngest child. 'Once fed the baby slept deeply, utter contentment on his peaceful face, and my father was fascinated; he couldn't take his eyes off the fattening baby he called "Jumbo", and he expressed deep envy. I've wondered since what prompted his comments: whether it was the idea of a life starting anew, the peaceful ease, or the sense of being cared for' (p. 217).

I've said that this is not a book about childcare, but it is a book which should be read by child and youth care workers, and in fact anyone involved in caring of any kind. It will help them to think about what care is and could be. It is not a textbook, but students should read it. It is not a manual of social policy, but it is a critique on the failure of policies. If I have a criticism, it is that while the context for the book is the UK, the author does not consider the effects of devolution over the past 20 years, whereby responsibility for health and social care lies with the UK's four constituent countries, which in some respects have followed different paths in relation to aspects of care. When statistics are quoted it is not always clear whether these apply to the UK as a whole or solely to England.

Bunting's thesis is that the values of the market and consumerism are incompatible with care. 'Along the way, what is lost is the understanding of the power of care relationships, their capacity to forge some of the deepest and most meaningful connections. Care is a set of activities which, like music, poetry and art, makes us human: it reflects our capacity for tenderness and generosity, to reach beyond our own self-interest to serve the flourishing of another' (p. 276).

About the author

Dr Graham Connelly is an honorary senior research fellow at CELCIS, the centre for excellence for children's care and protection, in the School of Social Work and Social Policy at the University of Strathclyde, Glasgow, and editor of the Scottish Journal of Residential Child Care.

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[i] Madeleine Bunting’s lecture can be viewed at the archive of Kilbrandon Lectures at https://www.strath.ac.uk/humanities/schoolofsocialworksocialpolicy/thekilbrandonlectures/