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## Editorial

**Graham Connelly & Sarah Deely**

Editors

### Welcome to the Spring 2024 issue of the Scottish Journal of Residential Care.

Welcome to the spring 2024 issue of the *Scottish Journal of Residential Child Care* (SJRCC). It is a very full issue, with the usual mix of long-form original research papers, short articles, and book reviews. We also publish the text of the 21<sup>st</sup> Kilbrandon Lecture and a response to the lecture.

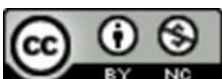
As editors, we are delighted to announce that the SJRCC has been admitted to the [Directory of Open Access Journals](#) (DOAJ). The Directory lists journals which meet the DOAJ quality assurance requirements and give access to trusted research without barriers. The project to prepare the web pages and to add Digital Object Identifiers (DOIs) to all articles in the back catalogue has been a considerable undertaking, and we are grateful to our publisher, CELCIS, and our communications team, to our colleagues at the Andersonian Library in the University of Strathclyde, and to DOAJ assessors, for their advice and support.

### New legislation to protect children's rights in Scotland

Last month the Scottish Parliament passed the [Children \(Care and Justice\) \(Scotland\) Bill](#) which, following Royal Assent, will become the Children (Care and Justice) (Scotland) Act 2023. In the context of the criminal justice system in Scotland, the Act will change the legal meaning of the term 'child' to encompass all under 18s in both the care and criminal justice systems. In practice, this means that the Kilbrandon principle whereby children in conflict with the law should have the care and protection of the Children's Hearings System is extended to 16- and 17-year-olds and brings to an end the practice of using young offenders' institutions and adult prisons, even temporarily, as a placement for children. Our colleague Debbie Nolan has written a blog in which she summarises the main changes resulting from the Act. [Scotland's on the cusp of something very special \(Part 1: what the Bill will bring\) - Children and Young People's Centre for Justice \(cycj.org.uk\)](#)

### Long form articles

This issue includes six full-length peer-reviewed papers, from authors in Sweden, England, India, USA, and Scotland.



Peter Andersson and Marie Sallnas from Stockholm University offer an account of research exploring how staff working in secure institutional care for young people in Sweden understand and describe their relationships with young people using the family metaphor. Based on a study of 53 staff interviews, the authors conclude that while there was an overall shift away from using the family metaphor towards a framing of residential child care in professional terms, it nevertheless continues to have positive connotations and remains well placed in the residential child care environment.

We also feature new research by Katrin Georgieva, Beatriz Nena, Sarah Elgie and Rebecca Dunbar from the Keys Group, providers of residential care based in England, exploring the views and experiences of residential care workers in supporting gender diverse children. The authors highlight existing research showing increasing numbers of children with gender diversity, particularly among the looked after children population. Through thematic analysis the authors have identified five themes and offer a number of recommendations in relation to supports and training that residential workers would benefit from in order to best meet the holistic needs of growing numbers of gender diverse, 'looked after' children.

Kiran Modi and Gurneet Kaur Kalra from Udayan Care, a non-profit organisation in India, provide an analysis of Families Together (FIT), a family strengthening project by Udayan Care which aims to ensure the effective post-restoration reintegration of children who were living in child care institutions and returned to their families during the height of the COVID-19 pandemic. The project involved 54 children and their families in New Delhi. The authors make key recommendations that focus on preventive measures for child separation, facilitating effective reintegration and policy reform, that have been shared with the Delhi Government and the national government social welfare department with the aim of providing a model to prevent unnecessary separation of children from their families.

Lio Moscardini and Jesse Paul of the Royal Conservatoire of Scotland discuss an evaluative case study of four care experienced young people who participated in a community arts project in Aberdeenshire. The project was funded by Creative Scotland through the Youth Music Initiative, which aimed to support the development of positive relationships, build confidence and a sense of empowerment among a group of care experienced young people. They describe the project as highlighting 'transformative potential' and suggest the findings of this paper might support pedagogical approaches that are respectful of the needs of care experienced learners participating in the arts.

Muhammad Hassan Raza of Missouri State University in USA discusses how the application of the five functions of 'Multilevel Engagement Theory' offers a theoretical lens with which to conduct research, develop understanding and explanation. The author argues that the value of such a culturally responsive theoretical approach lies in its capacity to help practitioners and policy makers understand 'the unique needs and experiences of diverse individuals and families'.



Abbi Jackson, an interim CEO in the third sector, practice educator and lecturer, discusses the use of Reiki as a treatment support for trauma recovery for young people in residential child care in Scotland. The study involved 19 young people who self-selected to participate and found that after doing so they were more relaxed overall with a positive effect to wellbeing. Abbi makes a number of recommendations relating to the use of Reiki in residential child care settings.

## Short articles

Varda Mann Feder of Concordia University and Laura Steckley of the University of Strathclyde present a reflexive and relational model for ethical decision making in child and youth care. They recognise the regularity with which child and youth care workers face ethical questions and dilemmas, describing situations that 'are complex, demand considerations at multiple levels and ultimately involve tough choices about how to respond'. They propose that working through the model outlined, workers will over time, develop their ability to problem solve and identify the best, core value based, course of action.

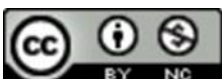
Monika Lengauer and Christian Posch from FICE Austria discuss the need for the development of a curriculum of continuing professional development for child and youth care professionals working in professional alternative child and youth care settings in Austria. The curriculum encompasses different teaching and learning methods with an additional recommendation for voluntary one-to-one supervision. Twenty thematic subject areas are identified with a caution that these should be considered in a context of cross cutting issues and theoretical approaches.

Olivia Roles from Rossie Young People's Trust and Lorraine Johnstone, a consultant clinical forensic psychologist, discuss how the implementation of Johnstone's ABC Formulation Framework and the 6D model in a secure care setting, has supported both staff and young people to achieve positive outcomes.

Jim Goddard of The Care Leavers' Association outlines some of the main developments during the 1950s and 1960s in relation to the state care of children in England and Wales, a period of time described as 'an important bridge between the era of institutional care and the modern world of social service departments'. Jim highlights the value of these reports as primary sources regarding the history of residential child care in the UK.

Kelly MacKenzie of South Lanarkshire College in Scotland explores the current outcomes and statistics for care experienced students in the context of 'a significant education attainment gap for the care experienced population'. Kelly identifies a range of services that could support and respond to existing gaps in provision, and a range of suggested methods staff members could use to gain better understanding and awareness of how best to support care experienced learners.

Seonaid Graham, Marie Duncan, Jenni Kerr, Imogen Wootton, Katie Quinn, and Jess Corbett of Glasgow City Council in Scotland discuss how Implementation



Science supported the application of the 'How Nurturing is our Children's House (HNIOCH)?' programme, which has contributed to a 'reduction in distressed behaviour for children and young people, and a reduction in carer absence'.

Yvonne Hughes, research associate at the University of Sydney, has contributed a detailed report about the NSW DICE Forums and Training 2023 conference held at various sites in New South Wales, Victoria and Queensland, Australia in August 2023.

The final short article in this collection, by Eona Craig, CEO of the Articulate Cultural Trust, an art charity based in Glasgow, Scotland, dedicated to involving care experienced young people in creative activities. The article, which includes several striking images, describes the #startwitharts campaign that used 44 billboard sites in Glasgow to display a poem about the importance of creativity in the young people's lives – the stanzas of the poem can be pieced together by walking between the sites.

## The Kilbrandon Lecture

This issue includes the text of the 21<sup>st</sup> Kilbrandon Lecture, 'Resisting the Marginalisation, Regulation and Criminalisation of Children and Young People' given by Professor Emeritus Phil Scraton of Queen's University Belfast at the University of Strathclyde in February, as well as a response given by Shumela Ahmed, care experienced activist, community educator and co-founder and managing director of the Resilience Learning Partnership. A film of the lecture is available on the University of Strathclyde [YouTube](#) channel and it, and previous lectures, can be accessed at the Kilbrandon Lectures' [archive](#).

## Book reviews

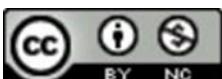
'Insiders Outsiders: Hidden narratives of Care Experienced Social Workers', edited by Mary Carter and Siobhan Maclean (Kirwin Maclean Associates, 2022), is reviewed by Professor Ruth Emond of the University of Stirling.

'Development of Children's Care Services in Scotland: Report for the Scottish Child Abuse Inquiry', by Andrew Kendrick, Erin Lux, Sharon McGregor, and Richard Withington (University of Strathclyde, 2021), is reviewed by Kirstie Maclean, a retired social work consultant.

'Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges', edited by James Whittaker, Lisa Holmes, Jorge Carlos Fernandez del Valle, and Sigrid James (Oxford University Press, 2022), is reviewed by Leon Fulcher, retired professor of social work.

## Next issue

We will be back with the autumn 2024 issue which will be published in November. If you are engaged in research which would be of interest to our



readership, please consider submitting a paper. If you have an idea for a short article, we will also be delighted to hear from you at [sjrcc@strath.ac.uk](mailto:sjrcc@strath.ac.uk).

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Original Research Article

# Beyond professional terms – the family metaphor in staff descriptions of their relations to young people in Swedish secure care

**Peter Andersson and Marie Sallnäs**

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**Abstract:**

One premise for the organisation of residential care for youth is that staff are expected to relate to each young person individually, but also to the group of young people as a whole. The relational interplay between staff and placed youths in secure unit care is fundamentally based on asymmetry, with interactions taking place in a context of confinement. The aim here is to explore how staff working in secure institutional care for youths in Sweden understand and describe their relationships with youth in terms that extend beyond professionalism, and especially their use of the family metaphor. Fifty-three interviews with staff were analysed in a two-step qualitative analysis, which generated three themes that highlighted staff narratives focusing on descriptions of parenting, sibling relationships, and closeness without using the family metaphor. One conclusion is that despite an overall shift away from the family metaphor, in the direction of framing residential care in professional terms, the family concept seems to sit quite well even in an environment with ambitions to provide professional care. The family metaphor may not be the cornerstone of care, but it is eminently present.

## Introduction

Institutions for young people are settings for intense interpersonal interactions and environments in which a multitude of relations are established. Interactions take place within a collective milieu of a group of staff workers and a group of young people. A basic premise of the organisation of residential homes is that staff are expected to relate to each of the young people in their care as individuals, but also to the group of young people as a whole. In this study we



elaborate on how staff view their relations to youth compulsorily placed in Swedish secure care (locked institutions, i.e. SiS<sup>1</sup>).

The character of staff-youth relations is often highlighted as a crucial aspect of quality residential care (Harder et al., 2013; Nolbeck et al., 2023). These relations are complex and may be described – on both sides – in various ways (Andersson, 2020; Engström et al., 2020; Fowler, 2016; Henriksen & Refsgaard, 2021; Vogel, 2020). The staff-youth relationship may be framed in professional terms but may also be portrayed in a less formal way, such as in terms of family. Perceptions of these relationships can also range from basically positive and trustful to negative and hostile (Andersson, 2022; Engström et al., 2020).

The relational interplay between staff and youth placed in secure care is based on asymmetry, with interactions taking place in a context of confinement. The young people's placement in a secure unit is mandatory, and their problems, needs and care may be viewed in various and incongruent ways (Orsi et al., 2010). Thus, the dynamic of incarceration makes the units a site of both protection and punishment, both care and control. On the one hand, staff are to provide care and treatment; on the other, they also exercise control over young people who are placed in care against their will. This requires navigating between different and often incompatible logics. Yet staff workers in secure units generally have minimal training, and there have been recurring reports of insufficient levels of staff competence in Swedish secure units (Pålsson et al., 2023).

Working in residential care for young people, not least in a secure care unit, is emotionally demanding. It involves dealing with tensions and conflicts of various kinds (Andersson, 2022), and navigating between different logics, often described in terms of making a division between the professional and carer roles (Fowler, 2016; Nolbeck et al., 2023; Smith, 2020). One way of approaching the 'non-professional side' – the carer role – is to frame it in terms of staff being like a family or of the institutional setting as 'family-like' (Sallnäs, 1999). This may be an attractive framing: some children who describe positive experiences in residential care refer to it as being part of a family, and use kin terms for staff members, such as 'dad' or 'sister' (Kendrick, 2013). While a secure unit is far from a family-like setting, carer relations may still be inspired by the family metaphor (cf. Andersson, 2022).

In this article we analyse the ways in which staff working in secure units understand and negotiate their relations to the young people placed in these units. We highlight the intersection of the carer role with the professional role by exploring how staff understand and describe their relationships with the young people in terms that extend beyond the professional, and especially the use of the family metaphor. How is the family metaphor used and what kinds of

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<sup>1</sup> The Swedish Board of Institutional Care (NBIC): <https://www.stat-inst.se/om-sis/om-webbplatsen/other-languages/the-swedish-national-board-of-institutional-care/>





relationships between staff and youth does it include? What are the implications of framing such relationships in terms that extend beyond professionalism?

## Previous research

The staff-youth relationship is well illustrated in the literature (Henriksen et al., 2023; Whittaker et al., 2023). Here we focus on two main themes: first, how the concept of family appears in this context, and second, the emphasis on professionalism in staff-youth relationships as a precursor to good outcomes for youth in residential care settings.

### The concept of family in residential care

Fowler (2016) stresses that staff at residential care units for youths are expected to take on many different roles and duties in their day-to-day work. One of these roles is that of 'parent', which, however, is difficult to balance with their professional role. Using 'family-like' expressions for staff in residential care is hard to navigate, Fowler concludes. Kendrick (2013), however, argues for a wider conceptual framework that draws on sociology of the family to further understand the staff-youth relationship in residential care. Gradin Franzén (2014) shows that staff, for various reasons, describe their relationships with young people in terms of a mother/father or older sibling role, implying closeness. Building relationships also seems to have different meanings depending on the ward in question and the time frame (Ponnert et al., 2020). In one study of emergency wards at Swedish secure units, Ponnert et al. (2020) found that staff thought they should not work towards a deeper relationship with young people, viewing this as a job for staff in treatment wards where young people were placed for longer periods of time.

### Staff-youth relationships as key to outcomes

In a key article, Harder et al. (2013) stress that a good relationship between staff and youth depends on the treatment skills of the staff and the motivation levels of the youth. They point to skills such as empathy, trustworthiness and reliability, and the knowledge we have about good therapeutic alliances as vital to the successful treatment of youth mandated to treatment/care. Yet, at the same time, research indicates that staff at compulsory treatment institutions are not well educated and trained (Pålsson et al., 2023), and additionally that young people in these kinds of institutions often lack motivation. Van Dam et al. (2011) studied staff behaviour in relation to the problems of placed youth, pointing out that the relationship between the staff and the youth is more important than the specific interventions that the staff make. Harder et al. (2017) highlights what young people identify as important personal skills: authority (balance between rules and freedom), empathy, availability, caring, listening, trustworthiness, honesty, and stress tolerance (cf. Anglin, 2002). In the same study, they report that parents of placed children believe that staff should not engage in power struggles. Young people say their own motivation is an essential factor for change (pointing out the need for training in Motivational Interviewing for staff).

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Harder et al. (2017) also stress that staff working with young people start from their own ideals and personal styles, but it is preferable for there to be a common treatment model to start from.

In their systematic literature review, Steels and Simpson (2017) highlight the importance for staff of creating strong ties to young people, because these can have a therapeutic effect, although Wästerfors (2012) points out that the social bonds that are primarily strengthened during an institutional stay are those between the young people. From a prosocial development perspective this is not necessarily positive, as Cameron-Mathiasen et al. also note in their systematic review (2022), as well as Dodge et al. (2006) in their article on peer influence. Still, the working alliance is central to the effectiveness of treatment (Engström et al., 2020; Ferguson, 2022). Thus, the relationship between staff and young people is an important part of institutional placement as a whole – although, as Gallagher and Green (2012) stress, young people's experiences of their placement depend upon an overall caring attitude from all individuals with whom they come into contact. Further, Carvalho et al. (2022) conclude in their study that the development of emotional ties between staff and youth depends upon the staff member's advocacy for the role of reflexive practice and self-knowledge, and the young person's capacity for relating.

In sum, many scholars describe the relationship between staff and young people as fundamentally a professional relationship, using professional terms such as alliance. Yet the exact lines separating a professional relationship from its opposite seem unclear. This study is located in these borderlands. Thus, this article addresses how staff workers talk about the staff-youth relationship in terms that extend beyond the professional – such as through the use of family metaphors.

### **Secure units: The context of the study**

In Sweden, the majority of young people placed in secure care units are between the ages of 16 and 18, with the girls being somewhat younger. Many of them report being subjected to psychological or physical violence by a parental figure prior to their institutionalisation (SiS, 2021). They also report a high degree of psychological vulnerability, including severe trust issues, depression, and suicidal thoughts (cf. Denison et al., 2018, for an international context). These young people are thus a vulnerable group with multiple psychosocial problems, including criminality, experience of abuse and domestic violence, and serious mental illness.

The Swedish National Board of Institutional Care (SiS) runs 21 different secure units in Sweden, and every year around 1,100 youth, mostly boys, are placed in these institutions. Staff have far-reaching legal authority over the young people, including, for example, controlling their calls and deciding whether to hold them



in isolation. Most secure unit workers are treatment staff.<sup>2</sup> They may have a range of backgrounds and work experience, including working with young people in schools or adults in prison. In Sweden, secure unit workers must hold a secondary school diploma; an additional two-year vocational degree in social work is considered desirable, but it is fairly common to lack the vocational degree (Pålsson et al., 2023). Most workers do receive continuing education in the areas of conflict management, suicide prevention, and Motivational Interviewing. In violent situations, staff are permitted to use physical restraint and seclusion rooms, but young people may be placed in isolation for a maximum of four hours. Secure units are often located in rural areas, away from other buildings, and are often fenced in. Youth are largely confined to their units, except for medical or district court visits. The most common reasons for placement are criminality, substance abuse, or other socially destructive behaviours. In Sweden, young people are placed at secure units by municipal social services (child welfare), not by the criminal justice system. While youth institutions globally tend to be characterised by the constant presence of control and safety awareness, compared to the UK and US (cf. Hill et al., 2007), Nordic institutions are principally characterised more by a treatment tradition than a retributive tradition (Enell et al., 2018).

## Theory

### The family metaphor

The good family is a potent image in society at large, and even more so in out-of-home care, including secure care. In contrast to foster care, secure units and other types of residential homes are professional settings. They are organisations created to take care of and/or treat children, where staff are paid to do this job, whose nature as a kind of emotional work has been stressed (cf. Andersson, 2022; Bolton, 2005). The children are replaced, and personnel come and go on schedule. Yet use of the family metaphor is also a common phenomenon in residential care. Historically, the idea of 'being family-like' has been deemed important, mainly based on the notion that it might temper the instrumental and impersonal sides of the traditional institution (Bullock et al., 1993). The idea of 'family' may be used both as an ideology and as an organising principle: in other words, activities inside the institution are intended to emulate a family or a foster home in various respects (Sallnäs, 1999). Obviously, such a setting impacts on how the relations between staff and children and young people are framed.

Hydén and Hydén (2002) distinguish between 'familyhood' and 'parenthood', arguing that these are two different functions in relation to children. When

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<sup>2</sup> In some other countries, the profession in question is referred to as 'social pedagogy', and training takes place in the university system; see, e.g., Steel and Simpson (2017). See also Whittaker et al. (2023) regarding different countries' educational requirements.



children and parents are split apart (upon divorce or at placement in out of home care), these functions, which were combined when children and parents lived together, are separated. Parenthood must be reconstructed and reformulated when children and parents no longer share a family life. In cases of parents separating, the children may also be part of a new family. As we will see, use of the family metaphor when describing staff relationships to young people may include both parenthood and familyhood.

## Method

### Participants

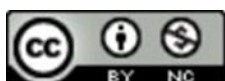
The data analysed in this article were collected as part of a research project investigating staff perceptions of violence and emotions at secure units for young people in Sweden.<sup>3</sup> In this manner, the research question in the current study has been retrospectively applied to the interview data (further discussed in subsequent sections of the article). Table 1 describes the interview participants.

|                                   | Unit 1   | Unit 2                                     | Unit 3                                      | All units                             |
|-----------------------------------|--|--|---|---------------------------------------|
| Average age                       | 38 (min: 24<br>max: 62)                                    | 36 (min: 27<br>max: 49)                    | 43 (min: 27<br>max: 61)                     | 39 (min: 24<br>max: 62)               |
| Sex                               | 74% men  | 55% men                                    | 50% men                                     | 64% men                               |
| Two-year vocational degree        | 56%  | 45%  | 100%  | 57%                                   |
| Average length of work experience | 4 years (min: 5 months max: 16 years)                      | 3.5 years (min: 1 year max: 21 years)      | 9 years (min: 3 years max: 19 years)        | 4 years (min: 5 months max: 21 years) |
| Number of participants            | 27 (of total 40)   | 20 (of total 70)                           | 6 (of total 25)                             | 53                                    |
| Type of institution               | Single-sex, boys – emergency, investigation, and treatment | Single-sex, boys – emergency and treatment | Single-sex, girls – emergency and treatment |                                       |

**Table 1: Characteristics of interview participants (n=53)**

As Table 1 shows, differences between the three institutions exist, but the focus of this study was not on comparing and contrasting the units, but rather on viewing

<sup>3</sup> Approved by the Local Ethical Committee in Stockholm (reference number 2016/2165-31/5).



the dataset as a whole. As Table 1 also indicates, staff work on different wards. Youth are meant to stay in the emergency (acute) wards for only eight weeks, to interrupt very negative patterns of behaviour. During that time it is decided whether the young people should be placed for further investigation of e.g., neuropsychiatric problems or move to a unit providing treatment programs for drug abuse or crime prevention (Ponnert et al., 2020). The institutions included in this study do not differ in any way from other institutions run by SiS, in terms of target group, treatment, staff density, level of education of staff, etc. During the interviews, 31 out of the 53 interviewees spoke of and made reference to the concept of family in different ways.

## Teller-focused interviews

The interviews were guided by Hydén's (2014, p.796) notion of 'teller-focused interviews', emphasising the relationship between interviewed and interviewer as one of facilitation and support. This interview procedure uses open-ended questions and encourages in-depth follow-up questions (i.e., 'Tell me about...'), with the result that, in contrast to structured interviews, each is unique. Hydén's concept of the teller-focused interview was also used to inspire the telling of narratives.

## Analysis

The first part of the analysis drew on Emden's (1998, pp.35–37) 'core story creation' approach, which is a means of reducing full-length stories to shorter ones to aid the process of analysis. This process of emplotment, or plot creation, also serves as a way to manage and organise narratives. The first author read all the transcripts while focussing primarily on two questions in the interview guide that addressed how staff talked about their relationships with the young people. These questions were: (1) How would you describe the relationship you have with the young people? and (2) If you were to use any metaphor to describe the relationship, what would it be?

The second part of the analysis involved generating themes, following the narrative thematic approach of Lieblich et al. (1998). This part of the analysis proceeded via three steps. In step 1, selection of the subtext (cf. emplotment), the first author read every transcription and extracted 80 narrative excerpts based on the two questions from the interview guide. In step 2, definition of the content categories, the 80 excerpts were sorted into eight categories relevant to the research questions. In step 3, sorting the categories into themes, the eight categories were assigned to three larger themes. The technique of thematisation is well-suited to this study, as it too is concerned with story content: 'what' is being told, rather than 'how'. Further, a theme is not necessarily dependent on quantifiable measures; rather, it can be understood as capturing something important about the data in relation to the research questions and represents some level of patterned response or meaning across the dataset. The extent to which staff members refer to different metaphors may depend on their age, their



own relationship with their biological family, or their education; however, no in-depth analysis was made regarding the reasons for their answers (along the lines of 'why that particular association?') due to the retrospective element.

## Results

The analysis shows how and to what extent secure unit staff members use the metaphor of the family to talk about and describe the staff-youth relationship. This section is structured around three themes that all fit within a larger framing of family as a positive entity– expressed by one interviewee through the idea that the creation of family is a way to succeed. The three themes are: (1) The parent: 'The one who really sees, hears, listens, and asks'; (2) Siblings: 'You get very close to some of the young people, and I see myself as a big sister', and (3) Closeness without family: 'You should be close, but not personal'.

### 'When we succeed, we create a family'

The family metaphor clearly frames the themes discussed below. Malin, a staff member at a unit for boys, stressed the aspect of family, saying, 'older and younger, men and women – I think they need this brother, sister, mother, father, grandmother.' Further, as one male staff member stated: 'When we succeed, we create a family where we respect each other.' Opposite approaches also exist. Hamza, a staff member with experience of working with both boys and girls, expressed resistance to the family metaphor: 'then you have gotten too personal, then you are not professional.' More common, however, were descriptions such as John's, who compared work to home life: 'It's like having two families. I spend almost as much time with the boys here as with my family.'

### The parent: 'The one who really sees, hears, listens, and asks'

Several interview subjects, both men and women, used the concept of 'a parent' as a metaphor or organising principle (cf. Sallnäs, 1999). Maria, a woman of around 50 who had worked for a couple of years with mainly boys, said:

I'm probably the mother role, I think...uh...the one who really sees, hears, listens, asks...uh, the one who is caring. Uh...but probably the strictest about rules, so it's probably a mixture and that's probably where you have some success...you're always treated very well, with respect [by the boys].

Maria describes herself on one hand as a person who listens to and sees the boys, but on the other as the one who adheres strictly to the rules. Her 'parenting' includes both care and boundaries. She describes characteristics – such as being empathetic and listening – that are also highlighted in the research as relational qualities staff at secure institutions should possess (Harder et al., 2013). Several male staff members also referred to themselves as 'a father'. Stefan, aged almost 40, saw himself as a kind of extra father, he said:

It gets to be like a little extra father's role, in a way, not that big of a difference compared to having children at home. Maybe you have to be a little tougher ... and some of the youth have cultural backgrounds that vary when it comes to views on habits and hygiene.

Initially, Stefan does not express any major difference between his parenting at home and what could be seen as parenting within the context of his day-to-day work. However, he points out something Maria touches on as well: toughness and clarity. These are seemingly generic characteristics that have been highlighted in work with young people (Harder et al., 2017); however, the boundaries between a form of professional relationship and parenthood are not necessarily crystal clear, implying that perhaps a personal style will not always differ from professionalism.

This theme also includes the use of grandparenting as a metaphor, which adds a generational dimension to the analysis (Kendrick, 2013). Only staff over the age of 60 used this metaphor. Hans gives his view of what a grandparent in this context represents:

But I'd probably be a grandfather, a figure that is not so threatening, neither mother nor father. More like a grandpa who you can maybe talk to and who listens and who can maybe say 'yes, yes, I understand, your mother is like that'....

As Hans sees it, due to his age he does not become threatening, and in a way he becomes the one who listens to the potential conflict a young person could have with a parent. Here too, generic qualities such as listening and not working against an alliance (e.g., by being threatening) appear. Here again, we see that the metaphor of family can indicate a role that overlaps with professionalism, rather than being distinct from it.

### **Siblings: 'You get very close to some of the young people and I see myself as a big sister'**

In this theme, the age difference between youth and staff is not as great as in the previous one. More staff members also bring up this metaphor, which, of course, could be due to the fact that many of the study participants were close in age to the young people. Ali said:

We are a team. We take care of each other, that's what we say every morning at our meeting. We have a part at the end called 'positive comments', and I usually say that we should respect each other and take care of each other, and the boys often say the same things because we want to stand up for each other. We are here together, we eat together, and we clean together, we live here, not us, I mean, but they do. So it turns into something like a big brother relationship, at least for me. It turns into: these are my guys.



Ali points out a close and strong relationship between him and the young people, but he also highlights a distinction: he can go home. Hence, from the youth perspective, for a restricted time, the secure unit becomes a home and thus a location where emotions have a clear place (cf. Andersson, 2022; Steels & Simpson, 2017). Secure units, then, are workplaces filled with many different emotions that staff must handle, including anger, despair, suffering, powerlessness, frustration, joy, fear, sadness, shame, guilt, curiosity, and anxiety. This fact also illustrates the similarities between the use of a family metaphor – in this case brother – and what could be thought of as a professional relationship. Both are about taking care of the young people's emotional lives, which highlights the fact that no watertight boundaries exist between what is described as professional and a more common-sense approach.

Some female staff members referred to themselves as sisters, but not to the same extent that male staff used the term brother, perhaps due to the milieu within secure units, which is often described as masculine (Vogel, 2020). Mia, age 29, who worked mainly with girls, said:

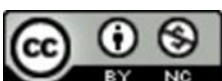
You get very close to some of the young people and I see myself as a big sister to them. Some of them are so nice, and it is such a shame that they have ended up here and ended up in the wrong place in society. I have a pretty good relationship with them, they often respect me.

Mia's use of the sister metaphor can be interpreted as suggesting that she partially identified with some of the placed girls, despite being around 15 years older. Furthermore, the sister image in a way suggests that the girls cannot be problematic in this context. As observed by Roesch-Marsh (2014), girls at institutions are often described as vulnerable and exhibiting risky sexual behaviour, while boys are not described as vulnerable but instead as acting out physically. However, exceptions have been discussed in the research literature in recent years (see e.g. Andersson & Øverlien, 2021; Vogel, 2020).

A related metaphor used by staff was that of the 'play leader'. On one hand, this could be interpreted as an infantilisation of the young people by staff; on the other, it could also illustrate an older sibling taking care of a younger one. Simon said:

If you have a good group then it's like being a play leader, you manage things during the day. You fish, go to the sports hall, make sure that everyday life goes smoothly, make sure that they manage their routines... so... on a good ward, it's a great job and you have good relationships. They open up, they talk...yes, you can tell that they are having fun.

Simon talks about his day-to-day work with the young people in a playful way, but it is also implicitly conveyed that the playfulness and calm only exist if the group of young people can interact in a positive way. Premises for a good





relationship are thus set up, and we can interpret Simon as expressing a desire for a conflict-free relationship, which probably does not exist in either a family or a professional relationship.

### **Closeness without family: 'Close but not personal'**

This last theme contains descriptions of relationships that do not refer explicitly to family, but rather to other kinds of closeness. This theme should not be understood as a contrast to the two previous themes, but rather as broadening what could be described as closeness in a professional framing. Iris, who was about 30 and worked in a boys' institution, said:

You should be private, but not personal. Obviously, I'm going to tell things about myself, but I don't sit there and tell them where I live and I don't invite them over. I'm here as staff, I'm here to see them and their needs and try to help them find themselves and find the right tools and manage themselves.

Iris expresses the classic motto of 'close but not personal'. Proximity and what you communicate with each other is thus a matter of negotiation with seemingly clear boundaries. Hence, despite being in the role of staff, Iris here clearly talks about taking care of the young people. Perhaps it is possible to draw a parallel with some of the staff who talked about the young people as if they were their friends, where the distance that Iris highlights was also found. A relatively old staff member, Sven, used another non-family metaphor that nevertheless described closeness:

In a way, it could be like an orienteerer who's trying to orient himself with a map. I am the map so they can find the right way, but then they still make their own decisions about which roads to take and then they get to whatever goal they get to. I see a lot of my job as providing opportunities for them to find their own inherent strength to change, because I don't believe so much in lecturing, in saying do this and it will be good. That won't work, but [what will work is] getting the change to come from the guys themselves.

The orienteering metaphor is quite similar to the family metaphor as it has been described above: the staff member is humbly guiding, but with certain reservations. A therapeutic relationship, too, indicates closeness, although not in exactly the same way as the family metaphor. Harald, age 47, described a relationship that was more about professional technique:

A good tactic that I think works to create an alliance is to listen: what is he saying? Is he just saying it because he knows I might be interested or are they saying it because he is genuinely interested? It usually creates a good alliance, you find a common denominator. What else can make a good alliance? Feedback is also usually a good thing, when they ask me about something, can you call social services?



Harald describes things that can create an alliance: in other words, things conducive to a relationship. In this case, once again, it is the generic factor of listening that is highlighted (cf. Anglin, 2002).

## Discussion

Interactions with youth, a generally low level of education, and not least the complexity of their work, all make the role of staff worker at secure institutions a multifaceted one. Concepts like family and professionalism are not easy to pinpoint. Staff at these institutions are ambiguous regarding their role and relationship to the young people they care for. In this way, there are significant implications for the front-line workers addressed in the study, which will be further elaborated upon in the subsequent discussion.

The aim in this article was to explore how staff understood and described their relationships with the youths in terms that extend beyond professionalism, especially using the family metaphor, which was frequently employed. Even if there is an overall shift away from this metaphor and in the direction of framing residential care in professional terms, as described by Lundstrom et al. (2018), the family concept seems to sit quite well even in an environment with ambitions to provide professional care. The family metaphor may not be the cornerstone of care, but it is eminently present. Or rather, it may be that several perceptions can exist at the same time, which is a crucial implication to consider. This may be important when it comes to for example education of staff (Pålsson et al., 2023). As Ponnert et al. (2020) identified, we observed that staff relate differently to young people depending on which ward they work at, something that also deepens and gives a more complex picture of the staff, which is important knowledge for managers and other decision-makers in relation to front-line workers. We also observed that family is largely presented in a positive way, although family relations can also be destructive and negative, which the young people obviously know because it is often one of the reasons for their placement in care.

One thought-provoking theoretical aspect that could potentially be further developed is that we observed a broadening of the family concept through use of the concepts of siblings and grandparents, creating a three-generational dimension that in a way also creates a wider network for the youth. Today, however, there are growing demands on social services in general, including residential units, to provide professional, even evidence-based care (Pålsson et al., 2023). A general shift has been described in the field of residential care 'from a family logic and milieu therapy to a professional logic and evidence-based interventions' (Lundström et al, 2020, p.7). One might say that faith in family being a sufficient principle for residential care has weakened. This leaves less scope for framing the organisation of the day-to-day environment and the relations between staff and young people in family terms, or at least for using that as the cornerstone of 'the care'. However, as we have shown, the idea of



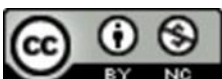
family-like relations between staff and young people is far from having disappeared, which is important to embrace, both in training programs for staff and in the everyday practice of front-line workers.

Anglin (2002) identifies various relational approaches that staff need to be able to use during their workday: for example, listening and responding to youth with respect, and establishing structure and routines. These attributes and skills align with this study's findings with respect to how the concept of family is conceptualised in the current context by staff. Further, Anglin points out that the more regulated the institution, the greater the risk that intimacy will disappear, and along with it the familial nature of the environment, possibly increasing the risk of violence. Nevertheless, as Andersson (2022) notes, staff believe that the tougher they could be on young people, the better the relationship was, which departs in some measure from how a good and progressive relationship and work alliance is described in the research literature. Anglin (2002) stresses that institutional care is partly about creating an extra family environment. However, this can be problematic because it is a starting point for the staff more so than the young people. More research is needed to address this question from the youth perspective. Furthermore, how the family metaphor is used may be connected to how staff view the family relations that the young people actually have. Do they have a family to lean on, or is it an empty space that staff think they should try to fill? Or do staff portray the relationship more in terms of adding an extra family member? All of these questions merit further research.

## Limitations

An important limitation to address is that the research questions in the current study were not conceived at the time the interviews were conducted. In other words, the research queries pertaining to the family concept were retrospectively applied to the material. However, we do not perceive that the current design has influenced our results or the interpretation of the interviews. Instead, the present study should be aligned with previous research on violence and emotions, highlighting how professionals' perceptions of their profession may be significant (cf. Andersson, 2022). This approach also underscores aspects of the qualitative method, in that interview data seldom exclusively encompasses the explicit focus of the investigation (Clandinin & Connelly, 2004).

Furthermore, in this context, the narratives of the staff do not depict the entirety of the dataset. Although this circumstance might potentially diminish the general applicability of the staff stories, limitations are rarely asserted within the framework of qualitative methodological approaches (Riessman, 2008). As emphasised by Clandinin and Connelly (2004), a tension arises concerning certainty due to the undeniable reality that diverse interpretations coexist. Nevertheless, narrative analysis has limitations, one being that these forms of representation all have text and talk that represent the story incompletely, selectively, or imperfectly.



## Conclusion

In this context, the metaphorical depiction of relationships through the lens of a family can be perceived as a counterpoint to professionalism. However, an alternative perspective suggests that the utilisation of familial terminology serves as a means to convey intimacy and a compassionate demeanour within an environment characterised by stringent regulations and numerous constraints upon the youths. On the whole, the family metaphor carries favourable connotations, representing an avenue to position connections with young people within a constructive conceptual framework. When staff employ familial language to characterise their relationships with youth in care, they allude to an 'ideal family' and the supportive connections that can manifest within a familial context, essentially portraying an idealised model family. It is crucial to bear in mind that actual families are inherently more intricate; nonetheless, if the deployment of the family metaphor predominantly aims to articulate positive relationships outside the realm of professionalism, references to the paradigmatic family structure are likely readily available.

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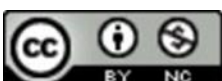
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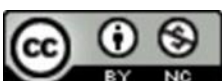
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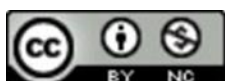
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## Original Research Article

# Supporting gender diverse children in residential children's homes: A qualitative study exploring the views and experiences of carers

**Katrin Georgieva, Beatriz Nena, Sarah Elgie, Rebecca Dunbar**

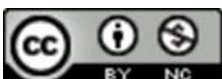
### Abstract:

Nineteen children's residential care workers participated in a qualitative study exploring their views and experiences of supporting gender diverse children. Using thematic analysis, five themes were identified: (1) the importance of accepting and validating home environments, (2) the challenges gender diverse people face in terms of acceptance in the wider community, (3) knowledge, (4) the impact of trauma on a child's identity, and (5) the need to hear and respond to gender distress. Recommendations are made with regards to mandatory training for residential carers, in response to growing numbers of gender diverse children in the looked after population.

## Introduction

Gender diversity is an umbrella term to describe a person whose gender identity does not match the biological sex they were assigned at birth. Research indicates that since 2011 there has been a large increase in the number of children who are questioning conventional gender expectations (Butler et al., 2018), and a study by Zhang et al. (2020) found that around 1.2% - 2.7% of children and adolescents identify as transgender worldwide.

The prevalence of gender diverse children and young people appears to be even higher in the looked after children population than in the general population. For example, a review of 185 young people referred to the Gender Identity Development Service (GIDS) between April 2009 and 2011 found that looked after children represented 4.9% despite making up only 0.58% of the general





population (Matthews et al., 2018). Moreover, adopted children were also found to be more prevalent, with 3.8% being referred.

Furthermore, a study by Edwards-Leeper et al. (2017) also found there was an overrepresentation of adopted adolescents at a gender dysphoria clinic in the US. A review of 184 patients found that 8.2% were adopted, which was higher than expected based on the percentage of adopted children in the US. There are a few suggestions for this overrepresentation, for example adoptive parents may have a lower threshold for seeking medical care for their adopted children. Additionally, adoptive parents may feel less personal stigma in raising a gender nonconforming child, allowing them to explore gender identity, and also potentially being more likely to seek support from a specialist. Adoptive parents coming from higher socioeconomic backgrounds may also be more likely to have the resources for these services.

In addition, there also seems to be an overlap of gender diversity and autism spectrum disorders (ASD). A study by Strauss et al. (2021) found that in Australia, out of 859 transgender youth (aged 14-25 years), 22.5% had received a diagnosis of ASD. Moreover, this group was more likely to exhibit self-harm and suicidal behaviours and to experience barriers to accessing gender-affirming care. This highlights the necessity for those working with transgender and gender diverse young people to have awareness of this co-occurrence and to develop the appropriate knowledge and skills to support these individuals. Additionally, it is pertinent to acknowledge the convergence of the number of children in care who are also diagnosed with ASD. Parsons et al. (2019) found that within 147 local authorities in England, approximately 3% of looked after children also had an autism diagnosis. It is believed that this is an underestimation as the majority of local authorities do not routinely monitor or report upon the diagnostic status of looked after children.

As discussed above, there is a higher prevalence of gender diverse children in the looked after children population, including those living in residential children's homes. As of March 2023, there are 107,317 children and young people living in residential children's homes in the UK (Creative, 2024). It is important to note that children can come under the care of the local authority from any age up to 17 and there are a wide range of reasons for this, including abuse, neglect, or something that may put the child at risk of harm. In addition, research indicates that LGBTQ+ children living in care are more likely to experience poor physical, emotional, and sexual health, face more educational barriers, and have an increased risk of homelessness after leaving care (McCormick et al., 2017; Schaub et al., 2022). Furthermore, transgender young people are also at increased risk of homelessness due to mistreatment or fear of mistreatment from family related to their gender identity (The Trevor Project, 2022). This highlights that those who are gender diverse living in care are likely to have a worse prognosis than gender conforming peers.



Another important factor which influences the way children and young people express their gender identity, usually through their appearance, the way they dress, and their behaviours (gender expression), is parental attitudes. A study by Warner et al. (2021) examined the relationship between the two, finding a positive correlation between parental attitudes towards gender nonconformity and their children's gender expression. They found that parents exhibited a greater discomfort towards gender non-conformity in their assigned female at birth children compared to male. This suggests that if parents hold traditional views on gender roles, they may unintentionally convey certain expectations towards their children and reinforce gender-specific stereotypes. In addition, parental attitudes not only impact a child's gender identity and expression, but also their experiences, and health and social outcomes. For instance, research has found that affirmative parental attitudes positively impact a child's experience of being gender diverse (Kusalanka et al. 2014; Westwater, 2019). Children who were accessing clinics for gender-affirming care had better health and social outcomes when strongly supported by their caregivers (Sansfaçon et al., 2019), whereas lack of family support has been found to lead to poorer mental health and adverse life outcomes for gender diverse young people (Westwater, 2019). This highlights the importance of a strong and affirmative support system for gender diverse children to have more positive experiences and better life outcomes.

While research on gender diversity in children has increased and the impact of parental attitudes on gender expression and the experiences and outcomes of gender diverse young people has been explored, little is known about the beliefs and attitudes of carers in residential care settings. Understanding these perspectives is important for providing appropriate support. The objective of this research is to investigate carers' beliefs and examine the factors influencing them. Moreover, the research aims to identify any potential gaps in knowledge and understanding among caregivers about gender diversity. The findings may help inform the development of training and policy to enhance carers' ability to confidently support gender diversity. Furthermore, by investigating carers' attitudes, the study hopes to contribute to the development of more inclusive care practices and, ultimately, to remove barriers by improving the support and wellbeing services provided to gender diverse children who live in residential care. This is especially pertinent given the findings of McCormick et al. (2017), who reported that LGBTQ+ young people's residential care experiences are often characterised by differential treatment, isolation, and discrimination.

## Method

### Sample and procedure

Participants were selected using purposive sampling with the criteria of having supported a gender diverse child in the last 12 months. Seventeen homes were identified within the organisation that met the inclusion criteria, and these were

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invited via email to participate in the research. Nineteen carers from nine homes accepted the invitation and took part. Participants from all homes attended one of the four focus groups, with each one consisting of between three and eight participants. Focus groups were undertaken virtually via Microsoft Teams and lasted up to 90 minutes.

All participants provided informed consent for their participation and completed a demographics self-reported questionnaire with details of their age, gender, ethnicity, the number of gender diverse children they have supported, and years of experience working in children's residential care.

Semi-structured interview questions were used to lead the focus group discussions. The guide included six core questions, with two to four probes per core question. The aim of the questions was to capture information about (i) carers' experiences of supporting gender diverse children, (ii) the type of training they had received on the topic of gender diversity and its relevance to their role, (iii) carers' experiences of supporting children with conversations regarding distress they may be having related to gender, (iv) carers' knowledge and confidence in supporting children within these conversations, (v) possible complexities and challenges of supporting children who are gender diverse, and (vi) ways in which children's residential homes celebrate gender diversity.

### **Transcribing and coding**

During the focus groups reflective practices were used by researchers to confirm understanding of the discussion and reduce the likelihood of misconstruing participants' answers (e.g., seeking clarification where needed and summarising back to participants). Subsequently, all focus groups were recorded and transcribed verbatim. Braun and Clarke's (2006, 2013) six-phase framework for thematic analysis was used to analyse and code the transcripts. Firstly, the coder became familiar with the data by immersing themselves in each of the four transcripts. Secondly, initial open codes were generated and after that the coder started to sort these into preliminary themes. This process was repeated by another coder to increase the richness of the analysis, by ensuring salient codes/ themes were not missed. Once preliminary themes were established, the research team met to review, modify, and develop these themes further, using a collaborative and reflexive approach, which aimed to achieve richer interpretation of meaning (Braun & Clarke, 2013). In the final stage, the key themes and sub-themes were defined. During the thematic analysis, an inductive approach was used to allow for salient codes and themes to emerge from the data without the coders analysing the transcripts with pre-conceived knowledge or ideas (Braun & Clarke, 2006).



## Results

### Descriptive information

The sample of participants who took part in the focus groups was predominantly white females aged between 25 and 64, with over half of the sample falling in the 35-44 age bracket. The majority of participants had experience of supporting between one and five gender diverse children. There was one participant who was new to the role, with the majority having over five years of experience working in children's residential care. A breakdown of the demographic information for the participants is displayed in the table below. It is important to note that information about whether participants considered themselves part of the LGBTQ+ community was not collected.

| Demographic information                            | Number of participants* |
|--|-------------------------|
| <b>Age (years)</b>                                 |                         |
| 18-24  | 0                       |
| 25-34  | 3                       |
| 35-44  | 10                      |
| 45-54  | 2                       |
| 55-64  | 1                       |
| 65+  | 0                       |
| <b>Gender</b>                                      |                         |
| Male   | 3                       |
| Female   | 13                      |
| Non-binary   | 0                       |
| Prefer not to say                                  | 0                       |
| <b>Ethnicity</b>                                   |                         |
| White  | 14                      |
| Mixed  | 2                       |
| Asian or Asian British                             | 0                       |
| Black or Black British                             | 1                       |
| Arab   | 0                       |
| Other (please specify)                             | 0                       |
| <b>Number of gender diverse children supported</b> |                         |
| 1  | 9                       |
| 2-5  | 6                       |
| 5+   | 1                       |
| <b>Experience</b>                                  |                         |
| Less than a year                                   | 1                       |
| 1-5 years  | 5                       |
| 5+ years   | 10                      |

\*Three participants did not provide any demographic information

**Table 2: Descriptive information for participants**

### Focus group themes

Five core themes with several sub-themes were identified from the four focus groups using thematic analysis. The core themes are: 1) Acceptance within the children's residential home, 2) Acceptance outside of children's residential home,

3) Knowledge, 4) The impact of trauma on a child's identity, and 5) Understanding and responding to gender distress.

Participants were given an anonymity number which is displayed after each quote in brackets.

## **Theme 1 – Acceptance within the children's residential home**

The most prevalent theme across all focus groups was the importance of acceptance of gender diverse children within the home, by both carers and co-residents alike. Carers described three different ways of creating an accepting and validating home environment; (1) through the unconditional acceptance of the individual, (2) supporting gender expression, and (3) celebrating gender diversity.

### **Sub-theme 1 – Unconditional acceptance of the individual**

Across all focus groups participants highlighted the importance of creating an open and inclusive home environment for children. This involves carers providing children with unconditional love, support, and positive regard, and a home free from judgement or discrimination. Carers encourage children to be whoever they want to be and to feel confident in the knowledge that everyone will be accepted.

We just wanted her to be herself however she identified, however she wanted us to treat her, however she wanted us to call her, we just accepted that regardless of our beliefs or backgrounds. (Participant 19)

We were just very accepting of what came everyday... there was no judgement. Be who you want to be, we're cool, so that's it. (Participant 15)

It's all about his happiness, he could be happy as him, he could be happy as her, but it's his choice ultimately. (Participant 9)

### **Sub-theme 2 – Supporting gender expression**

Carers show their acceptance of gender diverse children by facilitating them expressing their gender identity freely. For example, supporting them to experiment with their physical appearance and using their preferred pronouns. Carers also identified the need to be understanding of the possible fluidity of gender expression and to sit alongside children as they explore the identity they feel most comfortable with.

He's just, he changes from day-to-day so one minute he'll be wearing his skirts which we all say "oh you look good", we support him with that, going out to buy clothes and that. (Participant 12)

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She had a period of having about three different names that she was trying to determine which one suited her so she would test them out with us and we just went along with it because that's what she wanted. (Participant 9)

We are now at the stage where all staff in the home are referring to them as he, we've spoken with GPs and things... and all his paperwork within the home refer to his preferred pronouns as he. (Participant 14)

### **Sub-theme 3 – Celebration of diversity**

Carers identified a myriad of different ways in which homes can celebrate diversity and show their acceptance, from supporting children to attend LGBTQ+ Pride events in their local community, to hosting in-house Pride events, to helping children engage with local LGBTQ+ youth groups.

We've got a little mascot in our house, we call him Roger... he's got the [lesbian] flag on and he wears it all the time at the minute, the others have put them up on their bedroom walls. (Participant 15)

The school had a huge Pride event that they put on and so we all went and supported her. (Participant 18)

### **Sub-theme 4 – Fear of getting it 'wrong'**

Across most of the focus groups, participants discussed that when they initially started looking after a child who was gender diverse they feared getting it 'wrong' and inadvertently invalidating the child's wishes and experience. They reported that navigating correct terminology such as using preferred pronouns and names was challenging, as well as coping with fluctuations in the child's gender identity, including frequent name and pronoun changes whilst the child is exploring what fits and feels right to them.

I think we all feared getting it wrong. (Participant 16)

Especially when the name changes, because it's really hard because she'll go up and say "I want to change my name" and I was like "right, okay, that's lovely, right", and good night and then I've just gone back to saying the first name... because you're used to, the name suits the face doesn't it. (Participant 18)

Getting their pronouns correct, as an entirety, it was really hard for everybody. (Participant 11)



## **Theme 2 – Acceptance outside of children’s residential home**

Theme two talks to the many areas of a child’s life outside of the children’s residential home that create opportunities for either acceptance or rejection. This theme highlights the many different social groups children are part of and their varying potential to be validating or harmful.

### **Sub-theme 1 – Lack of acceptance by peers**

Participants reported that lack of acceptance and judgement by peers has a significant impact on the gender diverse children they support. At school especially, children disclosed to carers that they experienced bullying or were afraid of being bullied and not accepted by their peers. For some children, this meant that they were not able to be their true and authentic self and had to pretend to be someone else due to fears of judgement and rejection by their peers.

She’s still being called a male name in school, but that was her choice. And she was quite honest and said “I don’t feel comfortable yet, going to school and being called this when I’ve always been called that”. And she said, “I was scared I’m gonna be bullied”, so she said “I’m just gonna go in and be who I’ve always been, and nobody who know any different. (Participant 17)

However, having an LGBTQ+ friend who is going through the same thing with you can be a protective factor for gender diverse children, as this can provide them with support and reduce feelings of loneliness, as noted by one participant.

He’s got a friend as well online who is trans. So, he has got that support there. He’s been struggling as his friend too, so he helps with him. (Participant 5)

### **Sub-theme 2 – Lack of acceptance from birth family**

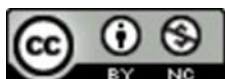
Similarly, lack of acceptance from birth family also had a significant impact on gender diverse children and could be perceived as a form of rejection. Carers noted that contact with birth family was difficult for so many children as not only could children not be their authentic selves around them, but their birth parents would also not use their preferred name or preferred pronouns, which reflected their lack of acceptance.

When contact was due, they were almost a different person because they were preparing to be that girl that their parents wanted them to be... and then when contact was done and that was that, they were back to getting their hair cut short, wearing the clothes they wanted to wear and being they/them. (Participant 12)

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But the challenges they face is that their parents have absolutely despised any sort of conversation around that. As far as they are concerned this is their daughter and they mention that this is their daughter constantly. (Participant 13)

### **Sub-theme 3 – Importance of acceptance from professionals**

Professionals are an important and valuable source of support for gender diverse children when they are accepting of them and their journey, and when they show this acceptance through their actions, such as using preferred pronouns or name, listening, and offering support.

The young person, they felt supported massively through the GP. (Participant 8)

This person's social worker was very well informed, and very supportive of their journey. (Participant 9)

However, if professionals make mistakes and do not use the preferred pronouns, title, or name, it can be very distressing for the child and may strain the relationship between them and the professional.

There have been difficulties when you go to the hospital and they need support, for instance, and you've got someone who's identifying as they/them or he, and they're registered as a she, the doctors don't always understand that and don't help with that process. (Participant 14)

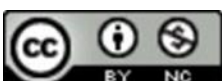
## **Theme 3 – Knowledge**

Theme three delves into the different sources of knowledge which enable carers to feel skilled and confident in supporting gender diversity. Carers described how both formal training and consultations from professionals can be helpful, but they also highlighted that the children themselves could be important sources of knowledge, as well as utilising opportunities to draw from the team's own personal experiences.

### **Sub-theme 1 – Psychoeducation on gender diversity**

Participants from all focus groups reported that internal online training and psychoeducation offered through consultations with a therapist or the child's social worker helped carers feel knowledgeable about how to best support a gender diverse child.

Lots of consultation, we cannot leave that out because our therapist has been here with us, giving us lots of support, lots and lots of ideas, bouncing things around and talking to each other. (Participant 19)





I also attended the training session, an online seminar...about the journeys, how long the journeys take, pronouns, what respect we were to offer to those pronouns at the request of the young person. (Participant 14)

I think we were lucky as well that this person's social worker was very well informed...that was really helpful because before they moved in, we had this must be in place, and you must be using they/them... right from the very off we were set up very well for this young person. (Participant 10)

### **Sub-theme 2 – Children providing information on gender diversity to carers and other young people**

Participants across half of the focus groups agreed that gender diverse children are very knowledgeable about gender diversity and their own experiences. If young people choose to share this, it may help others to better understand them and what they are going through.

Our young person ran a young person's meeting around transgender and around the feelings of their process as well, so to educate the staff members who were there at the time and also the other young people. (Participant 15)

Additionally, gender diverse children were helping carers to learn by correcting them if they made a mistake, or if they used the wrong pronoun or name unintentionally.

if you did make a mistake, she was happy to correct you, and it was quite easy (Participant 16)

### **Sub-theme 3 – Drawing on carers' personal experiences of gender diversity**

Some of the participants had family or friends who had gone through the gender transition process, and as a result these carers felt more knowledgeable, confident, and comfortable around gender diversity and having conversations about it with children.

I've actually got a cousin that's trans, so I've kind of like, I'm not going through it myself, but I know the process and stuff, what needs to be done and stuff like that. (Participant 4)

The only reason we knew a bit more is because we've got a staff member whose brother had gone through the transition. (Participant 1)



## **Sub-theme 4 – Need for more formal training**

Across all focus groups participants recognised that there was a need for additional formal training delivered in an interactive format, whether in-person or live online. This would provide carers with opportunities to ask questions and also to be sure that the information they receive is accurate, reliable, and up-to-date.

It's hard to know where to go for the best or most accurate sources of information or psychoeducation. (Participant 3)

The training should also be in-depth and include information about the transition process, terminology, medical procedures, and binding, as well as practical advice and guidance. This will not only increase carers' knowledge, but their confidence too, in answering questions children may have and supporting them on their journey.

Our young person is constantly asking questions and we tried to answer but we're not informed enough. So we give support where we can, and it's very confusing for us when we don't understand it ourselves. (Participant 11)

I think in our house, yeah, it would be [helpful to have formal training] because like [colleague] said, I've just gone off what I've learnt through my brother transitioning. I know it's factually correct, but it might be more beneficial for it to come from somebody who is trained in that. (Participant 2)

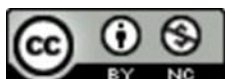
## **Theme 4 –The impact of trauma on a child's identity**

Participants reported that in addition to children struggling with their gender identity, some of them struggled with their identity in general, and they were keen to support this in a broader context rather than exclusively focusing on gender expression.

Part of the difficulty he has is very much understanding of who he is. (Participant 9)

With our young person who was identifying as a male, her female name – she identified that with all the trauma and her past. And that was a lot of why she wanted to change her name. (Participant 19)

I think for us it felt a little bit different as we got to know a little bit more about his thoughts around his journey and whether that was a mask to be somebody else, because he wanted to not be the person who went through all the trauma. (Participant 12)



Thus, carers recognised that it is vital for them to approach conversations relating to children's gender identity in a sensitive, holistic, and curious way, whereby they are considering the impact of developmental trauma and other factors without invalidating the child and their experiences.

Is it about you wanting to transition and be male, or is it more about your lived experiences that have brought you to this point, and you don't really know who you are? (Participant 1)

Trying to find or get the understanding of where that originally comes from without saying the wrong things, and not saying that we don't think that this journey is because you want to be of a different gender but trying to explore that it might be for other reasons as well. (Participant 11)

## **Theme 5 – Understanding and responding to gender distress**

Theme five explores the different sources of gender distress for children, which were mainly linked to their physical appearance and the development of secondary sex characteristics. To support children and help alleviate some of the distress they experience related to their gender, carers reported using creative methods, offering practical support, and scaffolding helpful conversations with children.

### **Sub-theme 1 – Understanding sources of distress**

One of the biggest sources of distress related to gender raised by children was caused by physical appearance and secondary sex characteristics.

When she came in, she was identifying as a male and we were wondering why she wouldn't bathe. Then, when we sat and spoke with her, it was because she didn't like looking at her body in the bath. (Participant 18)

He identifies as a male and wants to be a male, but people obviously see his breasts and notice his breasts in his clothes and that can have quite a negative impact on him... it can be quite upsetting for him and quite emotional. (Participant 14)

### **Sub-theme 2 – Responding to the distress related to gender raised by children**

Open and honest communication between carers and children was reported as vital. This provides an opportunity for children to express themselves and raise any distress they may be experiencing with carers; in turn, carers can actively listen to the children and provide support and practical help where appropriate.

With our young person, they are very open and honest and able to speak and she's quite happy to speak about it openly with

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everybody, so it's quite easy to have those conversations.  
(Participant 15)

For children who expressed that they experience distress when bathing, participants reported that they used coloured bubble bath as they changed the colour of the water which meant that children were able to bathe without looking at their body.

She didn't like looking at her body in the bath... so we went out and bought coloured bubble bath to colour the water, so she didn't have to look at herself in the bath. (Participant 16)

Providing binders was another way in which carers supported children and alleviated some of the distress they experience in relation to the development of secondary sex characteristics and how people perceived them based on these.

She doesn't know if she wants to be a him or a her, so she's kind of experimenting with that, like there have been talks about wearing binders and things, but we're not at that stage yet, but yet they're all very open (Participant 10)

...And sometimes asked if you can have a bigger binder, because it's getting a bit tight and you know we don't really understand and know how tight it has to be or if we're doing any harm  
(Participant 6)

I know sort of the medical side of things and how that works in terms of blockers and testosterone injections and later down the line in terms of surgery. So, one of them came to me and just thought that if she wore a binder, that was it. And then I was able to explain the process that's involved and she was a little bit more informed than after that. (Participant 2)

## Discussion

The most prevalent theme across all focus groups related to the need for acceptance, with participants identifying factors that both support and impede a sense of acceptance. Carers spoke about not only creating a culture where children know they will receive unconditional positive regard, but also actively celebrating diversity, whether that be through supporting children to attend an LGBTQ+ Pride event, having a gender diverse mascot in the home, or using preferred pronouns. This was an important finding as it resonates with the perspectives of children, as reported by Schaub et al. (2022) when they asked LGBTQ+ young people's experiences of residential social care:

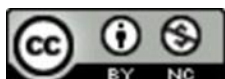
young people were looking for signs that would show whether the care environment was affirming or discriminatory towards LGBTQ+ individuals.

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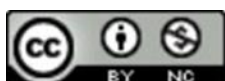
They looked for examples of inclusive language, displaying signs or posters, talking about their connection to the LGBTQ+ community or other markers; participants felt that these signs meant it was safe for them to discuss SOGIE issues (Schaub et al., 2022, p.17).

This theme reminds us that, in line with good therapeutic care in residential homes, carers need to be validating, non-judgemental, and accepting of the children they support, by using a PACEful (Playfulness, Acceptance, Curiosity, Empathy) approach (Hughes, 2017). Additionally, carers need to be proactive in engaging in behaviours that actively seek to demonstrate to the children within the home that they promote and embrace diversity.

Whilst this research showed carers had a good understanding of the importance of creating a supportive and accepting home, previous research has highlighted that LGBTQ+ young people in the care system frequently report a lack of affirming professional relationships, despite these being highly associated with emotional wellbeing (Schaub et al., 2023). However, young people have noted that younger professionals, or those whom themselves identify as LGBTQ+ or are connected personally to the community, were more likely to be affirming (Schaub et al., 2023).

A limitation of the current piece of research is that all participants self-selected themselves to participate in focus groups, and this could mean that the participant group had a bias towards carers who had a keen interest in gender diversity and recognised the importance of it as an issue within residential homes. A number of carers also referred to direct personal experience with the LGBTQ+ community, although specific demographic data was not collected.

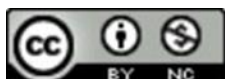
Carers acknowledged that they should take responsibility for ensuring the residential home environment was supportive and accepting of gender diversity. This aligns with guidance produced by the Care Inspectorate (2023) for Scottish children's care services, which highlights the importance of creating an inclusive and welcoming environment where diversity is celebrated and young people feel safe to be themselves. Furthermore, carers recognised that sometimes they would use the wrong name or pronoun, and feared inadvertently invalidating a child, or causing them unnecessary upset. Carers were honest in sharing some of their challenges and mistakes, with the important element likely to be how carers subsequently respond to accidentally using the child's birth name rather than their preferred name. Dan Hughes (2017) emphasises the need for carers to take the lead to quickly repair any potential fractures in relationships with children and it is important that carers are able to say sorry if inadvertent offence was caused. Future research could consider how carers react when inadvertently using inaccurate language, and what response gender diverse children find most helpful when this occurs. Whilst general guidance for parents seeking to support their gender diverse child is available on websites such as the Mermaids page for parents (Mermaids, n.d.), this may be different for children in



residential care, given their different relationship with carers. Also, do children in residential care have the confidence to highlight to a carer if they are 'getting it wrong', or does shame too often get in the way of them being able to assert themselves in these situations?

Carers also commented in many focus groups that whilst they were keen to promote accepting and validating home environments, the 'outside' world was often a challenge for gender diverse children. Peers were identified as a potential source of distress and a number of children had experienced bullying. This finding is consistent with previous research. For example, Kosciw et al. (2018) found that 87% of sexually and gender diverse students in the US had experienced bullying on the basis of their personal characteristics. Children also shared with carers the distress caused by birth family members who do not respect and support their gender expression. It is important that carers have an awareness of the profound impact a lack of acceptance from parents can have on gender diverse children, as research consistently finds lack of parental support is associated with increased mental health struggles and a greater perceived burden of being transgender (McConnell et al., 2016; Simons et al., 2013). A challenge for both residential care staff and social workers is to consider how to best support birth parents in terms of their own journey of accepting their child's gender diversity, and future research needs to address what interventions are most effective when supporting birth parents whose children are looked after.

In addition to the importance of accepting peers and adults in the lives of the gender diverse child, carers also identified the need to hear the child's sources of distress, especially in relation to secondary sex characteristics, and to identify appropriate solutions, with the hope of thereby reducing distress. This finding resonates with previous research which documents the importance of gender affirming environments in terms of scaffolding the wellbeing and mental health of gender diverse young people (Tankersley et al., 2021). Carers showed an awareness of the use of binders, however, as discussed by Julian et al. (2021), education is needed for parents/guardians regarding chest binding to support those experiencing chest discomfort or distress. Indeed, the need for greater training and psychoeducation for carers on the general subject of gender diversity was recognised across the focus groups. Carers felt more formal training was required, and often there was a potential over-reliance on children themselves providing carers with information, or carers gaining knowledge through their personal connections with gender diverse individuals. Although, children may already possess a lot of knowledge about gender diversity it is not fair, nor acceptable, to expect young people to educate carers as this may increase the emotional labour for them. This is illustrated in the quote by a young person who hopes that the Trans Inclusion Tool Kit (2019, p.6) 'will take the responsibility for educating people off me'. Instead, it should be the



responsibility of the organisation and carers to be well informed and educated on the topic.

Schaub et al. (2023) recommend that LGBTQ+ knowledge training should be mandatory for residential staff and social workers. Furthermore, Schaub et al. (2023) propose both local authorities and residential homes should be encouraged to adopt targeted policies and practical recommendations for supporting LGBTQ+ young people; this would help promote best practice and consistency in the experience of children living in residential homes. Such guidance already exists for Scottish children's care services (Care Inspectorate, 2023), however it needs to be more widely adopted across the rest of the UK. These recommendations and the guidance produced are consistent with the theme of carers recognising the need for specialist knowledge in order to feel confident in how best to support gender diverse children.

The final theme that came through related to carers understanding that alongside gender diversity, children often struggled with general challenges in understanding themselves, such that the theme of identity was often relevant in a broader sense. Whilst carers were not seeking to be gender disaffirming, they showed an awareness of needing to hold in mind the child's trauma history and how this can impact upon their sense of identity. This is consistent with previous research where the prevalence of significant developmental trauma and adversity is well documented in the histories of looked after children (Vickerstaff, 2014). Furthermore, gender diverse children are noted to have a higher prevalence of adverse childhood experiences (ACEs) than their peers (Colizzi et al., 2015; Holt et al., 2014). Childhood trauma has also been negatively associated with the development of a coherent sense of identity in children, with gender identity often being only one aspect of this (Bailey et al., 2007; Cole & Putnam, 1992; van der Kolk, 1996).

One theme that was not conveyed, but might have been expected, was carers showing an understanding that gender diverse children are more likely to struggle with their mental health, when compared to non-LGBTQ+ peers. Schaub et al. (2023) reported that gender diverse young people living in residential care shared struggles around having to cope with unmet mental and sexual health support needs. Participants in Schaub et al.'s study (2023) reported difficulties accessing specialist mental health provisions and clinics supporting gender diverse young people. It is of note that Schaub et al.'s (2023) study participants were aged between 16 and 24 years so were often seeking to access adult services, whereas carers in this study supported children up to their 18<sup>th</sup> birthday, so whilst they will exclusively be accessing children's services it is likely that similar experiences would be encountered. As has been discussed earlier, mandatory training on the subject of gender diversity may well be needed for all carers working with looked after children in residential care, and one component should be the mental health vulnerability of this population, over



and above non-LBGTQ+ peers living in the care system, and how to respond to this.

## Conclusion

Existing research tells us that the number of children with gender diversity has significantly increased in recent years, and even more so in the looked after children's population. As a result, many children's residential homes are now supporting children often not only with a complex trauma history, but also with respect to gender diversity. For many carers, this is a relatively new presentation to support, both with confidence and sensitivity, and it is important that research invests in understanding the experiences of both gender diverse carers and children in the care system. This research helps us better understand the perspective of the carer, and should enable providers of residential care to consider what support and training residential workers need, in order to keep abreast of current developments and to be well placed to meet the holistic needs of the children living in their homes.

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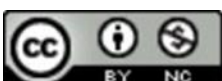
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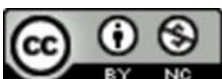
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## Ethical Approval Statement

Please note, to assess whether the project should be classified as research requiring NHS Research Ethics Committee (REC) review, the researchers used the HRA's decision tool. The tool indicated that a review from the ethics committee is not required for this project, and this result can be taken as an authoritative decision, in line with: The harmonised UK-wide edition of the Governance Arrangements for Research Ethics Committees (GAfREC) 2018, UK Policy Framework for Health and Social Care Research (2017) and The National Research Ethics Service (NRES) Defining Research table and the algorithm Does my project require review by a Research Ethics Committee?



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## Original Research Article

# Family strengthening approach towards ensuring reintegration of children restored back to their families from institutional care settings in India

Kiran Modi & Gurneet Kaur Kalra  
Udayan Care

### Abstract:

India has well defined juvenile justice laws and policies which lay the overall framework to protect the rights of children, where institutionalisation is meant to be the last resort for children without parental care. Structured and systematic interventions are required to strengthen the families, empowering them to effectively nurture and care for their children.

This paper analyses a family-strengthening project, Families Together (FiT), an initiative of Udayan Care, an NGO headquartered in Delhi during Covid-19. It underscores the relevance of family strengthening approaches, by using a child-centric approach to safeguarding the best interests of children. The project follows a 3R framework, namely reach, reinforce, and reintegrate, and works along the lines of a circle of care approach, to strengthen families for retaining their children. Circle of care addresses eight different but inter-connected domains; namely livelihood, education and skilling, housing, physical health, psychosocial wellbeing, protection and safeguarding, social relationships, awareness, and access to legal entitlements. Through appropriate and systematic interventions, FiT ensures smooth reintegration of restored children into their families. In addition, by closely working with children and their families, the project also acts as a gatekeeping mechanism to prevent the possibility of re-separation.



## Introduction

A safe family environment is the best place for children to grow to their fullest potential. But in India, 370,227 children are out of home and placed in childcare institutions (CCIs)<sup>4</sup> without parental care (MOSPI, 2018). A diverse set of conditions lead to the institutionalisation of children, such as parental death (death of one or both parents), health (health and disability issues impacting a parent's ability to care for the child), poverty (child's family lacking sufficient material resources and/ or being unable to provide for the child's material needs), abandonment (the parent leaving the child or family, relinquishing parental rights, and/or voluntarily placing a child in CCI) (Wilke et al., 2022).

There is research evidence indicating that exposure to long-term institutionalisation has negative impacts on children's neurological, physical, cognitive, and socio-emotional development (Duschinsky et al., 2020; Fluke et al., 2012). By realising the adverse impacts of institutionalisation, international legal and human rights activists and practitioners have started reiterating the importance of keeping children within their families, or placing them in alternative family-based care,

recognising that the family has the primary responsibility for the nurturing and protection of children, in the best interests of the child, and that children, for the full and harmonious development of their personality, should grow up in a family environment and in an atmosphere of happiness, love and understanding (United Nations, 2019, p.9).

It has been universally recognised that many children in institutions, living without parental care, have families, including at least one parent alive and/or relatives, and in this regard encourages actions to achieve family reunification, and states have been given instructions to strengthen families and family-based care (United Nations, 2019).

As stated by UNICEF, 'No child should be placed in any alternative care setting simply because the family is poor or finds it difficult to access basic health services, social protection or education' (UNICEF, 2018). As mentioned in the Juvenile Justice (Care and Protection of Children) Act, 2015, the principle of repatriation and restoration states that

[e]very child in the juvenile justice system shall have the right to be reunited with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest.

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<sup>4</sup> In India, Child Care Institutions mean children homes, open shelter, observation home, special home, place of safety, Specialised Adoption Agency and a fit facility recognised under Juvenile Justice Act, 2015 for providing care and protection to the children in need

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As a result, strengthening families, with a view to preventing the institutionalisation of children, found a role in child development policies and programmes across the globe. The below section of the paper explains the concept of family strengthening. In India, a Ministry of Women and Child Development study (2021) reports that 80% of the children living in the CCI have one or both parent living and 180,000 are children of unfit/incapacitated parents or guardians, which indicates that there are many families in the country who face difficulties in taking care of their children. The importance of family strengthening in India assumes great significance in this context. It is evident that the country needs systematic efforts to strengthen families and enable them to provide a safe and secure environment for the holistic development of the child, and the future of the nation.

### **Poverty and family vulnerabilities**

Poverty is the leading antecedent of institutionalisation of children. Much of the research evidence has highlighted the interconnection of poverty and institutionalisation (Bunkers et al., 2014; Rohta, 2020). Families become incapable of taking care of their children due to poverty, which pushes them to send their children to CCIs. Poverty also exacerbates other major reasons for institutionalisation, such as health and disability issues, gender discrimination, domestic violence and child abuse, and trafficking (Adjei et al., 2022).

Several studies have highlighted aspects of multidimensional poverty and socio-economic and regional inequalities that persist across the country. There are different viewpoints on understanding and defining poverty. In a generic view, poverty can be explained as a condition in which an individual or household lacks the financial resources to afford a basic minimum standard of living (Jain, 2016). India was ranked second in a recent UNDP (United Nations Development Programme) report (2015) on growth in income inequality globally, and 147th out of 157 countries in Oxfam's Report on commitment to reducing inequality (Oxfam, 2018). According to the Global Multi-dimensional Poverty Index 2021-22, the country ranks in 62<sup>nd</sup> position among 107 countries. The National Multi-dimensional Poverty Index published by NITI Aayog in 2021 indicates that 37.65% of the total population is deprived of nutrition, 45.6% are living in poor housing conditions, and 52% are without sanitation facilities (NITI Aayog, 2021). About 26 to 37 million households reside in congested informal housing, where they lack access to basic utilities and are frequently in danger of being evicted or having their homes demolished due to a lack of property rights (Jain, 2016). Additionally, estimates based on the 2017-18 Labour Force Survey of India, indicate that 90% of the country's workforce are in the informal labour sector with low income, lack of job security, inadequate social security regulations, low or poor standard of living, etc.

These socio-economic conditions make children in India the most vulnerable part of the population. Lack of sufficient nutritional food, and limited access to quality

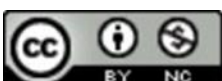


education and healthcare affect the holistic development of the child. UNICEF (2022) reports that 6.1 million children aged 6-13 years are out of school, and millions of children complete primary schooling without achieving foundational numeracy and literacy skills. The neonatal mortality rate is also high in the country which contributes to 58% of under-five deaths. Adolescent girls in India experience multiple layers of vulnerability, based on sex, age, caste, socio-economic status, and geography. These include poor nutritional status (40% are anaemic), early marriage (27%), and early childbearing (8%), as well as issues related to reproductive health and empowerment.

However, it should be noted that in India, the state has acknowledged the crucial role of the family environment in the holistic development of the child. This recognition is reflected in its child protection laws and policies that prioritise families as the primary caregivers for children. The National Policy for Children (2013) recognises that children have the right to be raised in a family environment as it is beneficial for their growth. The Juvenile Justice Act, enacted in 2015, clearly states that institutionalisation should be the last resort for children without parental care. Similarly, The Juvenile Justice (Care & Protection of Children) Amendment Act, 2021 recognises the process of rehabilitation and social integration of children in the family or family-like care. In 2022, the Ministry of Women and Child Development (MWCD) launched and implemented 'Mission Vatsalya', an umbrella scheme that provides a roadmap to achieve development and child protection priorities aligned with the sustainable development goals (SDGs). Mission Vatsalya also promotes family-based, non-institutional care of children in difficult circumstances, based on the principle of institutionalisation of children as a measure of last resort. Despite these strong laws and policies, ensuring family care for every child has always been a challenge in the country due to multi-dimensional poverty, lack of family-based alternative care systems, and insufficient family strengthening mechanisms, which make institutional care a default placement option for children in need of care and protection.

### **Family strengthening: Significance**

The fundamental premise of family strengthening is that for the holistic development of a child, family is the first resort, and biological parents are primarily responsible for providing the nurturing safe environment necessary for the child's care, development, and overall wellbeing. But there are times when families are not able to perform their parental roles due to their socio-economic and psychological vulnerabilities. Families in psychosocial risk situations tend to live in more precarious residential areas, to lack of social support, and to require external support to deal with insufficient economic resources. All these aspects are associated with family dysfunctionality and parental stress, which increase the risk of domestic violence and child abuse. Evidently, these can lead to the separation of children from their families, and subsequent placement in institutional care (Duschinsky et al., 2020). The reliance on institutionalisation as





an alternative for childcare overlooks the above-mentioned issues of families, and since these go unaddressed families remain unfit or incapacitated with respect to taking care of their children. Therefore, in order to prevent the placement of children from dysfunctional families in CCIs, strengthening of families is imperative.

Family strengthening services can be described as a set of public services that aim to create a nurturing family environment by enhancing the psychosocial wellbeing of families for the constructive and healthy development of the child (Willi et al., 2020). The overall target of family strengthening is to improve the resilience of families by strengthening their parenting skills and equipping them to take care of their children, to strengthen the bond between the child and the entire family. It is a preventative approach that addresses the causes leading to the institutionalisation of children by providing interventions that enhance the safety and wellbeing of both child and family. In general, family strengthening interventions comprise of health and nutrition programmes, education programmes, psychosocial support, and household economic strengthening programmes.

India has a considerable body of both legal and policy guidelines confirming the importance of the family environment in child protection and providing practical measures to strengthen families. Across the country, there are many existing family strengthening practices at different levels implemented with the support of state and civil society organisations. Capacity building of the different stakeholders of the child protection system is also part of the family support programmes. Insufficient human and financial resources, the limited understanding of the workforce surrounding the significance of family strengthening and family-based care, preference for rehabilitation over prevention in child protection, etc. act as barriers to family strengthening practices (IACN, 2022a).

### **The genesis of the project Families Together (FiT)**

The sudden outbreak of the COVID-19 pandemic led to a global crisis. It severely impacted the healthcare system and decelerated the global economy. In India, during this period, to curb the spreading of COVID the Supreme Court of India issued a directive to send children living in CCIs back to their families in order to prevent the spread of the virus among children, as they stayed in CCIs with little or inadequate provisioning for quarantine. But the pandemic also pushed many families to the brink of crisis, with loss of livelihoods, increased poverty, lack of nutrition, mental health issues, loss of jobs, children dropping out of schools, etc. The government mandated rapid restoration of the children from CCIs without any financial and counselling support, thereby exacerbating the plights of already suffering families as they had the additional burden of taking care of the children who were restored to them.



During this unprecedented situation, Udayan Care initiated a family strengthening project, namely Families Together (FiT), in 2021, with an aim to ensure the effective reintegration of restored children post-restoration, and to ensure the prevention of re-separation of the child from its family, which is an essential principle of family strengthening. The project has been designed by recognising that restoration, rehabilitation, and reintegration of already separated children back into their families and communities requires a significant push and systematic working, in terms of constant follow-ups, linking the families to welfare schemes, providing support in other domains including education and skilling, psychosocial wellbeing through counselling, identity documents, and healthcare through camps and other assistance. This pilot project was implemented among 54 children and their families in New Delhi, the capital state of India. The project envisages enabling all children to remain in families as the best place to thrive for healthy development.

### **Project objectives**

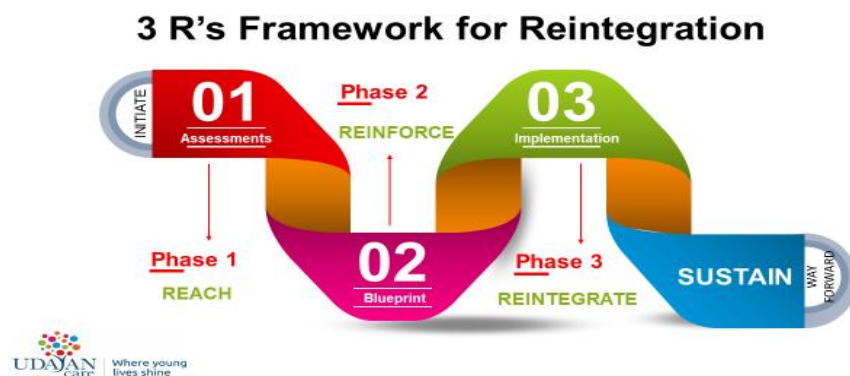
The project is guided by the following objectives.

1. Effective reintegration post-restoration to ensure appropriate follow-up with the children and their families to prevent relapses.
2. To support the families with counselling, employment, entrepreneurial ventures, and linkages to social welfare schemes for family strengthening, so that the family is enabled to care for and protect their children rather than institutionalising them.
3. To establish a demonstrable and scalable model of strengthening to support families whose children have been sent back to them from children's homes in Delhi, as well as to support the rest of the children.

### **The 3 Rs framework for reintegration (reach-reinforce-reintegrate)**

The project developed an evidence-backed 3Rs framework, reach – reinforce – reintegrate (See Figure 1), to map the success of reintegration interventions and to prevent the re-separation of children.



**Figure 1: 3Rs Framework for Reintegration**

A detailed analysis of each of the phases and the project interventions and activities during each phase is set out below.

### Phase 1: Reach

The first phase of the project, reach, involved identifying the beneficiaries of the restored children in Delhi and reaching out to them. Details of the restored children, from one district in Delhi, were collected from government records, and efforts were made to contact them through phone calls, home visits, and follow-ups. In the year 2021-22, the project reached out to 280 children who were restored to their families during the pandemic. The project primarily focused on children who had experienced long-term institutionalisation. Children who were temporarily placed in CCIs due to situations such as being lost, found, and later reunited with their families within a few days or months were excluded from the list of beneficiaries to be supported. As a result, 160 out of 280 children were not chosen as beneficiaries of the project because they were institutionalised for a short period of less than one year. The project specifically tried to reach out to children who had resided in CCIs for more than one year, up to 10 years, which accounted for 120 children. However, out of these 120 children, 66 could not be reached as they had migrated to different parts of the country. As a result, 54 children were on-boarded for the project.

After getting informed consent from each child and family, a needs assessment and baseline study (NABS) was conducted to explore their status and identify the existing gaps with respect to the successful restoration of children. Details of each child and family have been recorded in separate Excel sheets for future reference as well. Analysis of the NABS provided substantiated evidence that informed the project to proceed as it highlighted the vulnerabilities of the families which required structured interventions to strengthen them.

The findings of NABS indicated that poverty was the leading antecedent for institutionalisation of the children. More than half of the children (66%) were institutionalised due to financial constraints or poverty in their families. NABS has further explored the income level of the families and found that more than half of the families (54%) have a monthly income of only Rs. 2,000-5,000 (\$

24.24-\$ 60.59). As per NABS, 12% of the children were placed in CCI as their families were not able to meet their basic needs. Similarly, single parents were also facing difficulties in taking care of their children and most of the single mothers shared that they faced domestic violence, desertion, alcoholism, non-cooperation, death of spouse, poverty, substance abuse, insecure living conditions etc. which forced them to send their children to CCI, with 12% of the children were institutionalised for such reasons.

In addition, NABS also identified that more than half of the families (66%) had not registered with any kind of government welfare scheme or programme. The primary caregivers also shared the personal challenges they faced in taking care of their children, which included health issues, job insecurity, psychosocial problems, conflictual relationships in the family, poor social relationships, and issues related to safety and security.

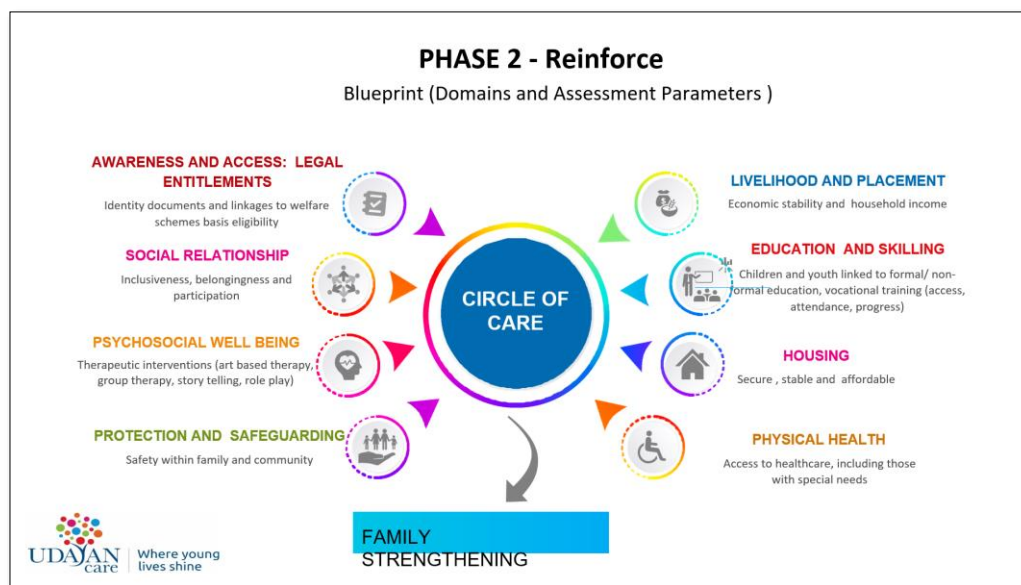
The above-mentioned analysis concluded that though the government mandate restoration helped the children to reunite with their families, the unresolved vulnerabilities of the families made the protection of children challenging. Through NABS, the project identified the needs of the families, such as providing opportunities and accessibility to employment, entrepreneurship, and linkages to various welfare schemes which will help in the empowerment of the entire family, and thereby prevent the separation of the children at the primary level and encourage their reintegration with the families at the secondary level. In addition, based on the needs assessment, the families were classified into three categories: i) High touch - at high risk and need close support and guidance; ii) Medium touch - becoming self-sufficient but still need direct support and iii) Low touch - ready to move out of direct support, but need handholding support, and ready to start giving back. During the initial phase of the project, all the families were at high risk and required close support and guidance, thereby falling under the category of high touch. Following the needs assessment, the project followed the preparation of individual care plans for restored children by giving special attention to the psychosocial wellbeing of the child and caregivers, linking families to available resources and welfare schemes, and so on.

## **Phase 2: Reinforce**

During the second phase of the project, reinforce, the 'circle of care' approach (See Figure 2) was developed based on a review of literature related to family strengthening practices and the identified needs of the families through NABS. This systematic approach consists of eight distinct and interconnected domains: livelihood and placement, education and skilling, housing, protection and safety, psychosocial wellbeing, social relationship, and awareness of, and access to, entitlements. All these domains represent critical and essential components for child development and family strengthening.



**Figure 2: Circle of Care Approach**



The following section provide details on the domains of circle of care and the interventions under each domain. It is important to note that the project has been ongoing, with one year of intervention completed, and is currently in its second year at the time of writing this article. Therefore project interventions are still in progress and the outcomes for those interventions are yet to be achieved.

**Domain1 - Livelihood and placement:** This domain measures the caregiver's ability to look after the child's basic needs. The gross income should be enough to take care of the needs of all the family members. The domain also explores the family's ability to pay their bills on time, make regular savings and meet emergency expenses. The assets and liabilities of the family are evaluated. The current financial condition of the family and the scope to improve this condition is also assessed. Intervention: The project identified and had been engaging with ten families, assisting them in accessing microfinance to initiate their own entrepreneurial ventures. During this process, one of the caregivers shared a preliminary budget and a demand sheet outlining their requirements to expand their existing enterprise.

**Domain 2 - Education and skilling:** This domain encompasses the child's access to education, which is the foremost component of a child's development. The skill development of the young people is also addressed under this domain so that young members of families will become equipped with sufficient vocational skills to improve the financial situation of their families. Intervention: Most of the restored children under the project had dropped out of school due to the long distance between home and school and the shutting down of schools. Therefore, special focus has been given to re-enrolling them in government schools near their communities. The project is providing educational support to

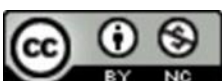
54 children, and 15 youngsters are enrolled in different skills development courses.

**Domain 3 - Housing:** This domain assesses the stability and safety of the shelter the family is living in. Availability of electricity, running water, toilets, and other basic civic amenities are also evaluated. The adequacy of the shelter to house all members of the family is also noted. Intervention: The project identified ten families who live in poor housing conditions with inadequate civic amenities and facilitated them to apply for Pradhan Mantri Awas Yojana, a centrally sponsored housing scheme to ensure safe housing conditions.

**Domain 4 - Physical health:** This domain encompasses details relating to the health of the child/family members. Health is measured in terms of nutrition, development, growth, and access to health care. The domain also measures the level of accessibility of disability services for children/family members with intellectual or physical disabilities. Intervention: A total of 22 families received healthcare support under the project, including 10 primary caregivers and six children being linked with medical camps for medical check-ups and medicine, and two children being registered for a full medical check-up and intelligence quotient (IQ) test.

**Domain 5 - Protection and safeguarding:** This domain measures the safety of the child within the family and the wider community. It also encompasses the exposure of the child to violence and abuse. The child's exposure to alcohol and drug use in the family and the community is also covered. Intervention: The project has identified 10 children and their families who are in vulnerable situations and require protection and safeguarding from substance abuse and exploitation. In response to their needs, the project has taken proactive measures by reporting the concerns of the children and families to child protection functionaries such as child welfare committees (CWCs) and district child protection units (DCPUs) to seek support and guidance and implement improved intervention strategies. Furthermore, the project is conducting monthly visits to the families and communities in collaboration with child protection functionaries to provide effective support to these children and their families. The project is also actively raising awareness by observing National Child Day, World Social Justice Day, etc. and children have been informed about helpline numbers for emergency assistance.

**Domain 6 - Psychosocial wellbeing:** This domain encompasses the psychological and emotional wellbeing of both child and family. It addresses their capacity to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community. Intervention: The children involved in the project experienced a difficult time due to their transition from CCI to their families. This change had an impact on their psychosocial health and relationships in the family, reflecting the need for psychological support. Most of



the children had difficulty integrating with their caregivers and into the community. During the initial period, most of them were reluctant to communicate and had difficulty making eye contact. The need for motivation and positive emotional support was observed among all. Therefore, a mental health assessment was conducted with 54 children to understand their mental health needs and concerns. To address the mental health needs of the children, intervention sessions were conducted, including counselling sessions using alternative therapy. Furthermore, group therapy sessions have been organised for 24 children, allowing them to benefit from collective support and shared experiences. In addition to individual and group sessions, mental health awareness activities were conducted with the children, promoting an understanding of resilience in dealing with mental health challenges.

**Domain 7 - Social relationship:** This domain encompasses the ability of the child and family to maintain a meaningful long-lasting relationship with each other, as well as with the community. Lack of social connection affects the emotional and physical development of children. Maintaining a safe relationship with caregivers is essential to learning and improving early social skills. Intervention – In order to build social relationships, group counselling sessions, recreational events, contact visits and community meetings are being organised regularly. In addition, efforts have also been made with respect to creating awareness of social norms and behaviour.

**Domain 8 - Awareness and access:** This domain encompasses the child's and the family's access to government schemes and other aids they are eligible for. Awareness of their rights and entitlements was also noted. Intervention - Most of the families have minor errors in their legal documents due to which linking them with welfare schemes and programs was a challenge. Therefore, efforts have been made to rectify these errors and to ensure uniformity of details/information. The 'Aadhar cards' of the children were updated with their current contact numbers and residential addresses. Similarly, the bank accounts of the children were transferred to their respective neighbourhood bank branches and their Know Your Customer (KYC) details have also been updated. In addition, two of the caregivers were supported to connect with the widow pension programme as well.

### Phase 3: Reintegrate

Reintegration is a

process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Wedge, 2013).



International conventions and guidelines also acknowledge the importance of supporting the reintegration of separated children back into their families, and highlight that priority should be given to preventing separation from or promoting a return to the family of origin (Guidelines for the Alternative Care of Children, 2009; UNCRC, 2019). The ultimate goal of reintegration is not just the sustained placement of the child with family members, but instead concerns itself with the child being on a path to a happy, healthy adulthood. There are multiple steps involved in the reintegration process, such as careful, rigorous, and participatory decision making about the suitability of family reintegration, preparing the child, family, and community for reintegration, carefully planned reunification, and extensive follow-up support (Wedge, 2013).

The majority of the children involved in this project were restored back to their families during the pandemic. The rapid restoration mandated by the government posed challenges to the process of ensuring a smooth reintegration of the child with their family. Therefore, in the third phase, the project emphasised the smooth reintegration of children into their family networks, thereby mitigating the risk of re-separation. Consistent follow-up with children and families, connecting them with various welfare schemes, providing educational support and skills development, regular counselling sessions and awareness workshops, and comprehensive impact assessment through monitoring and evaluation were the key project initiatives during the reintegration phase.

## Challenges and limitations

The project team encountered several challenges during the intensive two-year intervention, some of which are listed below.

**Logistical challenges:** Geographic dispersion of families across Delhi resulted in logistical hurdles affecting travel and engagements.

**Documents hurdles:** Difficulty persisted in collecting and rectifying erroneous documents, demanding substantial time and effort and resulting in the delay of required interventions.

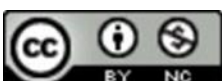
**Dependency:** Encouraging family self-reliance was challenging as they heavily depended on the project team for most intervention tasks.

**Resource scarcity:** Shortages of speech therapists, special educators, and specialist centres for children with special needs presented significant barriers.

**Complex case dynamics:** Handling cases involving teenage relationships, attraction, and influence posed increasingly complex challenges for the team.

**Relapse management:** Managing relapsed cases after rigorous intervention was challenging, particularly ensuring the safety of children within a community marked by substance abuse and violence.

**Funding uncertainty:** The uncertainty in securing adequate funding poses a substantial hurdle, impacting the project's timelines and scope, and requiring





constant adaptation to potential financial constraints and altering resource allocations.

## Findings and analysis

The needs assessment survey of these families showcased the following findings. The distribution of 54 children, categorised by age and gender, is presented in Table 1, showing 29 girls and 25 boys. Subsequently, they were further categorised into three groups based on age: 6-10 years (7 children), 10-15 years (26 children), and 15-18 years (21 children). The majority of the children (81%) were successfully restored with their biological families, while others were restored to their relatives (15%) and stepparents (4%).

In terms of family status, among the 54 children enrolled in the program, 25 had a single parent, 20 had both parents, and 9 were double orphans. Upon analysis, it was determined that 45 of them had younger siblings, 17 had young adult siblings, and 65 had some caregiver, making a total of 181 individuals from 31 families (54 children, 45 younger siblings, 17 young adult siblings, and 65 caregivers) part of the program. The primary reasons cited by respondents for children entering childcare institutions were financial issues within families (48%) and the incapacitation of parents (33%).

| Demographic Features | Details       | Baseline | End-Line |
|----------------------|---------------|----------|----------|
| Age                  | 6 - 10 years  | 13%      | 6%       |
|                      | 11 - 15 years | 54%      | 48%      |
|                      | 16 - 20 years | 33%      | 46%      |
| Gender               | Girls         | 52%      | 54%      |
|                      | Boys          | 48%      | 46%      |

**Table 3: Distribution of children by category**

After identifying the children and their caregivers who did not have important identity documents, the project team supported them in the registration process for getting documents, and as a result, at the end of one year of intervention, 35% of children and 26% of primary caregivers had birth certificates. Likewise, 35% of children and 15% of primary caregivers had caste certificates. The project is also supporting families to avail themselves of the Public Distribution System (PDS) which ensures food security in the country by supplying food grains and distributing essential commodities. In comparison to 33% of the families before intervention, 52% of the families are now able to avail themselves of this scheme.

The transition journey from CCIs to families revealed that a significant number of children dropped out of school primarily due to the considerable distance between their homes and schools. To address this, many of them had to be re-enrolled in government schools located close to their communities. Achieving this required meticulous efforts to update and streamline all their identity documents to ensure accuracy and eliminate any discrepancies, which was also one of the aspects of intervention. As an impact of this project, social relationships of children with their peers, teachers, and caregivers improved and they were also able to better resolve conflicts, having been exposed to group counseling sessions, recreational events, contact visits, and community meetings. The need for motivation and positive emotional support was observed among all children and with planning and counselling sessions using alternative therapy, all children were provided with psychological support. The project emphasised the vocational and skills development of the children and supported them in attending sessions and workshops which enhanced these skills.

## **Learnings and recommendations**

This ongoing project is being implemented at a time when Mission Vatsalya guidelines have been launched in the country, which aim to 'strengthen child protection at the family and community level, equip families and communities to identify risks and vulnerabilities affecting children and create and promote preventive measures to protect children from situations of vulnerability, risk, and abuse'. (2022, p2) Through following constant and systematic interventions, the FiT project is providing practical examples and guidelines for implementing a family strengthening mechanism to ensure child protection. The project has entered its second year of intervention at the time of writing, and after one year of intervention, there has been significant progress. Specifically, 12 families have successfully transitioned from the high touch to the medium touch category, demonstrating substantial improvement. Additionally, eight families have now moved into the low touch category, indicating a further positive outcome of the intervention. The second phase is taking forward the domains of the circle of care approach in greater depth, as in addition to focusing on the reintegration of the restored children with their families, project efforts have expanded to include prevention and gatekeeping at the family and community level. Hence, the FiT project, as a comprehensive approach to family strengthening, serves as a demonstrable model for replication, showcasing how systematic and constant interventions can be implemented.

## **Recommendations**

Through close collaboration with children, families, communities, and various stakeholders, the project has gained valuable insights and experiences that contribute to the following key recommendations. These recommendations focus



on preventing child separation, facilitating effective reintegration, and advocating for policy reforms.

**Preventive measures:** For developing stipulated goals and ameliorating interventions, it is essential to conduct a needs assessment with both children and the families, based on which opportunities and accessibility for employment, entrepreneurship, and various available linkages and schemes could be provided in order to aid the empowerment of the entire family. To prevent separation of children from their birth families at a primary level, and to ensure their reintegration with their families, a robust implementation is required which involves strengthening of family bonds, community resources, building resilience and social solidarity, along with frequent stakeholder interactions.

**Reintegration measures:** The rehabilitation, restoration, and reintegration of already separated children back into their families and communities requires a significant push and systematic actions. To ensure effective reintegration, careful and rigorous steps are essential, such as careful investigation into the suitability of families, preparing the child, family and community, carefully planned restoration, and post-restoration follow-ups.

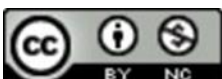
The rehabilitative practices for children at risk must be context-specific and built on a systems approach, positioning casework as methodology. An inclusive 'child-centric best interests' approach such as circle of care needs to be developed, based on the identified needs of children and their families.

## **Advocacy measures**

Collaboration of various stakeholders at different levels is imperative to ensure effective reintegration. This project is aimed to have policy implications where brief policy reports, and all the data along with the tracking mechanism and the progress mechanism will be shared and presented to the Delhi Government and social welfare department so that it can act as a model for further successful restorations.

## **Conclusion**

It is globally recognised that a safe and secure family is the best environment for a child to grow, and that institutionalisation should be the last resort for childcare. Therefore, maximum efforts should be made to assure family-based care for every child and to prevent unnecessary separation of children from their families. Understanding the fundamental problems of the families which make them incapable of taking care of their children and addressing these issues to enable them to provide a conducive environment for child development, is the ultimate means to prevent institutionalisation. In India, childcare institutes have been the go-to choice for the care and protection of



children who are without parental care. Despite strong laws and policies relating to child protection, the country could not prevent the flow of children to institutional care effectively due to increased poverty, and a lack of family strengthening measures.

By consistently implementing systematic interventions, the FiT project offers concrete examples, compelling evidence, and comprehensive guidelines to establish an efficient family strengthening mechanism, ensuring the protection and wellbeing of children in the Indian context. Needs assessments and vulnerability mapping are conducted as an initial step, in order to identify vulnerable families at risk of separation, followed by linking these families to different social welfare schemes and programs, skills development and income generating trainings, and opportunities to improve their socio-economic conditions. Keeping the best interests of the child and families at its centre the project underscores that family strengthening is the most important agenda for reintegration of children into their families, which entails putting proper holistic support in place to reunite children with their birth families effectively and to reintegrate them into the community.

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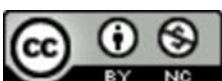
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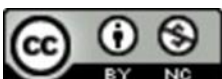
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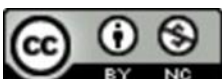
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## Original Research Article

# The Sounding Out project: Why pedagogy matters in supporting care experienced young people

**Lio Moscardini & Jesse Paul**

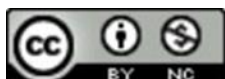
### Abstract:

This paper shares the story of a group of four care experienced young people who participated in an arts project in Aberdeenshire. The research was an evaluative case study which gathered the views and experiences of the young people and the arts educators. The findings showed that by adopting a pedagogical approach to arts education, which was participant-led, a climate of trust and mutual respect was supported. The young people developed a growing sense of their potential as creative individuals and an awareness of possible careers in the creative industries, which previously had not been on their radar.

## Introduction

The importance of recognising children as agents leading their learning has been widely acknowledged (Baldry & Moscardini, 2010; Cairns, 2014; Hart et al., 2004; Henley & Barton, 2022). In Scotland this aspiration is reflected in the design principles of the curriculum, Curriculum for Excellence (CFE), specifically through the concept of personalisation and choice (Scottish Government, 2008). However, the extent to which many children and young people experience authentic opportunities to lead in their learning remains questionable, with Curriculum for Excellence having been described as primarily a mastery curriculum rather than a process driven one (Priestley & Humes, 2010).

Giving voice to care experienced children and young people is at the heart of the Independent Care Review's 'The Promise' (ICR, 2020). The rationale for a student-led approach to learning is based on the premise that it builds a sense of independence and self-confidence, developing empathy and supporting relationships (CMCH, 2004). Listening to children and young people, and learning from them, is a challenging, yet essential, process if trusting



relationships are to be nurtured (McLeod, 2007). The implications of this for care experienced young people are significant.

Pedagogical approaches which are respectful of the capabilities of the learners (Nussbaum, 2011; Sen, 1992), and which are built on principles of trust and agency, support the inclusion of all learners (Hart et al., 2004). Nussbaum (2010) presents a compelling argument for the arts in education as a fundamental human activity which helps children to understand both themselves and others. Engagement in the arts potentially gives voice to care experienced young people, which in turn may lead to better outcomes (Mannay et al., 2019).

This paper reports on a group of care experienced young people's engagement in a community arts project which focussed on the process being led by the students. It draws from the findings of an evaluation of Sounding Out, an interdisciplinary photography and film, sound design and music project involving a group of care experienced high school students in Aberdeenshire. It was funded by Creative Scotland through the Youth Music Initiative.

### **Access to arts education**

It is widely recognised that children and young people in care achieve poorer educational outcomes than those not in care (Mannay et al., 2019; O'Higgins et al., 2015; Sebba et al., 2015). Educational outcomes in this context signify more than attainment and relate to the opportunities which exist for care experienced children and young people to engage in artistic activity. The decline in the arts and humanities at all levels of education globally has been articulated by Nussbaum (2010) as a significant concern. The Cultural Learning Alliance briefing paper from the Paul Hamlyn Foundation (2019) stresses that participation in the arts supports social mobility and argues that equality of access to arts and culture is the right of every child.

Experience of the arts has significant value for care experienced children and young people. Key findings of an exploratory literature review (Peeram, 2016, p.3) indicated that arts education with care experienced children supported their emotional resilience, allowed them to express themselves in alternative ways, encouraged friendships, and allowed for sharing of experiences through meeting children with similar life experiences. Lack of family and peer support were significant barriers to participation.

There are calls for the development of arts education in all its forms as a means of giving voice to care experienced young people (Mannay et al., 2019; Nugent, Glowa & Shaw, 2022). Taking a holistic view of educational experiences and acknowledging the right for all children to engage in artistic activity, poorer educational outcomes in this context signify more than attainment and relate to the opportunities which exist for care experienced children and young people to engage in artistic activity. A recent study of music education in primary schools in Scotland (Moscardini et al., 2021) found that many children in Scottish





primary schools do not have the opportunity to engage in musical activity and learning on a regular basis; fifteen percent of the respondents in the study (n=437) reported music education in their primary schools as either non-existent or practically non-existent. This was three times more likely to be the case in areas of significant deprivation. This finding was replicated in parallel studies looking at dance and the visual arts in primary schools (Moscardini et al., 2022). These findings should be treated with caution as it was not possible to extrapolate figures for care experienced children. However, there is a growing concern about diminishing opportunities for children to engage in artistic activity. Given the potential lack of family and peer support, as identified in Peeram's (2016) study, this issue clearly applies to care experienced children and young people.

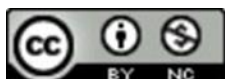
### **A capability approach**

The capability approach was the conceptual lens through which the experiences of participants were considered. It provided a useful framework to evaluate the extent to which individuals are able, or have the capability and freedom, to lead a fulfilling life which they value. Nussbaum (2011) conceptualises well-being in terms of functionings and capabilities, with functionings described as the beings and doings a person values. Capabilities are the individual's opportunities and freedom to achieve these valued functionings.

In a capability-based evaluation of a music project which used electronic and computer technology to support disabled people in music creation and performance (Watts & Ridley, 2006), the researchers invited participants to share the functionings they valued and the freedoms which they had to achieve these. The evaluation concluded that the disabled musicians lacked the substantive freedom, or capability, to make music and to come to be identified as musicians. However, through that project they were able to achieve those 'valued doings and beings' or functionings (Watts & Ridley, 2006, p.105). Given that engagement in artistic activity is a right in terms of the UN Convention on the Rights of the Child (Article 31) (UN, 1989), and consistent with the philosophy of the Promise (ICR, 2020), consideration of the capabilities and the valued doings and beings of care experienced young people in engaging in artistic activity would seem highly relevant.

### **A pedagogy of inclusion**

The social and educational inclusion of all learners is set out in international human rights frameworks, namely the United Nations Convention on the Rights of the Child (1989) and the United Nation Convention on Persons with Disabilities (2006). These rights have been incorporated into Scottish legislation and policy. However, inclusion, as a principled approach, is driven by what people do, and its development occurs when adults and children and young people work together, connecting their values and beliefs to practice (Booth & Ainscow, 2002). In this respect, pedagogy matters. Inclusive pedagogical practices are tied up in the



values and beliefs of practitioners and the pedagogical moves which they make (Ainscow et al., 2006; Azevedo et al., 2012; Webb et al., 2013).

Inclusive pedagogy rests in a complex interplay that involves teachers' knowledge and beliefs about individual learners, teaching, and self-efficacy, and the pedagogical decisions and actions which ensue (Lalvani, 2013). In the Learning without Limits study, which analysed the practice of classroom teachers to determine what supported the inclusion of all learners, the researchers identified transformability as a distinguishing feature of the teachers' approach (Hart et al., 2004). The core idea of transformability is that what happens in the present has a formative effect on children's learning capacity and thus their future development and outcomes (Hart et al., 2004, p.116). An inclusive pedagogical model founded on the core idea of transformability is underpinned by three pedagogical principles: Everybody, Co-agency, and Trust (Hart et al., 2004). The principle of everybody is based on the idea of an integrated community in which teachers' responsibilities lie in their commitment to acting in the interests of all, and in which young people value their own contributions and those of others. Co-agency involves the teacher and young people working together for change; there is a shared responsibility in the learning process with tasks left open to support the active engagement of learners. The researchers in the Learning without Limits project found that the teachers approached their role from a position of trust. This was connected to the teachers' belief that the children would engage if conditions were right (Hart & Drummond, 2014, p.449).

The poor educational outcomes for care experienced young people are well-documented. The educational and social inequalities which they experience can lead to disengagement and may have significant implications for their sense of self-efficacy and consequently their career prospects. Participation goes beyond simply being there. It requires the collaboration and active engagement of all participants. The learning process is seen as one of collective activity where participants' voices are heard and valued (Engstrom & Sannino, 2012; Frost, 2006). Creative activities can support the meaningful participation of care experienced children and young people (Mannay et al., 2019) and bring a sense of belonging, hope, and trust (McGregor & Macauley, 2009). This relational approach has been described as autonomy within an ethos of care (Cefai, 2008, p.118) and is consistent with evidence that when relationships are sensitively built on trust, reliability, consistency, and freedom from judgement and blame, the results for children's development and progress has been notable (Baldry & Moscardini, 2010; Marmot, 2015).

## Aims

The central aim of the Sounding Out project was to support the development of positive relationships amongst and with a group of care experienced young people and to build their confidence and sense of empowerment. This was in the



context of a student-led arts project which also sought to develop the participants' skills in photography and film, sound design, and music.

The aim of the research was to evaluate the Sounding Out project with a view to determine any aspects which might usefully inform future projects through the Royal Conservatoire of Scotland (RCS), and, in particular, further care experienced projects in the northeast of Scotland. The research required developing an understanding of the process used by the arts educators. It involved learning about the arts educators' experiences and practice during the project as well as learning about the experiences of the young people and school staff involved.

## The Sounding Out Project

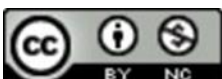
The project was one of a series with care experienced and estranged students developed by the fair access department at RCS over a period of five years as part of its commitment to improving its work in this area. One of the authors of this paper, Jesse Paul, developed projects in various locations around Scotland in collaboration with arts educators alongside care experienced and estranged people in those areas. Each project was unique and supported variously by partner organisations, local authorities (including schools), and grant-making charities and funders.

Sounding Out was an arts project run by two community arts educators from Wildbird, based in Moray Scotland, and involved working with a group of care experienced young people attending the same Aberdeenshire secondary school. The project ran for nine weeks from January to March 2022. The project also involved the guidance teacher at The Gordon Schools and Aberdeenshire Council's virtual head teacher as liaison people. Six young people who attended The Gordon Schools took part in the project. It should be noted that The Gordon Schools is only one school, with the designation of the plural, schools, in its name being historical. All the participants were care experienced at the time of the project and were between 14 and 16 years of age.

The project involved a series of weekly sessions which focussed on supporting the young people in the development of skills relating to film-making and sound production. These sessions were student-led following students interests and initiatives. The Sounding Out project concluded with the participants' film and sound production being shared at a community event at Huntley Castle where the work was projected onto the castle walls (Roger, 2022).

## Research design

The purpose of the research was to carry out an evaluative case study of the Sounding Out project. This was an intrinsic case study (Stake, 1995) which involved learning about the young people's experiences of the project, as well as



the experiences and practice of the arts educators and the teacher who liaised throughout the project. This case study would inform the development of subsequent projects involving care experienced young people in the northeast of Scotland.

Data collection involved interviews at the end of the project with four of the young people who participated, the two community arts educators, and the guidance teacher at The Gordon Schools. All six young people participating in the project agreed to take part in the interviews, however only four young people were available at the time for interviewing. The four young people were interviewed in pairs. The two community arts educators were interviewed together, and the guidance teacher was interviewed individually.

## Analysis

The interviews were audio-recorded and transcribed. The transcription data underwent a process of reflexive thematic analysis in which all data were read several times prior to coding. Coded data were clustered to develop initial themes which were revised and refined, leading to the development of the final themes (Braun & Clarke, 2022).

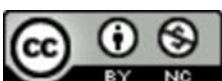
## Ethics

The study conformed to the requirements of the Royal Conservatoire of Scotland Ethics Committee. Consent for participation was approved by the local authority and school, both of which wished to be identified in the write-up of the project. All participants were provided with information sheets outlining the details of the research study and the nature of their participation and gave individual consent. The young people involved in the study specifically requested that their own names be used. The other participants also requested that their anonymity should be waived.

## The stories they told...

The young people expressed their experiences of the project in very positive terms. These positive experiences were clearly connected to the processes and pedagogical practices of the arts educators. Their accounts have been structured around three themes which were developed through the process of reflexive thematic analysis of the interview data (Braun & Clarke, 2022).

The first theme – *Serious work wrapped up in humour* – reflected the aims of the project and highlighted that the project was carefully considered, informed, and intentional from its inception, with the aim of engagement being achieved through building relationships and making the whole experience an enjoyable one for the young people.



The second theme – *New horizons* – reflected the changes that occurred over the course of the project and indicated opportunities that the young people became aware of as a consequence of their participation.

The third theme – *Where next? 'Go big or go home...'* speaks to the ambitions the young people had for themselves as well as their views on how the Sounding Out project might be developed further.

The Capability Approach (Nussbaum, 2011) provided a conceptual lens for evaluating the extent to which the participants were able to achieve the functionings which they valued. In this respect the findings of the Sounding Out project reflect those of Watts and Ridley (2006). As evidenced through the young people's interviews, the idea that engaging in the creative industries and developing their skills and knowledge in ways that might open up career opportunities was not on their radar. The project was transformative in this respect and thus reflected the findings of Peerum (2016). It brought previously unknown and unimaginable experiences to the young people, along with the realisation of their capacity to function as individuals, and as a team, in this new milieu. They came not knowing what to expect, and left with aspirations of what might be possible and new friendships.

### **Serious work wrapped up in humour**

The aim of the project was expressed as focussing on confidence building, relationship building, and empowerment. The community arts educators were clear that this should be achieved by concentrating on the process rather than the product. This was described by one of the arts educators as a process of enjoyable engagement,

The main aim was to have a lovely time and build good relationships.  
Also learning really good skills through photography and film, sound design and music. Graeme

Learning was not overlooked; there was an eye on the development of skills, and knowledge and understanding, crucial to any transformational change. In a very real sense, the young people developed specific skills and valued 'beings and doings' or functionings (Sen, 1992) through the project. The serious nature of the work was evident through detailed accounts of highly effective communication and collaboration, across practitioners from various agencies (education, social work, and community arts) which supported the development of those functionings. It was described as a 'really joined up' approach in which everyone worked as a team. Notably, this collective sense of being part of a team was also reflected in the young people's accounts of their experiences of the project. One of the students explained,

...before (the project) it was more like we were strangers and didn't

know each other... and then after the group we were all really close, so that one term really brought everyone together. Emma

A word which permeated every single interview was fun, however, this does not belie the serious nature of the work. It was this relaxed yet purposeful ethos which supported the engagement and learning of the young people. It was evident that the young people had developed strong and mutually supportive friendships. They had also developed significant new knowledge and specialist skills of which they were proud. Stephen summed this up nicely,

... the interactivity with the community and people coming together and doing things, like we made the video and that was good, that was evidence of putting effort into something and getting a result.

The young people felt valued, and the relaxed atmosphere helped to create a feeling of trust. They worked with professional quality film and sound equipment, and they were very aware of this. One of the community arts educators explained,

...we gave them all really good equipment, that's a big part of it, getting a £5000 camera and told off you go. And if something goes wrong no worries, like the time the camera fell off the Steadicam rig (laughs), I'm like, 'it's fine, it's okay'.

It was not only the young people who underwent transformation. The arts educators identified transformation in their own practice through their subsequent engagement with the Sounding Out project. They were aware, from past experiences, that their approach was not always commensurate with the results-driven agenda of some schools and that effective collaboration with teachers was 'fundamental.'

They [teachers] maybe want to change what you are doing but not on this project. They've got to trust you and get to the end, and they are like 'ah got you now'. So, one thing we do is also get the teacher laughing then we know it'll work. Dave

By adopting a relational approach, the Sounding Out project successfully developed an integrated community made up of young people, community arts workers, and teachers. Tasks were deliberately open and influenced by learner choice. This led to commitment and engagement because the conditions of the learning environment were appropriate. Adaptiveness, empathy, and respect were key drivers in planning activity. Hart and Drummond (2014) state that this 'willingness to listen and try to understand how the world looks through the eyes of young people' (Hart & Drummond, 2014, p.448) provides a space where young people are more equipped to explore beyond conventional learner



boundaries. This was reflected in the achievements of the participating young people.

Throughout the project, an environment of listening and trust was developed through reliability. Constancy, free from judgement or blame, was provided by the multi-agency gatekeepers involved. This was a refreshing and encouraging approach to the pedagogical design of the project. Listening to, and hearing, young people effectively are not always synonymous. McLeod (2007) argues that listening can be particularly challenging when dealing with disaffected young people. They suggest that perhaps the biggest barrier to effective listening is when adults do not really want to hear what children have to say (McLeod, 2007, p.285). The opposite approach was taken in the Sounding Out project, where multi-agencies worked together to ensure that participants in the care project were listened to effectively. In effect, the Sounding Out project took an adaptive and responsive approach that enabled freedom of learning because listening and trust were embedded into the project's core values and, consequently, the design.

The community arts workers were openly flexible about workshop content. This seemed to encourage the care group participants to make decisions about what they wanted to learn, communicate how to request it, and reflect on their learner journeys. The participants took agency in their learning in a unique enabled environment that sat outside of conventional curricula. Frost (2006) suggests that the content of the curriculum has been largely taken out of the hands of teachers and students. However, in the hands of a relational community that included community arts workers, participants' curriculum choices were supported, embedded, and celebrated.

## **New horizons**

The success of the project, in relation to its aims, was evidenced on every front. Supportive and valued friendships, which have continued beyond the duration of the project, were developed,

It was cool because...walking round school, I would never have thought of talking to you but actually I've made friends in the group.

There was a strong sense of camaraderie and being part of a team. In their interactions during the interviews the young people supported each other, recognising and praising each other's achievements.

'I did a lot of things, but things that weren't needed.'

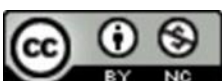
'No, your contribution was great, like you still put something into the group.'

The development of specialist knowledge and skills led to the young people recognising their ability and potential. Toby worked on sound:

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'...as soon as I got doing it was just really interesting for me. I've got really bad hearing; I don't really care about listening to stuff. For me to do that is actually huge.'

They also recognised potential study and career prospects which previously had not been on their radar. Brooke described how doing camera work has given her new perspectives,

'It changes the way you look at things and whether filming might be a good career. I think it would be quite cool.'

Toby supported her, 'I do see you doing that.'

Toby has also gone on to work on sound in music and drama at school.

Stephen has changed his course selection at school to do a National Progression Award Photography,

'Yeah, (the project) was kind of like one of the main kickers.'

Emma recognised the possibilities that her newly acquired skills had to offer,

'I was quite surprised at how good I was at taking photographs... I haven't decided yet but I know how to work cameras and all that sort of stuff so I can obviously take pictures for people.'

The project represented a form of affirmative action which was necessary to afford the young people opportunities which they would not have had otherwise, and which led to a realisation of what they could do and be. Policies and guidelines, and legislation, including the incorporation of the UNCRC, provide frameworks for practice but, in themselves, cannot guarantee practice. Children's experience of arts education in schools is dependent on teachers' knowledge and confidence in particular areas, but it is also increasingly a matter of privilege, determined by children's social and cultural capital, which precludes children from more disadvantaged backgrounds (Wilson et al., 2020).

Humes (2011) argues that 'one of the reasons why the arts are so important in education is that they recognise the unique character of every human being' (Humes, 2011, p.12). This seems vital for care experienced learners whose voices must be heard (see ICR, 2020; Manny et al., 2019). The project encouraged individuality through creative activity in a safe and nurturing environment. By adopting a pedagogical position that required listening to and valuing participant engagement in the activities, transformation took place in the form of learner confidence and possibility. The project culminated with the participant-led Huntly Castle Projection (Roger, 2022), where the young people shared future iterations of the project, and crucially, discussed making informed decisions about pursuing their new-found interests. In the interviews conducted at the end of the Sounding Out project, the participants' ability to critically





reflect and identify their future aspirations suggests that designing process-strong activities can enable purposeful learning to take place.

### **Where next? 'Go big or go home....'**

The enthusiasm to continue with the project in some form or another was conveyed by everybody. There were two aspects to 'where next?' which were highlighted. There was the personal component, and there was the wider aspect of how projects of this nature might be developed more widely. The young people's experiences of the project, and their thoughts about what might happen next, were inextricably linked to the positive relationships which they had developed with community arts educators. They were all keen to be involved in similar work. Emma commented,

'I would like to, obviously very excited to see them again Dave and Graeme...because obviously we've grown a bit of a bond with them.'

The sheer joy that everyone had throughout the project and the desire for this to continue was evident,

Stephen: 'I mean we did the projection video and it seemed quite productive. I say we go and do a full-scale movie and put it on the big screen...we are going big we're going mainstream.'

Ellie: 'Go big or go home.'

There was a strong sense that other young people should also benefit from the experience which the young people had had. Toby suggested that we should, 'try and convince schools and groups like this to give it a go.'

Holly Robertson, guidance teacher, stressed the value and importance of collaboration across the various professional agencies as a pre-requisite for a successful project and suggested that scaling up would benefit from co-ordinated support at the local authority level. While recognising the challenge in scaling up, particularly in relation to maintaining the ethos and philosophy of the original project, Dave Martin suggested that it might be beneficial to 'try to encourage people to look at what they are doing in a slightly different way.' He argued that rather than being focussed on the product and the perfection of that, by focussing on the process and quality of engagement the outcomes will happen. Lessons learned from the project have informed the development of the work of the fair access team at the Royal Conservatoire of Scotland.





## Conclusion

The Sounding Out project highlighted the transformative potential of working to a pedagogical model which focusses on process rather than product and within a culture of trust and listening to care experienced young people. This challenges the idea of a product-driven approach to education in which pre-determined outcomes direct the content and structure of teaching. Evidence from the study indicates that working responsively afforded the young people the opportunity to develop skills and understandings which potentially could lead to positive career decisions. These new ways of doing and being, or functionings (Nussbaum, 2011), are a consequence of the affordances of this approach. The Sounding Out project was small-scale and the findings in this paper are particular to it. Whilst they are not generalisable, they may help to inform how teaching artists and arts educators might continue or begin to develop pedagogical approaches that are respectful of the needs of care experienced learners participating in the arts.

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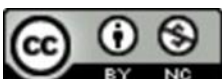
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## Original Research Article

# The functions of the multilevel engagement theory

**Muhammad Hassan Raza**

### Abstract:

This article presents five specific functions of the multilevel engagement theory, which include descriptive, sensitising, integrative, explanatory, and value functions. The multilevel engagement theory considers culture and diversity as central aspects to understanding and explaining family relationships and functioning in societies around the world. The author provides specific examples of the course assignments from his graduate-level course that he taught in two different semesters to demonstrate how the multilevel engagement theory contains and serves these five functions. Additionally, the author uses secondary data from a nationally representative survey to provide empirical evidence and show the application of the multilevel engagement theory. The results show that the multilevel engagement theory effectively serves five important functions by organising and classifying a phenomenon (descriptive), drawing researchers' attention and consciousness to relevant phenomena (sensitising), integrating various pieces of information (integrative), predicting and explaining the relationship between concepts and variables (explanatory), and demonstrating its value in conducting research and describing real-life situations (value). Given the growing diversity and cultural plurality among individuals, couples, and families around the world, the multilevel engagement theory provides researchers and other audiences with an important theoretical lens to conduct research, understand relevant phenomena, and explain real-life situations.

## Introduction

This article presents five specific functions of the Multilevel Engagement Theory (MET; Raza, 2023a, 2024). These functions include descriptive, sensitising, integrative, explanatory, and value functions (Knapp, 2009; Smith & Hamon, 2022; White et al., 2019). The MET offers a multilevel and inclusive theoretical framework, which consists of interrelated ideas and concepts, such as family, culture, and diversity (Raza, 2023a). The author defines a theory as follows:

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A theory is a conceptual framework of interrelated concepts, terms, and ideas, which are grounded in certain assumptions and inform specific propositions to conduct research, understand relevant phenomena, and explain real-life situations (Raza, 2024).

The MET considers culture and diversity as the central aspects to understanding and explaining family relationships, experiences, and the functioning of individuals, couples, families, and groups in societies globally (Raza, 2023a). Research shows that cultural and family diversity are increasing among contemporary families, such as two-parent families, single-parent families, stepfamilies, foster care families, same-sex families, and immigrant families (Mendenhall et al., 2019; Smart Stepfamilies, 2021). Consequently, family structures, relationships, and dynamics are becoming quite complex and multifaceted in today's societies (Olson et al., 2021; Raza, 2018a; United States Census, 2022). Family, culture, and diversity have become fundamental aspects in shaping the relationships and experiences of individuals, families, and groups over time (McCarthy, 2021; Raza et al., 2023b).

Public health issues, such as health disparities, mental health problems, child abuse and neglect, suicides, aging, unmet need for contraception, and intimate partner violence are growing in contemporary societies around the world, including the United States (Feinberg et al., 2021; Henry et al., 2020; Pfund et al., 2023). During the recent COVID pandemic, the prevalence of disease, individuals' experiences and functioning varied with respect to different areas of diversity, such as ethnicity, gender, education, socioeconomic status, and age (Frisco et al., 2022). It also affected students in many ways, such as increased stress levels, distance learning, lack of social interactions, lower prevention and therapeutic health services, disruption to education, reduced financial resources, and unemployment (Akturan et al., 2023; Kibbey et al., 2021; McCurdy et al., 2023; Mersky et al., 2020). Families, groups, and organisations are still experiencing post-COVID effects (Meenakshi et al., 2023). For instance, people are dealing with increasing mental health and financial problems. Additionally, in the current post-COVID period, people's attitudes and perceptions towards COVID vary due to several factors, such as race, ethnicity, and fear of getting COVID, which impact upon whether they are vaccinated or not (Andersen et al., 2023; Karatürk & Güneş, 2023; Schnepf, 2022; Wu et al., 2023).

As mentioned above, intimate partner violence (IPV) is one of the serious public health issues worldwide. Research shows that one in three women have experienced intimate partner violence (UN Women, 2023). In Pakistan, the prevalence of intimate partner violence is similar as it stands at almost 29% (Raza et al., 2023). Due to the patriarchal nature of Pakistani society, women have less access to the social, political, and social domains of society than men. Also, family norms limit women's voices and access to IPV services when they experience any form of IPV. Hence, they are less likely to report IPV, which makes it underpromoted (Raza et al., 2023). Moreover, more than half of the





Pakistani population (61%) live in rural areas, with about 39% residing in urban areas (National Institute of Population Studies Pakistan, 2023). Although there are similarities across the country in terms of religion, annual festivals, and traditions, rural and urban families also have their own unique cultures, such as local language, family practices, caste, and local customs and traditions, which shape their family relationships and functioning. Hence, the current sample includes women from both urban and rural areas of Pakistan.

Past and present situations illustrate that individuals and families have unique needs and experiences related to their belonging to different cultures and areas of diversity. They also face different degrees of vulnerabilities and resources associated with their cultures and areas of diversity (Raza, 2023). Therefore, it is essential to consider culture and diversity as the central aspects for understanding the experiences and functioning of individuals, couples, and families, to adequately examine and address their distinct needs in different domains of their lives, such as family, school, community, and health services. Hence, a multilevel, inclusive, and culturally relevant conceptual framework like the MET, which considers culture and diversity as the central aspects to the understanding of family relationships and functioning, is imperative. Such a multilevel framework may help us to adequately understand the complex relationships and dynamic experiences of contemporary families in diverse societies around the world. Hence, the purpose of this paper is to discuss the functions of the MET with specific examples to demonstrate its use and application in theory and research for different groups of audience including students, instructors, and researchers.

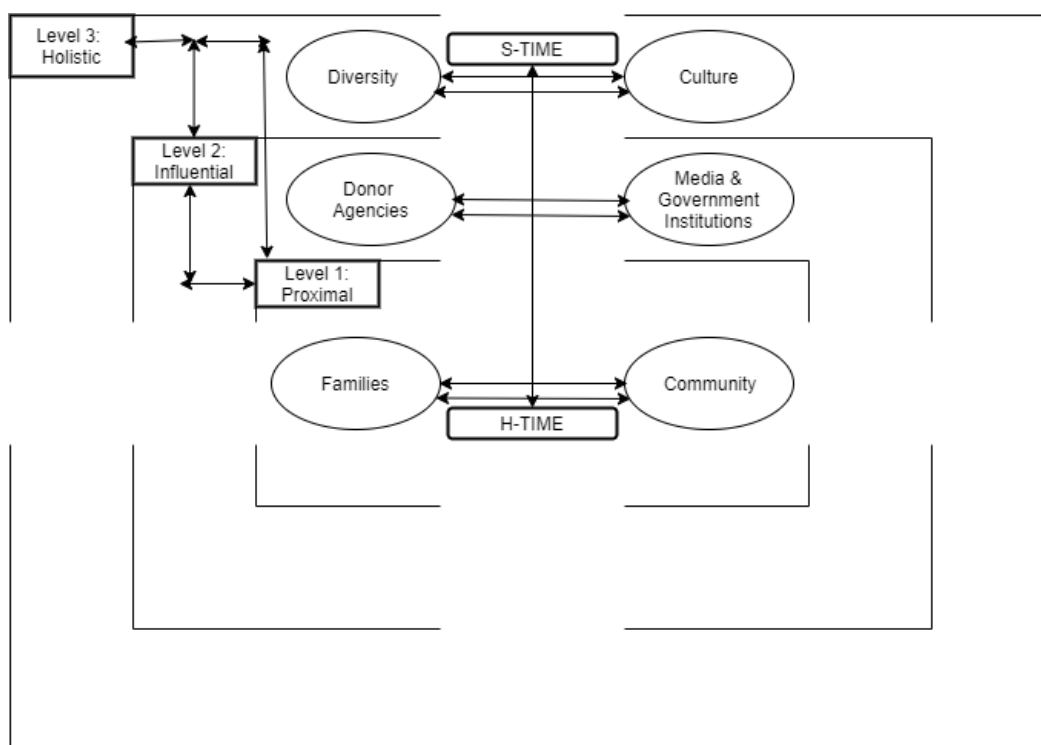
## **The multilevel engagement theory (MET)**

Figure 1 provides a visual representation of the MET. According to this theory, 1) There are three engagement levels (proximal, influential, and holistic) of the MET; 2) Individuals, families, groups, and organisations are situated at each of the engagement levels. For instance, at the proximal level, families, support groups, schools, community-based organisations/agencies, friends, peers, etc., are situated. At the influential level, donor/funding agencies, media (e.g., newspapers, magazines, radio, television, social media, internet, etc.), and public state/federal institutions are situated. At the holistic level, the areas of diversity, such as gender, ethnicity, race, class, disability, language, religion, sexual orientation, immigration, place of residence, and culture are situated; 3) Individuals, families, groups, and organisations within and between the engagement levels have reciprocal relationships with each other. For instance, families living at the proximal level have reciprocal relationships with other individuals, families, groups, and organisations situated at the same as well as different engagement levels; 4) Individuals, families, groups, and organisations which are located at the influential level and the holistic level also have reciprocal relationships with individuals, families, groups, and organisations within and between the engagement levels; 5) The three engagement levels also



have reciprocal relationships with each other; 6) The dynamics of individuals, families, groups, and organisations and their reciprocal relationships with each other within and between the engagement levels (i.e., the proximal, influential, and holistic levels) change over time and are influenced by developmental, sociocultural and historical contexts. To review additional details about the MET, please see Raza (2023a).

**Figure 1 The Multilevel Engagement Theory**



Note: S-TIME = Sociocultural time; H-TIME = Historical Time

## Method

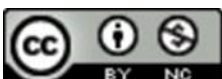
To support how the MET contains and serves five specific functions (descriptive, sensitising, integrative, explanatory, and value functions) of a theory, which are also prevalent in contemporary theories used in mainstream research, the author shared evidence of students' assignments from his graduate level course (spring 2023 and summer 2023). The author has been teaching this class for several years in a large-scale public university located in the Midwest United States. The course focuses on major contemporary theories and current research in the area of family science and human development. Since family science and human development is an interdisciplinary area, students also consider research from other disciplines, and the theories they learn about are also used in other disciplines, such as psychology, sociology, child life, counselling, and social work.

For each theory, the author recorded three different videos to demonstrate the use and application of this theory in research, real-life situations, and personal

experiences. There was a specific learning objective or purpose behind each video. For instance, during a video to introduce the fundamental ideas of the theory, such as its main assumptions, concepts, and potential proposition, the author explained how these different components of a theory are related to and support each other. A second video was recorded and shared with students to demonstrate the use of theory in conducting research with different methodologies, such as qualitative, quantitative, and mixed methods. In this video, the author showed how a theory can be used to drive and develop different research questions and hypotheses, how the propositions of a theory can be empirically tested in research that can further inform or highlight any revisions, empirical validity, and/or potential gaps, and how qualitative themes can be developed deductively by using a theory as a conceptual framework. Similarly, a third video was recorded and shared to demonstrate the use and application of theories with respect to real-life situations and personal experiences. For instance, how a theory helps researchers and other groups of audiences to understand, describe, organise, and explain real-life situations, and how one theory can provide a specific lens through which researchers can interpret and make sense of a phenomenon. Moreover, the author created three different assignments for students to assess their understanding on the use and application of each theory that they learned about in this course, including the MET. These assignments included the real-life application of theories, theories and personal experiences, and final theory presentation and reflection. Hence, students completed three assignments in which they used and applied the MET. The author created and provided specific rubrics for each of these assignments.

For the real-life application of theories assignment, students chose a video clip (e.g., movie, song, show, cartoon, etc.) and used the MET as a theoretical lens to explain the situation presented in that video clip. This assignment shows a real-life application of the MET. After reading about the theory and reviewing the lecture videos, students choose two specific concepts from the MET, introduced the video clip, described the theory's concepts, used the concepts to explain the video clip, discussed the relevance of those concepts with respect to the situation presented in the video clip, and discussed the relationship between those two concepts. Students also shared their reflections at the end of their assignment in terms of what new and unique knowledge they gained from this overall assignment.

In the second assignment reflecting on theories and personal experiences, students used the MET as a lens reflecting upon their personal experiences based on the prompts provided by the instructor and describing their personal experiences. Students shared how the theory helped them to acknowledge and recognise those life events and processes and the linkages between them that they had not previously considered. Students discussed the reasons and factors which were associated with their personal situations and experiences. Hence,



students used the MET to understand, explain, and reflect on their personal experiences.

The third assignment related to theory presentation and reflection provided students with an opportunity to bring together all the pieces that they learned throughout the semester and share them in their presentation of and reflection on the theory. In this assignment, students used the MET, described its components and functions, the relevance of theory in understanding today's families, relationships between the concepts and different components of the theory, and the application of the MET to research and real-life situations. Since the author did not collect any direct/primary data from the students, no approval was required from the institutional review board (IRB) to conduct this study. A brief description of each assignment is provided in the appendices (A, B, and C).

Additionally, the author used secondary data from a nationally representative survey called 'The Pakistan Demographic and Health Survey' to provide empirical evidence regarding the five functions of the MET. This survey was conducted in 2012-13 and consisted of 13,568 never-married women who were aged between 15-49 years. A subsample consisting of 3,545 currently married women was selected for the current study. These women were randomly selected for an interview on intimate partner violence. Since the data was secondary and publicly available, no IRB approval was required for conducting the analysis and including it in this paper.

## Results

This section discusses students' assignments and presents the findings based on a nationally representative dataset to demonstrate the use and application of five specific functions of the MET. The first descriptive function of a theory helps researchers to organise and describe research findings and real-life situations (Knapp, 2009; Smith & Hamon, 2022). In the statements below, students used two specific concepts of the MET, organised a real-life situation which was presented in a video clip, and used those two concepts to describe that situation. One student chose two concepts (culture and community) from the MET and selected the opening theme song from 'Molly of Denali Show'. After defining the two concepts, the student used the first concept of community to organise and describe the situation presented in the video clip 'We can see community in this clip because Molly clearly lives in a community. Molly lives in Alaska with her family, friends, and neighbours, and they all embrace the Alaskan lifestyle. Molly and her friends participate in Alaskan outdoor activities, such as dog sledding.'

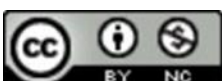
The student then used the second concept of culture, and organised and described the situation presented in the video clip:

The second concept I chose for this discussion is culture. We can definitely see Alaskan culture in this clip. Molly of Denali embraces Alaskan culture. This includes the way they dress in their warm winter clothes, or outdoor

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appropriate outfits. As mentioned above, we can all see their love for the outdoors, which is something very important in the Alaskan culture. Alaska also has a culture of being adventurous and this is definitely seen in Molly of Denali.

After describing both concepts, the student discussed the relevance of these concepts with respect to the situation presented in the video clip and the relationship between these two concepts and the video clip: 'Community and culture are related to each other because often in a community, there is a similar culture that is involved. I can think of many communities that have a particular culture. Molly's community, shows a particular Alaskan culture.' At the end, the student reflected upon the learning based on the assignment:

What I learned from this assignment is that community and culture go hand in hand with each other. Communities all have a culture, and I also think that certain cultures can create a community. I learned that it's important for communities to have cultures because it brings people together.

The above evidence illustrates how the MET helped the student to organise, name, classify, and describe a real-life situation in a clear and meaningful way, which is the descriptive function.

The second function of a theory is a sensitising one, which draws researchers' and other audiences' attention to and fosters their awareness and consciousness about relevant phenomena. The MET considers culture and diversity as the central aspects for understanding and explaining the experiences of contemporary families in societies around the world (Raza, 2023a). It highlights the importance of culture and diversity as the central aspects for learning about and studying families in an inclusive manner, which makes researchers and other audiences more sensitive to and conscious of the role of culture and diversity in family relationships and functioning among contemporary families globally. It also draws researchers' attention to and fosters their awareness and consciousness of family relationships and functioning as a multifaceted, complex, and multilevel phenomenon.

In what follows I share statements from students' theory and personal experience assignments, which illustrate how the MET made students more aware and conscious of their family relationships, uncovering insightful information that they hadn't previously considered, through a reflective process:

I would say that my family experiences resources from all engagement levels. My family is involved in the proximal level because we are in schools (all private schools to be specific), and we participate in non-government activities in our local synagogue. My family is involved in the influential level. Many of us have social media accounts, and of course we



utilize the internet. And my family is involved at the holistic level because we are a part of a different culture.

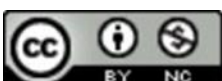
This student's statement illustrates how the MET increased their consciousness, thinking, and awareness around their experiences with respect to the three engagement levels, which provided them with an opportunity to differentiate their experiences, think critically and deeply about them, and become more critical, reflective, and sensitive in examining, uncovering, and explaining these complex experiences. Another student discussed how the MET provides them and others with an opportunity to examine, understand, and sensitise on family dynamics:

This theory has many different parts and pieces, and I feel like it can be applied to many situations. What's important about this theory is that it can explain a lot for family functioning systems. This theory can also provide us with a better foundation for understanding families.

The third function of a theory is the integrative function, which helps and guides researchers and other audiences to connect various distinct pieces of information to make sense of them. It is worth mentioning that these pieces can be distinct but simultaneously related to each other. The MET also connects different concepts, variables, qualitative themes, and research findings for the purpose of studying and describing them before the audience. The following hypothesis demonstrates how the theory connects its different concepts: 'Family relationships and functioning are influenced by their reciprocal relationships with individuals, families, groups, and organizations within and between the engagement levels' (Raza, 2023, p.233). Hence, the MET serves an integrative function by offering a multilevel understanding of the relationships and functioning among individuals, groups, and organisations, both within and between the engagement levels, and how these reciprocal relationships change over time, and are influenced by developmental, sociocultural, and historical contexts.

A student described the integrative function of the MET: 'The integrative function of the MET helps us understand and make connections between multilevel influences, sociocultural, and historical contexts in our understanding of complex human interactions in individuals, group, and family situations.' As is evident from the statement above, this theory helps researchers and others to connect different pieces together through the three engagement levels (proximal, influential, and holistic levels), sociocultural, and historical contexts to better understand and describe the interactions and relationships between individuals, families, and groups in different domains of life, including within family situations.

The fourth function of a theory is the explanatory function, which helps researchers to explain their data and/or research findings. The MET not only



helps researchers to explain their data and variables, but also helps them to understand and explain the research findings of qualitative research and themes. For instance, in qualitative research, researchers collect data from respondents with respect to their experiences, opinions, and/or perceptions. The goal of researchers is to understand respondents' subjective experiences and explain them to the audience in a more objective manner. Hence, the MET provides researchers and others with a lens for explaining the themes/findings of qualitative studies. By explaining the findings and the relationships between variables and themes, the researchers discover answers to their research questions.

Additionally, the explanatory function helps researchers to make predictions by developing hypotheses. The following hypothesis demonstrates the association between different concepts of the MET:

Families contain and experience resources and vulnerabilities from each of the engagement levels. Hence, those families who gain new resources and/or strengthen existing resources and decrease existing vulnerabilities, and/or prevent from new potential vulnerabilities experience healthy family relationships and functioning over time.' (Raza, 2023, p.233)

The above hypothesis, which is informed by the MET, offers a prediction about the family. For instance, if families strengthen their existing resources and gain new resources, simultaneously decreasing existing vulnerabilities, and/or preventing new potential vulnerabilities, those families are more likely to experience healthy family relationships and functioning over time compared to their counterparts. Hence, the MET serves the explanatory function of a theory by explaining data and research findings, and making predictions about the relationships between variables, concepts, and themes. Below is a statement from a student who explained the resources and vulnerabilities that they experienced at the three engagement levels.

The fifth function of a theory is the value function. This function shows that a theory is important and valuable because it helps researchers and others to understand and explain various relevant phenomena and make sense of the world. Since research and theory inform each other, theory plays an integral part in empirical research and vice versa. The process of creating scientific knowledge through induction and deduction shows the interplay of theory and research (Raza, 2021, 2022; Remler & Van Ryzin, 2022). Hence, a theory has a value, and is integral for research. The MET is also valuable and useful because it provides a multilevel understanding of family relationships and functioning with respect to the three engagement levels along with developmental, sociocultural, and historical contexts. This theory has additional value given the current diverse society because it considers culture and diversity as the central aspects to the understanding of family relationships and functioning. Therefore, the MET serves the value function by providing a multilevel understanding of



complex and multifaceted family relationships and functioning among individuals, families, groups, and organisations within and between the engagement levels, and how these reciprocal relationships change over time, and are influenced by developmental, sociocultural, and historical contexts.

A student described the value function of the MET as: 'The value function of the multilevel engagement theory posits that culture and diversity are central to understanding families. It values diversity and believes it is healthy and positive in a society.' This statement shows that the MET makes a unique contribution and addresses immediate needs in the area of theory and research, through considering culture and diversity as central and positive aspects for understanding family relationships and functioning, because diverse families are increasingly emerging globally.

Similarly, the following student's statement shows the value of the MET for contemporary families and research:

I think it is fascinating how so many different aspects of life can have such an impact on an individual and their families. I also learned to take a step back and review my own life and experiences to see how it all fits into this one theory.

Another student shared the utility and value of the MET not only with respect to class learning but also in real-life and practical family situations:

This assignment was a great time and topic of reflection. I enjoyed getting to read and understand the multilevel engagement theory in a deeper manner. I got a much better understanding of it now. I also enjoyed getting to delve deeper into my own personal vulnerabilities and view them as just that, a vulnerability. I have not ever taken time to realize how my mental state has truly affected my family relationships. I hope to take what I have learned in this class and apply it in my family life, classroom, and marriage.

Another emphasised the value of the MET due to the changing nature and dynamics of current society:

I truly believe that the next few years will be extremely important historically as the political climate of the US must experience extreme overhaul in order to support and provide resources for all of the individuals in our greater society. I think that this theory is an extremely apt framework for assessing families within these shifting times.

The above evidence demonstrates the use and application of five specific functions of the MET.





With respect to secondary data, preliminary analysis was carried out to check the reliability of scales, descriptive statistics (e.g., mean, standard deviation), and correlations. The scales of physical violence (6 items scale;  $\alpha = .78$ ) controlling behaviour (5 items scale;  $\alpha = .72$ ), and women's empowerment (4 items scale;  $\alpha = .91$ ) were valid and reliable. Multiple regression was used to analyse the relationships between independent and dependent variables. Variables were modelled into four models separately for urban and rural women each for physical violence and controlling behaviour.

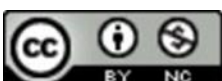
Independent variables from the proximal level of the MET were included in the analysis, which includes women's empowerment and fear of their husband. The dependent variables were also from the proximal level, such as physical violence and controlling behaviour. One variable (media) was included from the influential level (frequency of watching television), and two variables were included from the holistic level related to diversity, which were women's education and the family's wealth. Rural and urban variables showed the sociocultural context of Pakistani society. Time was not measured and included in the analysis. Two variables (women's current age and husband's education) were controlled for the analysis.

The results of the fourth and final model for rural and urban samples, each for physical violence and controlling behaviour, are discussed in this section. A detailed analysis can be found in Appendices D and E. The results show that women's empowerment is positively associated with physical violence for urban women, but it is not a significant factor for rural women. Women's fear of their husband has a positive relationship with physical violence for both urban and rural women, which implies that those women who are usually afraid of their husbands are at a higher risk of experiencing physical violence regardless of their place of residence. Frequency of watching television is a significant factor for decreasing physical violence for urban women. Women's education was also negatively associated with physical violence for urban women.

With respect to controlling behaviour, women's empowerment was negatively associated with their husband's controlling behaviour, and this was also statistically significant for rural women. Women's fear of their husband was positively related with controlling behaviour for both urban and rural women. Frequency of watch TV was negatively associated with controlling behaviour for urban women. Women's education was negatively associated with controlling behaviour for rural women. Wealth was not associated with controlling behaviour.

## Discussion

The purpose of this paper is to present five specific functions of the MET that this theory contains and serves to provide appropriate empirical evidence to support it. These functions include descriptive, sensitising, integrative, explanatory, and



value functions (Knapp, 2009; Smith & Hamon, 2022). The author has presented specific examples and empirical evidence to demonstrate how the MET contains and serves these five functions of a scientific theory. The MET helps researchers and others to name, classify, organise, and describe any relevant phenomenon, additionally raising awareness, sensitivity, and consciousness of any hidden or insightful events, situations, and processes related to relevant phenomena. It further guides researchers and others to put different pieces together and describe them in a meaningful way. The theory serves the explanatory function by explaining data, themes, and study findings, and through informing testable hypotheses (predicting the relationship between concepts and variables). It has value because it considers culture and diversity as the central aspects for understanding family relationships and the functioning of contemporary families in societies around the world, which helps to adequately understand and explain people's experience. Therefore, the MET contains and serves five important functions, which are also prevalent in contemporary theories used in mainstream research (Smith & Hamon, 2022; White et al., 2019). It is worth mentioning that although the MET stands beside other contemporary theories in terms of serving these five functions, it also has a unique stance as it considers culture and diversity to be the central aspects in understanding family relationship and functioning in societies around the world (Raza, 2023a).

With respect to secondary data analysis on intimate partner violence, the results are critically discussed as follows to demonstrate the empirical evidence and application of the five functions of the MET. First, the MET guided the selection and organisation of variables, which demonstrates the descriptive function of this theory. As discussed above the theory serves the descriptive function in qualitative research by offering themes and describing qualitative data. The results showed that there are some differences as well as similarities between urban and rural women in terms of factors associated with either increasing or decreasing intimate partner violence, including physical violence and controlling behaviour. For instance, frequency of watching television was a significant factor for decreasing physical violence and controlling behaviour only for urban women, whereas women's fear of their husbands increased intimate partner violence for both urban and rural women. Women's empowerment was positively associated with physical violence for urban women, but it was negatively associated with controlling behaviour for rural women. Women's education decreased their husband's controlling behaviour for rural women and physical violence for urban women. The results showed that all three levels (the proximal, influential, and holistic) of the MET are critical in shaping women's experiences of intimate partner violence in Pakistani society. Second, the MET uncovered insightful information about the complex and dynamic experiences of intimate partner violence for women who reside in both urban and rural areas of Pakistan, which is the sensitising function of this theory. Third, the variables were combined into different models, which were informed by the MET. Therefore, the theory helped the researcher to combine, organise, and integrate different pieces/variables for



the current research study and analysis. Fourth, the researcher used the MET to explain the aforementioned results, which serves as the explanatory function of this theory. Finally, the entire process of research which is grounded and informed by this theory demonstrates its value and utility in empirical research, which serves the value function of this theory.

Given growing public health issues, such as health disparities, mental health problems, child abuse and neglect, suicides, aging, and intimate partner violence in contemporary societies globally (Feinberg et al., 2021; Henry et al., 2020; Pfund et al., 2023), a multilevel, inclusive, and culturally responsive theory like the MET is needed to adequately understand the unique needs and experiences of diverse individuals and families, which may help researchers and practitioners to effectively work with them and address these needs. Research grounded in or informed by the MET may also provide appropriate guidelines for policy makers to effectively develop policies which are inclusive and represent the needs and experiences of diverse individuals and families. Recent research showed that during the COVID pandemic, the prevalence of disease, individuals' experiences, and functioning varied based on their gender, ethnicity, educational levels, socioeconomic status, age, etc. (Frisco et al., 2022). The COVID pandemic also affected students of different backgrounds who belonged to various areas of diversity, such as race, ethnicity, culture, income, disability, etc. in many unique and different ways by increasing distance learning, lacking social interactions, lowering prevention and therapeutic health services, disrupting education, reducing financial resources, increasing unemployment, which also increased their stress levels (Akturan et al., 2023; Kibbey et al., 2021; McCurdy et al., 2023; Mersky et al., 2020).

Individuals, families, groups, and organisations are still experiencing post-COVID effects differently due to their unique backgrounds and areas of diversity (Meenakshi et al., 2023). For instance, people are dealing with increasing mental health and financial problems (Henry et al., 2020). Additionally, in the current post COVID period, peoples' attitudes and perceptions towards COVID vary due to several factors, such as race, ethnicity, fear of getting COVID, which determines whether they are vaccinated or not (Andersen et al., 2023; Karatürk & Güneş, 2023; Schnepf, 2022; Wu et al., 2023). This evidence indicates that the experiences and needs of individuals and families in contemporary societies are complex and multifaceted. Therefore, it is essential for researchers to study multilevel influences on the lives of these individuals and families to adequately understand their challenges, experiences, and needs. Hence, an inclusive and multilevel conceptual framework like the MET can help researchers to examine diverse individuals and families in a more comprehensive and holistic way.

In Pakistani society, patriarchal systems are still prevalent and functioning, which favour men more than women. Consequently, women face inequalities in their relationships with men in different domains of society, and particularly in the family. These disparities allow men to carry out aggressive and violent acts



against women in the family. Due to diverse culture and growing diversity in urban and rural areas of Pakistan, women's experiences of IPV substantially vary. Consequently, there are similarities and differences in resources/support and vulnerabilities/risk, which can increase or decrease IPV for these women. Hence, more specific and multilevel programs are needed to support these women and decrease IPV in Pakistan and globally.

In sum, the results of the current study illustrate how the MET contains and successfully serves its five specific functions and makes a unique contribution in the areas of research and theory by considering culture and diversity as the central aspects for understanding family relationships and functioning around the world. It is worth mentioning that because the MET was developed by a diverse scholar, it may face challenges in becoming part of mainstream theories and research.

### **Implications for policy and practice**

The current study, based on secondary data analysis, provides important guidelines for policy and practice in Pakistan. First, because women are the ones who raise and nurture children and spend most of the time with them in the family, when they experience intimate partner violence it can affect how they raise and socialise their children. Hence, effective policies and programs need to be developed and targeted towards women, particularly those who have young children. Second, according to the current findings, women's experiences of IPV vary between urban and rural areas, such that policies and programs need to be contextualised to ensure successful outcomes and sustainability. Finally, women's fear of their husbands was one of the vital factors in the study which increased IPV for both rural and urban women, hence, policies and programs need to target and include husbands, which may help to substantially reduce IPV in Pakistan.

### **Limitations and future studies**

There are a few limitations of the current study. First, a secondary dataset was used to demonstrate the application of five functions of the MET, which limited the researcher's ability to measure the constructs of the theory directly and to include them in the study. Second, the researcher taught the course himself, which might have created a bias among students to complete their assignments on his theory. The empirical testing of the theory is in its initial stage and additional testing with different groups in diverse societies globally is needed.

Future studies will focus on collecting and using primary quantitative and qualitative data. The researcher will also conduct qualitative studies to gain an in-depth understanding of the theory and its application in research and real-life situations. Complex research designs, such as mixed-methods and longitudinal research designs, will be used to test the theory with participants over time.



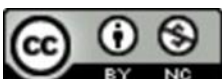
Research will also be conducted with diverse groups of the population to examine the generalisability of the MET.

## Conclusion

The current paper presents the application of five specific functions of the MET, which include descriptive, sensitising, integrative, explanatory, and value functions. The researcher provided empirical evidence to demonstrate how the theory contains and serves its five functions by including nationally representative data and sharing graduate-level course assignments. The results showed that the MET effectively serves five specific functions to conduct research, understand relevant phenomena, and explain real-life situations. Despite the limitations, the paper provides essential information on the use and application of the MET for research and scholarship.

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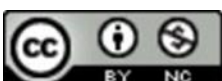
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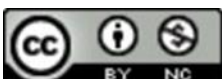
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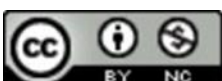
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## Declarations

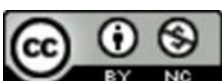
The author reports that there are no competing interests to declare for this paper.

No funding or grants were received to conduct this research.

The author did not collect any primary data from participants. Therefore, no IRB approval was required from Missouri State University.

## About the author

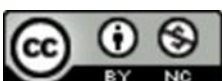
Dr. Raza is an Associate Professor at Missouri State University, Springfield, United States. He is a theorist and a methodologist. He is the creator of the Multilevel Engagement Theory, the Multilevel Community Engagement Model, and the MCEM Framework. He is the author of *The Multilevel Community Engagement Model: School, Community, Workplace Engagement and Service-Learning and Two Souls One Reflection*.



## Appendix A

### Real-life application of theories: The multilevel engagement theory

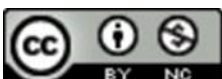
1. Find a video clip (e.g., movie, T.V. show, song, cartoon) and explain that video clip by using two concepts of the multilevel engagement theory. Upload the video clip or share a direct link to the video along with your initial response. If the video clip is long, then identify the time and situation of the video that you explained by using the concepts of the multilevel engagement theory. Provide a description of the video clip you choose in your response to the first discussion question.
2. Describe the two concepts of the multilevel engagement theory that you chose for this discussion.
3. Use the first concept to explain the situation presented in the video clip.
4. Use the second concept to explain the situation presented in the video clip.
5. Discuss how the concepts you chose are related to each other, why did you choose them, and how did they best explain the video clip compared to the other concepts that you did not select?
6. What did you learn from this assignment?



## Appendix B

### Theories and personal experiences: The multilevel engagement theory

1. Briefly describe the multilevel engagement theory. What resources and vulnerabilities do you experience at the individual, couple, and family levels?
2. Which of the engagement levels do you experience these resources and vulnerabilities from? How?
3. How do these resources and vulnerabilities affect your family relationships and functioning?
4. How have these resources and vulnerabilities and their effects on your family relationships changed over time and been affected by sociocultural and historical times?
5. What did you learn from this assignment?



## Appendix C

### Theory presentation and reflection: The multilevel engagement theory

1. Describe at least two assumptions, two concepts, and two functions of the theory.
2. Explain the linkages between the concepts and assumptions.
3. Discuss relevant research and the theory's application to research, with references.
4. Apply the concepts to real-life situations with specific examples.
5. Discuss your personal experience with respect to the theory's application.
6. Use visual aids (e.g., flowcharts, graphs, tables, pictures etc.) to effectively demonstrate the theory, its application to research, real-life situations, and your personal experiences.
7. Provide your overall reflection on the theory and its application in research and real-life situations.
8. What did you learn from this assignment? Provide a precise conclusion of the assignment.
9. Review two other classmates' presentations and provide them with your constructive, critical, and descriptive feedback.
10. Include complete references.



## Appendix D

**Table 1: Multiple Regression for Physical Violence (N, 3,545)**

| Models       | Variables               | B      | SE    | $\beta$ | t      | p     | Lower Bound | Upper Bound |
|--------------|-------------------------|--------|-------|---------|--------|-------|-------------|-------------|
| <b>Urban</b> |                         |        |       |         |        |       |             |             |
| Model 1      | (Constant)              | 7.499  | 0.239 |         | 31.344 | 0.001 | 7.030       | 7.968       |
|              | Women current age       | 0.003  | 0.007 | 0.013   | 0.521  | 0.603 | -0.009      | 0.016       |
|              | Husband education       | -0.076 | 0.010 | -0.190  | -7.797 | 0.001 | -0.095      | -0.057      |
| Model 2      | (Constant)              | 6.518  | 0.256 |         | 25.485 | 0.001 | 6.016       | 7.019       |
|              | Women current age       | -0.001 | 0.007 | -0.005  | -0.201 | 0.840 | -0.015      | 0.012       |
|              | Husband education       | -0.060 | 0.009 | -0.150  | -6.376 | 0.001 | -0.078      | -0.041      |
|              | Women empowerment       | 0.020  | 0.009 | 0.057   | 2.283  | 0.023 | 0.003       | 0.037       |
|              | Women's fear of husband | 1.273  | 0.103 | 0.290   | 12.306 | 0.001 | 1.070       | 1.476       |
| Model 3      | (Constant)              | 6.740  | 0.264 |         | 25.490 | 0.001 | 6.222       | 7.259       |
|              | Women current age       | -0.002 | 0.007 | -0.008  | -0.314 | 0.754 | -0.015      | 0.011       |
|              | Husband education       | -0.053 | 0.010 | -0.133  | -5.560 | 0.001 | -0.072      | -0.034      |
|              | Women empowerment       | 0.024  | 0.009 | 0.067   | 2.665  | 0.008 | 0.006       | 0.041       |
|              | Women's fear of husband | 1.264  | 0.103 | 0.288   | 12.245 | 0.001 | 1.062       | 1.466       |



|              |                          |        |       |        |        |       |        |        |
|--------------|--------------------------|--------|-------|--------|--------|-------|--------|--------|
|              | Frequency of watching TV | -0.142 | 0.045 | -0.076 | -3.187 | 0.001 | -0.230 | -0.055 |
| Model 4      | (Constant)               | 6.785  | 0.292 |        | 23.249 | 0.001 | 6.213  | 7.358  |
|              | Women current age        | -0.004 | 0.007 | -0.015 | -0.601 | 0.548 | -0.018 | 0.009  |
|              | Husband education        | -0.038 | 0.012 | -0.096 | -3.291 | 0.001 | -0.061 | -0.015 |
|              | Women empowerment        | 0.025  | 0.009 | 0.071  | 2.812  | 0.005 | 0.008  | 0.042  |
|              | Women's fear of husband  | 1.223  | 0.105 | 0.279  | 11.609 | 0.001 | 1.017  | 1.430  |
|              | Frequency of watching TV | -0.112 | 0.048 | -0.060 | -2.330 | 0.020 | -0.207 | -0.018 |
|              | Women Education          | -0.029 | 0.013 | -0.073 | -2.309 | 0.021 | -0.053 | -0.004 |
|              | Wealth index             | 0.000  | 0.057 | 0.000  | -0.009 | 0.993 | -0.112 | 0.111  |
| <b>Rural</b> |                          |        |       |        |        |       |        |        |
| Model 1      | (Constant)               | 6.690  | 0.273 |        | 24.500 | 0.001 | 6.154  | 7.225  |
|              | Women current age        | 0.034  | 0.008 | 0.106  | 4.521  | 0.001 | 0.020  | 0.049  |
|              | Husband education        | -0.059 | 0.013 | -0.106 | -4.547 | 0.001 | -0.084 | -0.033 |
| Model 2      | (Constant)               | 5.471  | 0.293 |        | 18.662 | 0.001 | 4.896  | 6.046  |
|              | Women current age        | 0.035  | 0.008 | 0.109  | 4.517  | 0.001 | 0.020  | 0.051  |
|              | Husband education        | -0.039 | 0.013 | -0.071 | -3.128 | 0.002 | -0.064 | -0.015 |
|              | Women empowerment        | 0.007  | 0.010 | 0.018  | 0.729  | 0.466 | -0.012 | 0.026  |



|         |                          |        |       |        |        |       |        |        |
|---------|--------------------------|--------|-------|--------|--------|-------|--------|--------|
|         | Women's fear of husband  | 1.559  | 0.127 | 0.278  | 12.321 | 0.001 | 1.311  | 1.807  |
| Model 3 | (Constant)               | 5.479  | 0.298 |        | 18.386 | 0.001 | 4.895  | 6.064  |
|         | Women current age        | 0.035  | 0.008 | 0.109  | 4.507  | 0.001 | 0.020  | 0.051  |
|         | Husband education        | -0.039 | 0.013 | -0.070 | -3.008 | 0.003 | -0.064 | -0.013 |
|         | Women empowerment        | 0.007  | 0.010 | 0.018  | 0.734  | 0.463 | -0.012 | 0.026  |
|         | Women's fear of husband  | 1.557  | 0.127 | 0.278  | 12.226 | 0.001 | 1.307  | 1.807  |
|         | Frequency of watching TV | -0.007 | 0.049 | -0.004 | -0.153 | 0.879 | -0.103 | 0.088  |
| Model 4 | (Constant)               | 5.495  | 0.307 |        | 17.875 | 0.001 | 4.892  | 6.097  |
|         | Women current age        | 0.032  | 0.008 | 0.098  | 3.931  | 0.001 | 0.016  | 0.048  |
|         | Husband education        | -0.035 | 0.015 | -0.063 | -2.358 | 0.018 | -0.064 | -0.006 |
|         | Women empowerment        | 0.008  | 0.010 | 0.019  | 0.774  | 0.439 | -0.012 | 0.027  |
|         | Women's fear of husband  | 1.548  | 0.129 | 0.276  | 12.038 | 0.001 | 1.296  | 1.800  |
|         | Frequency of watching TV | -0.010 | 0.053 | -0.005 | -0.184 | 0.854 | -0.114 | 0.095  |
|         | Women education          | -0.033 | 0.020 | -0.046 | -1.626 | 0.104 | -0.072 | 0.007  |
|         | Wealth index             | 0.062  | 0.067 | 0.028  | 0.916  | 0.360 | -0.070 | 0.194  |

Dependent Variable: Physical Violence  $p < .05$ .



## Appendix E

**Table 2: Multiple Regression for Controlling Behaviour (N, 3,545)**

| Models       | Variables                | B      | SE    | $\beta$ | t      | p     | Lower Bound | Upper Bound |
|--------------|--------------------------|--------|-------|---------|--------|-------|-------------|-------------|
| <b>Urban</b> |                          |        |       |         |        |       |             |             |
| Model 1      | (Constant)               | 1.042  | 0.112 |         | 9.292  | <.001 | 0.822       | 1.262       |
|              | Women current age        | -0.008 | 0.003 | -0.062  | -2.519 | 0.012 | -0.014      | -0.002      |
|              | Husband education        | -0.032 | 0.005 | -0.174  | -7.043 | <.001 | -0.041      | -0.023      |
| Model 2      | (Constant)               | 0.775  | 0.121 |         | 6.412  | <.001 | 0.538       | 1.013       |
|              | Women current age        | -0.006 | 0.003 | -0.051  | -1.981 | 0.048 | -0.013      | 0           |
|              | Husband education        | -0.026 | 0.004 | -0.139  | -5.765 | <.001 | -0.034      | -0.017      |
|              | Women empowerment        | -0.004 | 0.004 | -0.027  | -1.058 | 0.29  | -0.013      | 0.004       |
|              | Women's fear of husband  | 0.515  | 0.049 | 0.255   | 10.531 | <.001 | 0.419       | 0.611       |
| Model 3      | (Constant)               | 0.891  | 0.125 |         | 7.132  | <.001 | 0.646       | 1.136       |
|              | Women current age        | -0.007 | 0.003 | -0.054  | -2.125 | 0.034 | -0.013      | -0.001      |
|              | Husband education        | -0.022 | 0.005 | -0.121  | -4.921 | <.001 | -0.031      | -0.013      |
|              | Women empowerment        | -0.002 | 0.004 | -0.015  | -0.587 | 0.557 | -0.011      | 0.006       |
|              | Women's fear of husband  | 0.512  | 0.049 | 0.254   | 10.491 | <.001 | 0.416       | 0.607       |
|              | Frequency of watching TV | -0.074 | 0.021 | -0.086  | -3.505 | <.001 | -0.116      | -0.033      |

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|                          |        |       |        |        |       |        |        |
|--------------------------|--------|-------|--------|--------|-------|--------|--------|
| Model 4 (Constant)       | 0.882  | 0.138 |        | 6.411  | <.001 | 0.612  | 1.152  |
| Women current age        | -0.007 | 0.003 | -0.057 | -2.177 | 0.03  | -0.014 | -0.001 |
| Husband education        | -0.021 | 0.005 | -0.114 | -3.8   | <.001 | -0.032 | -0.01  |
| Women empowerment        | -0.002 | 0.004 | -0.014 | -0.536 | 0.592 | -0.01  | 0.006  |
| Women's fear of husband  | 0.509  | 0.05  | 0.252  | 10.202 | <.001 | 0.411  | 0.607  |
| Frequency of watching TV | -0.072 | 0.023 | -0.084 | -3.158 | 0.002 | -0.117 | -0.027 |
| Women education          | -0.004 | 0.006 | -0.02  | -0.604 | 0.546 | -0.015 | 0.008  |
| Wealth index             | 0.006  | 0.027 | 0.007  | 0.235  | 0.814 | -0.046 | 0.059  |

### Rural

|                         |        |       |        |        |       |        |        |
|-------------------------|--------|-------|--------|--------|-------|--------|--------|
| Model 1 (Constant)      | 1.05   | 0.122 |        | 8.597  | <.001 | 0.81   | 1.289  |
| Women current age       | -0.005 | 0.003 | -0.036 | -1.505 | 0.133 | -0.012 | 0.002  |
| Husband education       | -0.024 | 0.006 | -0.1   | -4.163 | <.001 | -0.035 | -0.013 |
| Model 2 (Constant)      | 0.66   | 0.13  |        | 5.09   | <.001 | 0.405  | 0.914  |
| Women current age       | 0.001  | 0.003 | 0.007  | 0.29   | 0.772 | -0.006 | 0.008  |
| Husband education       | -0.015 | 0.006 | -0.062 | -2.694 | 0.007 | -0.026 | -0.004 |
| Women empowerment       | -0.016 | 0.004 | -0.091 | -3.72  | <.001 | -0.025 | -0.008 |
| Women's fear of husband | 0.71   | 0.056 | 0.292  | 12.687 | <.001 | 0.6    | 0.82   |



|                          |        |       |        |        |       |        |        |
|--------------------------|--------|-------|--------|--------|-------|--------|--------|
| Model 3 (Constant)       | 0.68   | 0.132 |        | 5.168  | <.001 | 0.422  | 0.938  |
| Women current age        | 0.001  | 0.003 | 0.006  | 0.263  | 0.793 | -0.006 | 0.008  |
| Husband education        | -0.014 | 0.006 | -0.057 | -2.413 | 0.016 | -0.025 | -0.003 |
| Women empowerment        | -0.016 | 0.004 | -0.09  | -3.679 | <.001 | -0.025 | -0.007 |
| Women's fear of husband  | 0.705  | 0.056 | 0.29   | 12.518 | <.001 | 0.594  | 0.815  |
| Frequency of watching TV | -0.019 | 0.022 | -0.021 | -0.894 | 0.371 | -0.062 | 0.023  |
| Model 4 (Constant)       | 0.746  | 0.135 |        | 5.518  | <.001 | 0.481  | 1.011  |
| Women current age        | 0      | 0.004 | -0.001 | -0.05  | 0.96  | -0.007 | 0.007  |
| Husband education        | -0.006 | 0.007 | -0.027 | -0.991 | 0.322 | -0.019 | 0.006  |
| Women empowerment        | -0.016 | 0.004 | -0.091 | -3.71  | <.001 | -0.025 | -0.008 |
| Women's fear of husband  | 0.688  | 0.057 | 0.283  | 12.126 | <.001 | 0.576  | 0.799  |
| Frequency of watching TV | -0.004 | 0.024 | -0.004 | -0.148 | 0.882 | -0.05  | 0.043  |
| Women education          | -0.019 | 0.009 | -0.063 | -2.197 | 0.028 | -0.037 | -0.002 |
| Wealth index             | -0.014 | 0.03  | -0.015 | -0.479 | 0.632 | -0.073 | 0.044  |

Dependent Variable: Controlling Behaviour  
 $p < .05$ .



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## Original Research Article

# Feel what you feel: What are the effects of Reiki on young people in secure and residential childcare?

**Abbi Jackson**

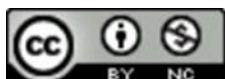
### Abstract:

Action research was used to examine the potential of Reiki as a valid treatment in support of trauma recovery for young people in residential and secure care in Scotland. An explanation of Reiki is provided along with an outline of the general presentation of young people in placement in these settings. Attention is given to the preparation and risk assessment of the treatment trial in terms of safety and trauma-informed practice. Nineteen young people self-selected to participate. The relationship between the Reiki experience and the number of incidents in the care setting is considered, alongside self-report feedback and behavioural observations. Overall participants were more relaxed, and Reiki had a positive effect on wellbeing. Limitations of Reiki for this client group are noted.

## Introduction

Reiki is a holistic therapy, which has been taught in the West since 1938 and in Japan since the early 1920s (Quest & Roberts, 2010). Reiki is a safe, gentle, non-intrusive healing technique for use on oneself, other people, or animals. It is a 'holistic system for harmonising body, mind, emotions and spirit, promoting relaxation and wellbeing, and encouraging self-awareness and spiritual development' (Quest & Roberts, 2010).

This paper aims to contribute to the evidence base for Reiki as a valid biofield treatment modality. Specifically, this research aims to demonstrate some possibilities for Reiki to support recovery from trauma for young people in residential and secure care in Scotland. This was a piece of action research, such that the researcher was also the therapist undertaking Reiki treatments. The term 'practitioner' is used throughout to indicate this role. Case studies below are written in the first person, with pseudonyms chosen by young people (supported by workers). This approach to confidentiality was taken to provide a



more meaningful basis via which to acknowledge experiences, rather than, for example, referring to people using initials or other identifiers. These young people have given their consent for their comments and observations to be used in this study.

## Background

Reiki is universal life force energy delivered through the hands of the giver and drawn into the client, by the client. It works on the seven chakras of the body which run along the mid-line from the bottom of the spine to the top of the head. The chakras are the energetic structures through which we organise our life force and are every bit as valid as psychological theory, but span mind, body, and spirit (Judith, 1996). They are a system of human development and can be felt and observed in people as either deficient, excessive, or balanced depending on the stage achieved in healing (Judith, 1996).

'Ki' is energy in the body operating at high vibrations and fast frequencies which makes it difficult to see, but it can be detected by various forms of electro-magnetic equipment (Quest & Roberts, 2010). Every cell in the human body is energy vibrating at a slow enough frequency to show as visible physical matter. Every person has a unique vibrational energy signature, or frequency, in the same way as we all have unique fingerprints or DNA. Reiki operates at an even higher and faster vibration than the 'Ki' that is present in the physical body and the aura, so it can move through all parts of the human energy field to penetrate energetic blockages and promote healing (Quest & Roberts, 2010).

Reiki energy is theta waves, like having a very deep relaxing sleep. The body takes as much or as little Reiki as it needs, at a pace that suits the person receiving. It does not work in any other way and cannot be forced or imposed upon someone. Some people experience tingling or soft waves going through their body; others feel heat. Sometimes blood is drawn to vital organs leaving the person with cold feet and hands. Sometimes the body becomes so relaxed that legs might jump. Other people say they feel nothing, which does not mean the Reiki is not working. Reiki can never do harm and only goes where it is needed. Sometimes clients desire one effect and experience several other positive shifts.

The giver of Reiki does not need to know the person's history or diagnosis. The receiver of Reiki does not need to 'believe' in the treatment. In addition, because the practitioner does not direct healing and does not decide what to work on, they are not in danger of taking on the karma of the client. In the same way, the ego does not play a part in the treatment. Conditions of unconditional positive regard, congruence, empathy, and compassion are naturally present in a treatment which supports trust building. However, the effects of these are secondary as Reiki works at a much deeper energetic level.



There are a variety of viewpoints available about the efficacy of Reiki and a definitive evidence base has not yet been established. The reliance on pharmaceuticals in Western cultures may be a prohibitive factor with respect to the lack of research into alternative therapies in general. However, Reiki has a firm place in oncology care (Alacaro & Fonseca, 2016; Demir et al., 2013; Fleisher et al., 2014; Olson & Hanson, 1997), including evidencing improvements in quality of life (Tsang et al., 2007). It is also used in the NHS in cancer and palliative care (Chang, 2018). One example is a study of children receiving palliative care, which found they reacted positively to Reiki in measures of quality of life, stress, oxygenation, heart, and respiratory rates with medium to large clinical effect sizes (Thrane et al., 2022).

Reiki has also been found to reduce depression and stress (Zadro & Stapleton, 2022) and improve mood in randomised controlled studies (Bowden et al., 2011). In addition, Morero (2021) found, in a systematic review of eleven studies, that Reiki has potential benefits in mental health care. This also aligns with findings of a study of 1411 Reiki sessions where statistically significant improvements were observed for measures in negative affect, pain, drowsiness, tiredness, nausea, appetite, shortness of breath, anxiety, depression, and overall well-being (Dyer et al., 2019).

This evidence, and previous anecdotal experience of the practitioner, led to the proposal for this research with young people in residential and secure care. In general terms the client group in this study have had significantly impactful traumatic experiences and some of their care needs have previously been unmet. They are placed by local authorities in this care setting because they meet the relevant criteria for secure care. According to the Secure Accommodation (Scotland) 2013 regulations, this means they might have absconded, and are likely to abscond again, and if that were to happen their physical, mental, or moral welfare would be at risk. They may also have engaged in self-harming conduct or may be likely to cause injury to another person.

Some of the participants in this study did not meet the specific secure criteria defined in legislation and were looked after in the residential care campus in the same establishment. These young people presented an equally high level of needs. They all may have experienced adversity, and relational and material poverty of varying impacts, and some may have experienced physical, sexual, and emotional abuse and neglect. It is recognised that this client group are vulnerable to poor physical and mental health, and many have been in local authority care previously.

The predominant interventions in this setting are safety/stabilisation, and behavioural modification techniques. The onsite psychological intervention service offers programme work and specialist advice to caregivers and young people, as well as providing assessment of need and intervention plans. All young people are subject to ongoing comprehensive risk assessment and management.



## Methodology

The researcher is qualified to deliver Reiki at Level 2. Supervision is received as required from a Reiki Master, whose lineage is 7 from Dr Mikao Usai (originator of Reiki). Her experience includes lecturing on biofield treatment modalities at a Scottish university and involvement in the ongoing professional development of independent practitioners. This supervision and guidance focuses solely on practice improvement and no personal details are included.

A risk assessment for the delivery of Reiki in this setting was considered as follows:

| Risks   | Mitigation  |
|---|---|
| Young people might be worried about what Reiki will do to them.   | What Reiki is, what they might experience, and that they are always in control will be explained in a way that suits the young person. They will be offered the opportunity to ask any questions beforehand. They can ask for the treatment to stop at any time. General safe caring best practice will be observed in line with agency policy.   |
| Young people do not like to be touched.   | Reiki can be delivered hands off or hands on depending on preference. Most people find hands on more reassuring as they can close their eyes knowing where the practitioner is. However, this will all be discussed with the person. Young people will not be touched in the torso area as an absolute rule. However, it should be noted that Reiki sometimes brings strange feelings in parts of the body not being touched. |
| Language use by staff - for example claims that Reiki can 'cure' self-harm are both reductionist and inaccurate.                                | Laminated sheets describing Reiki will be provided. Care staff will be briefed to ensure appropriate wrap around care.  |
| Some young people may seek to have their own needs validated as more important than others and request that they are prioritised for treatment. | This will need to be managed in line with group dynamics and overall service priorities at the time. Familiar ways of team working would need to be used to de-escalate issues.   |
| Negative energy backflow must be prevented.   | This is not an issue as Reiki energy is channelled <u>through</u> the practitioner rather than <u>from</u> the practitioner. Empathy is present but must be set aside.  |

Young people were given background information on Reiki and the practitioner (UK Reiki Federation, 2021) and encouraged to ask questions. Some young people took a 10-minute trial, while others did not. All participants self-selected to take part. Offering choice fits with both the model of Reiki itself, and with the trauma-informed practice necessary for delivering good quality childcare. Young

people were advised that they could stop a session at any time (UK Reiki Federation, 2021).

Half-hour sessions were offered on a weekly basis. Sessions were booked by the young people in advance. A degree of flexibility was needed as young people changed their minds, and others decided they would like a session on the spur of the moment. Young people were asked to sign consent forms and offered the opportunity to ask further questions prior to the delivery of Reiki.

In the main, Reiki was delivered 1:1 in a room set up with a massage table on which the young person could lie down. It had low lights, a blanket if required, and soft theta wave music playing. Again, flexibility was needed, however, to give the widest possible access to Reiki treatments. Sometimes sessions happened in houses across the campus, if the young person was not permitted to come to the therapy room for safety reasons, or when they opted to stay in their house.

Reiki can also be delivered as a 'Reiki share' to groups of people. Although this was not the intended model for the current study, a session was delivered to two young people and a care worker on one occasion, as this was fit for purpose at the time (see case study 3 below). One young person also wished to be accompanied by a care worker.

The young people were given the option of being touched or not. A similar hand positioning was undertaken with most young people to offer predictability in subsequent sessions. This is consistent with trauma-informed practice (Scottish Government, 2021). However, it should be noted that, although the hand positions were similar, Reiki was not directed but was available to different parts of the physical and emotional body during this time, as per the individual presentation. A clear pathway for the flow of Reiki was made possible by personal grounding and pre-setting appropriate auric boundaries, including using symbols, as per Reiki training. The practitioner delivered Reiki with eyes closed. This helped concentration and focus, but also might have meant less pressure for the person receiving as they could experience the session with less intensity of social interaction and 'just be'.

After the session the energy flow was managed by gently and methodically closing the exchange. The young person was invited to describe how they felt and what they had experienced. The practitioner also offered observation to the young person. Often, some self-care tips were offered, based on the information available on the various chakras during the session. The young person was always told what would be written in their 'wellbeing' notes and advised to drink water and relax for the rest of the evening. The confidentiality policy of the overall care establishment was observed to offer best care, as opposed to the normal UK Reiki Federation Code of Ethics and Professional Practice (2021) where no information is shared with anyone other than the client. Using the existing format of client records in the setting was best practice in this situation.



The factors associated with researcher characteristics were considered. Care was taken to build enough rapport so young people felt safe to attend a session. As well as one or two visits to their houses for introduction and explanation, young people were collected from and returned to their houses by the practitioner.

It was not intended for this study to be about the effect of relationships, so attempts were made by the practitioner to keep these at a superficial level. However, it proved inevitable that trust would be built, and relationships would develop to a degree over time. It would have been negligent for the practitioner not to respond to cues from the young people, however there were no in-depth conversations. No background information was sought on the presenting issues of the young person, albeit some workers and young people shared brief information in the appropriate context of the session observations. Some background information became known to the practitioner and was accepted but not discussed with the young person. The observations of the sessions were recorded at face value with no interpretation.

It was important to be clear with the young people that this was a research trial, and it would only last twelve weeks. Attention was paid to the way in which expectations were set up to avoid disappointment and shame of abandonment for young people. This fits with trauma-sensitive practice, particularly for those who have attachment difficulties.

## Results

Nineteen young people chose to have Reiki in the twelve-week trial period. They all accessed sessions in a random pattern. One young person had eight sessions, one had five, and one had four sessions. Four young people had three sessions, three had two each and nine had single sessions. One young person took a deep interest in the chakra system. At his request further information was produced and a basic book was recommended (Corr, 2015).

The following was found:

**Number of incidents involving the young person on the evening they had Reiki compared to the number of incidents involving these young people in the two weeks preceding the Reiki treatment.**

The types of incidents ordinarily recorded in this care setting are those involving violence and aggression, self-harm, and concerns for health and safety. Incidents involving two out of the nineteen young people who accessed Reiki were recorded on the nights of the treatment itself. In the two weeks prior to the treatment, one of these young people was involved in eleven incidents (four on one day, two on another, and five incidents on a single other day). The other young person was recorded as having been involved in six incidents in the two weeks prior to the Reiki treatment.

There were no incidents recorded for the other seventeen young people in the sample on the night they received Reiki. In the two-week period prior to the Reiki treatment





there had been the following number of incidents recorded for nine of these individuals respectively:  
3, 3, 5, 3, 1, 1, 2, 1, 2.

### Description of presentation after Reiki

The following observational notes are available:

- Relaxed (n= 8)
- At ease, engaging with activities with peers.
- Complexion was smooth and demeanour calm.
- Calm, chatty and good company.
- Positive engagement with staff after Reiki sessions.
- Good mood. Willing to participate in activities.
- Appeared in 'good form'.
- Positive engagement with staff.

In addition to these positive observations one young person was self-conscious around others and hypervigilant following a Reiki treatment. She usually presents in this way. She said that she could not feel anything during Reiki. It was explained to her that Reiki would be there even though she did not feel much. She responded that she has ADHD (attention deficit hyperactivity disorder) and an eating disorder. It may be that feeling nothing was a symptom of general disconnection between mind and bodily sensations, although this hypothesis was not shared with her.

### Description of presentation over 1- 2 weeks after Reiki

There was no noticeable difference in presentation over the two weeks following Reiki treatment for 12 young people.

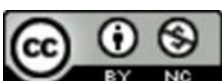
Positive observations were offered for three young people:

- 'Generally calmer and more likely to resist involvement in negative behaviours.'
- 'Engaged in positive interactions with others and appeared to maintain a calm demeanour.'
- 'Appeared more calm than normal the next day but no noticeable change in presentation after this.'

There was no worker observation for three young people for the 1-2 weeks following Reiki treatments.

### Sleep

The sleep patterns of young people in the sample were studied. There were 12 young people who were reported to sleep well generally. It is recorded that five young people fell asleep earlier than usual on the nights they had Reiki, including two who normally had difficulty settling to sleep. Some young people commented ahead of sessions that if they had Reiki they would sleep well.



**Manager's comments**

**Deputy service manager's comments:**

Residential care

Young people appeared to really enjoy the sessions. In one house a particularly influential young person attempted to dissuade peers from trying something that was 'not cool'. This is thought to be due to the group dynamics in the house at the time rather than what the young person herself thought of Reiki. The sessions had a positive influence on young people's interactions with others. I would like Reiki to be offered again and for a longer period of time. I wondered if it would help if staff modelled behaviour by trying it out and then discussing with young people.

Secure care

Reiki was brilliant for the young people. They were so much more relaxed after participating in a session and for some of them, their whole demeanour changed afterwards. Would definitely recommend having more sessions in the future. It would also be beneficial to offer sessions to staff to promote wellbeing.

**Duty manager's comments:**

- 'Really good. The young people responded really well. They were a lot more relaxed.'
- 'Anything that decreases incidents and helps young people sleep is good evidence – We would much rather see them relaxed. It's certainly helped me in my role.'
- 'Very positive feedback from young people. They said it made them totally relaxed and generally they had a good night's sleep after they had a session.'
- 'On the whole, the young people really enjoyed the sessions and said that they were relaxed. To my memory there were no incidents for these young people on the nights I was there when they had Reiki.'

**Night care manager's comment:**

The nights I was on the young people had a good night's sleep. They were more chilled and relaxed, some of them were asleep before the day staff left. Nothing negative to say about it.

**Care workers' comments**

In the beginning most workers were curious about Reiki and were engaged with young people in discussions around it. Three workers advised they were 'skeptical' but also that they themselves had not tried Reiki. All workers encouraged young people to try it if they wished and some actively promoted it. There were lots of comments by workers about the change in demeanour of the young people after treatment.

On every evening that Reiki was delivered the practitioner had requests from care workers to deliver it to them as well as the young people. Sometimes this ran to multiple comments and requests per evening in the different houses across both residential and secure services. However, this Reiki trial was only targeted at young people.



Comment example:

I don't always believe in this stuff (gave dismissive hand wave). It's all a bit weird, but when you see the kids come back and you see the difference – I would definitely put my name down for it if I had the chance!  
(Residential Childcare Worker)

**Young people's comments after sessions**

*'Sign me up every week, bro!'*  
*'I feel relaxed for the first time ever.'*  
*'Peaceful. Thank you for the peace.'*  
*'Weird but good.'*  
*'The most relaxed ever in my life.'*  
*'Relaxed.'* (x 2)  
*'I feel numb. I can't lift my arms, but I don't want to. I would do it again.'*  
*'Amazing.'*  
*'I feel tired. Bro, give me more!!'*  
*'Feels like everything is in my head at once. Not sure, but I think that is good?'*  
*'Can I come again next week?'*  
*'Totally chilled'*  
*'I feel relaxed. I will get a brilliant sleep the night. I will be coming for more.'*  
*'Amazing and weird.'*  
*'I had forgotten how calming it is.'*  
*'Calm and soothing.'*  
*'I feel like I could sleep for a week.'*  
*'I will take all the Reiki I can get.'*  
*'Is it witchcraft?'*  
*'I feel lighter, in a better mood. I feel younger, like a child or a toddler.'*  
*'I couldn't feel anything, then at the last minute I felt tingles in my legs. I'm definitely coming back. Can I?'*  
*'I loved it, it was great.'*  
*'Gwen (peer who had received Reiki) said she had a bad thumb and Reiki healed it the next day. It was unreal!'*  
*'I had to keep checking I was still on the bed. When you moved hand positions, it was like I was coming back down. I feel tired and chilled.'*  
*'I feel more emotional tonight than I did last time.'*  
*'Reiki helps me sleep better'*  
*'I feel floaty.'*

Some of the other young people could not describe how they felt. It is important to note, however, that the observed body language of these young people did not suggest that they did not enjoy their session and no young people were emotionally dysregulated immediately following their treatment.

**NOTE: These comments were provided by young people who have asked to be identified as Julia, Dustin, Gwen, Louise, Warner, Queen, Kev, Barbara, Sandy, Lilmik and Joe**



The following case studies are examples of sessions experienced by the young person and practitioner:

### Case study 1

#### Barbara

Her presentation within the session was evidencing that she physical head pain although she had not mentioned this. She confirmed it verbally afterwards. She was transferring some of this pressure to me and I felt that there was an intense halfmoon shape sensation internally in the middle of my forehead. This is unlike any headache I normally experience. I had a clear head at the beginning of the session, so it was definitely transference from Barbara. She was also transferring little flutters of panic sensations. This was involuntary from Barbara and not coming from any panic I was experiencing for myself. I offered further sessions to see if this could be improved, but Barbara did not take up any further sessions in the duration of the trial.

### Case study 2

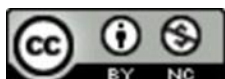
#### Lilmik

He had a half-hour Reiki session in the therapy room. He was fidgeting like he was fighting sleep. He muttered under his breath a couple of times. He said he liked it. Later, in the house, another young person became agitated, and Lilmik was asked by workers to go through to his room and change into pyjamas. He refused initially and the other young person began trying to physically lash out at him unprovoked. Lilmik agreed to go to his room if he could have Reiki in there (at his suggestion). To de-escalate things, care workers agreed. A worker was present to observe the Reiki session. In his room, Lilmik immediately said, '*Here, you can have classical music if you want,*' and put this on his TV. He pulled his mattress down on the floor and effectively created his own therapy space, completely using his own initiative. He then went on to be fully engaged in the Reiki session provided, with the care worker, continually present. Lilmik had laughed loudly when Reiki was explained to him initially but went on to have five sessions in total.

## **Discussion**

An overarching theme emerging from these findings is of a more relaxed state for each of the young people receiving Reiki. This was a primary aim of this action research, as Rothschild (2010) advises: '*The first goal of trauma recovery should and must be to improve your quality of life on a daily basis.*' This was considered fundamental to the care of young people, and their positive comments show this was achieved.

It is acknowledged that this group of young people's life experiences have clearly had an extensive adverse effect on their presentation and development, which is the reason they have been placed in this care setting. The trauma they have suffered is 'not just an event that took place in the past, it is also the imprint left by that experience on the mind, body and brain' (van der Kolk, 2014). For many of these young people, it is likely that stress on their developing nervous system as infants has resulted in adaptations to the brain architecture, making them



vulnerable to these later difficulties (Gerhardt, 2014) so the need for stabilisation and attuned caregiving at this point in their lives is paramount. Workers in this care context recognise that people do not need to talk about traumatic experiences, which is thought to reinforce preoccupation and fixation (van der Kolk, 2014). Sometimes, during Reiki treatments, memories of any kind do surface, and this is considered part of healing. However, it is understood that remembering traumatic events might evoke shame and confusion making it difficult for people to function (Rothschild, 2010). The residential care model was available to offer appropriate care to young people if this had been the case, albeit there was no evidence of this in the sample at the end of the Reiki sessions, and no further mention of this by workers.

Some young people in this setting also present with additional difficulties of a genetic or neurodivergent nature. They all need multi-agency support and resources upon leaving the care setting, and a large majority have required this on a lifelong basis. They need carefully planned transitions to future services by people who understand their vulnerabilities and strengths in depth. This level of overall need cannot be underestimated and the nearly 100% positive comments about Reiki were not anticipated. Indeed, it could not be anticipated in any group at this stage in their development as teenagers.

Although it is important to recognise the needs of the participants in this group for research context, in contrast, it is not necessary for a Reiki practitioner to understand where biology, trauma, abuse and neglect has resulted in impaired executive functioning or social presentation. Unlike the programme work within the care setting, Reiki is not cognitively led. The young people do not need to think their way better. Therefore, in Reiki they do not need to confront emotionally painful material that is inherent in behaviour modification intervention, nor feel shame when they cannot access the recommended coping strategies when in a triggered state. To access the benefits of Reiki treatment, they do not need to understand or accept where their beliefs need to change, or wrestle with their developing identity. Instead, Reiki is a possible modality to reach young people with functional impairments of any sort and to promote healing and growth. The results of this brief study indicate that, for these participants, behaviour change may be possible through intrinsic processes underpinned by working on balancing the chakras through Reiki. More relaxed young people may bring about improved relationships with workers and, in turn, impact positively on their future development. It can also potentially contribute to increased confidence in young people benefiting from positive risk taking.

Similarly, the young people were curious about how Reiki works. Some were disbelieving of the explanation, as many people are. As much as people try to rationalise Reiki and look for quantifiable evidence, it needs to be accepted that it is firmly a 'bottom-up' modality and the qualitative experience for the individual is the best measure. This also fits with Rothschild's (2010) subjective measures of trauma recovery. Therefore, the young people were encouraged,



rather than interpreting science or analysing their own experiences, just to feel what they felt. People who are traumatised are understood to have a poor sense of connection between body and mind (Heller & LaPierre, 2012), such that acknowledging any visceral feelings is considered to enhance healing (van der Kolk, 2014). To support this reactivation of the self-sensing system, the practitioner took time after the session (where helpful) to tell the young person the sensations she had experienced during their session. Playful metaphors were used to give examples of how the sensations could be expressed - like 'fizzy feet', 'bouncy heart', and 'tiny butterflies.' Some young people offered their own expressions of their experience, while some could not find the language. Children with histories of abuse and neglect often have few words to describe what they feel (Hughes, 2012), so this was to be expected. It should be noted that it is not uncommon for the general population to find it difficult to describe what Reiki feels like too.

Care was also taken with the young people who were curious about the chakras and how they work. Where useful, brief connections were shared with them between observations of their session and the chakra system. This was done in very broad terms. One of the common presentations of traumatised people is to present psychosomatic symptoms (Afari et al., 2014, Barends et al., 2022) so it would be unwise to encourage self-diagnosis in this client group as it may have unintended behavioural implications. On the other hand, if a young person accepted the information about the chakras, it may have also brought them to consider the 'treatment' options – all of which may have a healing effect, and potentially suggested self-care strategies for life. Experiencing mastery through self-help could be regarded as empowering for young people who have been 'done to' in the care system. It is also hoped that the Reiki sessions have opened a door to alternative self-care more widely, in terms of combatting the global over-reliance on suppressing discomfort with chemicals rather than addressing underlying causes.

Overall, the results show that Reiki brought about a general calming effect in group living environments. Many of this client group struggle with self-regulation and the atmosphere can be volatile at times. However, it may be that those who had Reiki were able to cope better with triggers. This self-report comment supports this theme:

*'When people speak to me after Reiki I just say "whatever". I don't want to get involved with their stuff.'*

Joe (eight sessions of Reiki)

Only two out of 19 young people were involved in incidents on the night after they had a Reiki session. It is not possible to relate this finding directly to the effect of Reiki as there are many other reasons for incidents and there cannot be controls for myriad other variables. It is notable however, that the Reiki treatment coincided with a day where some young people who had previously



had been were not involved in incidents, and that the young person who was involved in multiple incidents on single days previously, was only involved in one incident on the night they had Reiki, followed by a settled night. These findings should be treated with respectful caution and considered in relation to comments made by individual young people. The circular benefits of fewer incidents in general though, would be that care workers experience less situational stress and other young people would not be further traumatised through witnessing incidents.

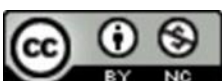
Bessel van der Kolk (2014) notes that for real trauma recovery to take place, the body needs to learn that danger has passed, and the present is safe. Reiki has offered a key contribution in making the care service 'safer' overall. In addition, this discussion would be incomplete without acknowledgement that the Reiki sessions would have provided a safe experience of human touch which may have been lacking for some young people previously in their lives. The effect of oxytocin on the nervous system (Baylin & Hughes, 2016) is a clear component of the overall Reiki experience.

The most rewarding aspect from the practitioner's viewpoint was that most young people's facial complexions changed after a Reiki session. They arrived tense, with their complexions fixed and rigid. It is understood that this is likely to be a result of the stressors in their life, including the challenges of living in a group and needing to adapt quickly to unfamiliar rules and cultures (Smith et al., 2013). After Reiki their complexions had softened, their skin appeared smoother and sometimes plumper, and their eyes had lost their tense expression. This was remarkable and was noticed by workers when some of the young people returned to their houses after sessions.

## Implications for practice

There are never any guarantees of outcomes from Reiki (UK Reiki Federation, 2021). Therefore, discussing what the person seeks from treatment is perhaps more about putting the person at ease, so they are ready to receive Reiki, than about directing the energy. People should be invited to just 'feel what they feel' and judge outcomes for themselves. For young people this promotes a sense of self-efficacy by default and to trust one's own judgement of the experience is validating and healing.

Reiki could be offered routinely or at the point of agitation before distress, to calm the emotional tempo of individuals and groups and to add to a more therapeutic milieu (Trieschman & Whittaker, 2017). It could be offered to people who are overwhelmed with significant events in their lives which have impacted on their ability to cope. It should be acknowledged, however, that the full benefits of Reiki will not be felt by anyone, in any care giving milieu where the needs of the people being cared for are greater than the ability of the carers to meet these.



It should also be recognised that there are many things Reiki cannot do for this client group.

- It cannot undo the impact of years of neglect and abuse.
- It cannot claim to resolve matters for the young person that are making them angry (or would make any person angry).
- It cannot improve environmental factors that are triggering distress (albeit Reiki supports coping strategies).
- It does not claim to change the person's underlying health profile - but can help them to cope with their condition.
- It cannot intend to reduce behaviours which serve a function for the young person (although it will work on improving emotional resilience which may mean that the behaviours no longer serve the same function).

For good aftercare, the practitioner advised young people to drink water and relax for the rest of the evening. In reality it was impossible for them to relax as they were required to re-join the group and become physically and mentally alert again; perhaps their nervous systems were again 'swamped' by the need to navigate existing social dynamics. It is acknowledged that in residential and secure care this is unavoidable.

## Recommendations

1. Reiki can be used in conjunction with relational recovery and other interventions.
2. Effective Reiki services for young people in secure and residential care should be delivered by practitioners who are not intimidated by the behavioural presentation of young people who have experienced relational and developmental trauma.
3. Some planning of Reiki appointments is necessary so young people can have advance notice. On the other hand, flexibility is necessary so that ad hoc requests can be accommodated.
4. Although it may not be practical for workers to receive Reiki as individual appointments during their shift, further benefit could be explored by offering Reiki shares. This would also support care giving approaches that promote trust and offer safe opportunities for physical closeness and emotional availability (Schofield & Beek, 2015).
5. All questions about Reiki should be answered in ways that make sense to the person. However, it is important people learn to trust Reiki without fully understanding how it functions. Sometimes the effects cannot be readily explained. The self-report feedback and observations must stand on their own merit without further analysis.

End note: Detailed appendices are available from the author.





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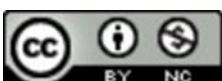
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## About the author

Abbi Jackson has worked in children's services for around 25 years. She has been a foster carer and has worked in secure care and children's residential care. She spent time as a social worker in a statutory team, as an independent Form F assessor and a supervising social worker. She has led large-scale practice audits in children's services and adult protection. She has been a senior planning officer and is currently an interim CEO in the third sector. Abbi is also an active practice educator and lectures in critical social work practice. She has an interest in early intervention with young people experiencing emerging mental health concerns.



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## Short Article

# A reflexive relational model for ethical decision making in child and youth care

**Varda Mann Feder <sup>a</sup>, Laura Steckley <sup>b</sup>**

<sup>a</sup> Concordia University <sup>b</sup> University of Strathclyde

### Abstract:

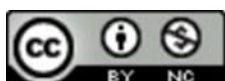
Situations with important and often complex ethical dimensions arise daily in child and youth care, the professional umbrella under which residential child care is located in some countries, including Canada, parts of the United States, South Africa, and Australia. Consideration of these ethical dimensions requires deliberation, that includes consideration of both internal and external factors, which can be difficult given that the situations involved often evoke intense feelings for the practitioner. This article presents a model for ethical decision making that is rooted in the core child and youth care values of reflexivity and relationality.

## Introduction

Consider the following situations that can commonly arise in child and youth care:

- You work in a school. A student confides in you that she plans to run away from home on Friday but insists you tell no one.
- You work in a group home. Your supervisor insists that you hold a resident back from his family visit this weekend because of his aggressive behaviour toward other youth.
- You work in an addictions program that has strict rules about socialising and substance use. Your colleague arrives at a team meeting with a list of young people in the program who posted on Instagram at a party where drugs and alcohol were being consumed.

These situations are typical of those encountered routinely by those working in child and youth care, the professional umbrella under which residential child care is located in some countries, including Canada, parts of the United States, South Africa, and Australia. The kinds of situations listed above are complex, demand



consideration at multiple levels, and ultimately involve tough choices about how to respond. Situations such as these may evoke intense feelings in the professionals involved because they raise questions about the possible harms or benefits of an intervention. They demand attention to the ethical dimension of the situation at hand. What would a correct child and youth care response look like? Finding useful answers to this question requires a process of ethical deliberation. In this article, we offer some guidance, a model, and some food for thought in relation to the regular and sometimes extra-ordinary ethical decision making you must practice in your child and youth care practice.

## **Ethical deliberation and ethical dilemmas**

Ethical deliberation is integral to good child and youth care practice for many reasons. Central to our mandate is the promotion of just outcomes for children, youth and families (Sercombe, 2010). It can be easy to forget this and focus solely on meeting practical and bureaucratic requirements. Yet we are constantly confronted with questions of right and wrong as we formulate responses to those in our care or reflect on our own actions and those of colleagues and supervisors. Even the most mundane decisions must be considered in light of their ethical issues, because when we work with others we need to be clear about whether we are being fair to them in relation to the goals that we are promoting and the means we are employing to meet those goals. Our values are particularly relevant to this endeavour. Values constitute preferences in relation to what is important to us that we develop from childhood onwards; they influence both our personal ideals and the objectives that determine our behaviour (Beckett et al., 2017). Collective values develop in groups and organisations, and the shared values of a profession are known as its ethos (Sercombe, 2010). Both personal values and the ethos of child and youth care influence how we work because the decisions we make about what benefits to prioritise will determine how we conduct ourselves (Gharabaghi, 2010).

Day-to-day ethical considerations in child and youth care can be relatively straightforward. They involve decisions such as whether to assert authority over a young person or allow them to choose for themselves, such as what to eat or what to wear. They may also involve decisions about what behaviours should or should not be permitted, like staying out late or opting out of an activity. This straightforwardness may cause you to take for granted the way things are done in your service. When this happens, you may not consider or even recognise the ethical dimensions of daily decisions. The guidelines below can help bring those ethical dimensions to light.

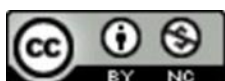
Other ethical considerations are more complicated, such as those reflected in the examples offered at the beginning of this article. These situations can constitute ethical dilemmas for the professionals involved. Ethical dilemmas involve conflict between two or more possible courses of action, when it is unclear which is the best (or most ethical), usually because of tensions between underlying values (Banks, 2012; Pullen-Sansfaçon & Cowden, 2012). Sometimes no course of

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action actually feels 'right', and you are faced with choosing which choice feels the least 'wrong'. Ethical dilemmas, by their very nature, can be emotionally triggering and they often elicit impulsive responses because of the pressure on a child and youth care professional to deal with a tricky and morally complex problem.

Child and youth care, like most other professions, has crafted a code of ethics to help guide us when we face ethical dilemmas (Eckles & Freeman, 2021). These codes outline principles that reflect other field-specific priorities, such as the importance of promoting the well-being of those we work with and the requirement that we manage our boundaries to maximise those benefits. At the same time, these codes are not prescriptive. They provide general guidelines but are not specific enough to address the nuances of a situation in the real world. This leaves room for each worker to engage in independent action that takes the unique features of each practice event into account. Novice workers who look to a code of ethics for answers are often disappointed because codes do not provide 'an answer key to ethical dilemmas' (Eckles & Freeman, 2021, p.16). We have found it most helpful to consult the codes as a subsequent step, after the core elements of reflexivity and relationality have already been considered.

## Reflexivity and relationality

Our contention is that the ethos of child and youth care distinguishes it from other approaches to helping (Anglin, 2001) and that the core values of the field can serve as a starting point for ethical deliberation. We have found it especially useful to focus on two core values: reflexivity and relationality. Utilising these values as the core elements in ethical deliberations can help us to make better practice decisions as child and youth care workers. It is important to note that Garfat and Ricks (1995) first identified the potential for child and youth care to develop a self-driven approach to ethical problem solving. The ideas we share here are an elaboration on their pivotal paper which introduced the importance of the self in ethical deliberation. We have built on these ideas and developed a model outlining how you might utilise this approach to making ethical decisions in your own child and youth care practice.

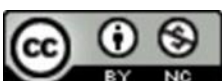
Self-awareness has been one of the hallmarks of child and youth care since the beginning (Garfat, 1994; Maier, 1987). **Reflexivity**, then, takes self-awareness to a more active, advanced level of practice. It can be defined as the skill of processing and using the information that derives from self-awareness (Gardner, 2014). It involves active, intentional consideration of the impact of our/ves on the impact of our interventions, both after the fact and while we are in the midst of a practice moment (Gardner, 2014; Schon, 1983). This self-examination extends to our feelings (and what elicits them), our values (and what evokes or violates them), and our social location or identity and level of privilege (and how it influences our perceptions of events) (Mann Feder, 2021). Reflexivity is transformational because it builds on self-knowledge as a basis for formulating responses to the children, youth and families we work with. The more insightful

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we become about ourselves, the more insightful and effective we are able to be with others.

**Relationality** is a second value that characterises a child and youth care ethos. Unlike other approaches to the human services, child and youth care stresses relationships in the here and now as the central ingredient in an intervention. Some even argue that the youth or family's experience of the relationship *is* the intervention (Ruch, 2018; Stuart, 2013). It is through the medium of relationships that child and youth care professionals work with children, youth and families. The relationship is the major vehicle for building on strengths and making meaning (Garfat, 2004). Other distinguishing features of a relational approach include working with others as partners and collaborators rather than 'clients', with an emphasis on talking and a focus on empowerment and non-coercion (Garfat et al., 2018).

### **A reflexive relational model for ethical deliberation**

How can reflexivity and relationality serve as core elements in ethical deliberation? We have found it useful to break these values down into key questions that can guide you in thinking through situations in practice, especially those that challenge your sense of what would constitute the best child and youth care response. An added benefit of using this questioning technique is that it can slow you down. Slowing down is important because it supports us to resist our very human tendency to respond impulsively under conditions of stress (Siegel & Hartzell, 2003).

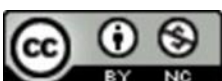
Here are suggested guidelines for reflexive-relational ethical deliberation:

**Step 1.** Consider the situation broadly:

- What is happening here?
- Is there further information needed for a more complete understanding of what is transpiring?

**Step 2.** Consider the situation from a reflexive standpoint:

- How does this situation make you feel? Is it triggering any of your own personal issues?
- What values are at stake here? Are any of your personal values being violated and what child and youth care values are most relevant? Are two or more of your values in tension with one another?
- How does your social location (i.e. your place in society in terms of class, gender, race, sexual orientation, membership in oppressed groups and aspects of privilege) influence how you are experiencing this situation? How might you view the situation differently if you were looking at it from a different social location?
- How can you respond in a way that minimises personal bias and builds on your best understanding of the ethos of child and youth care?



**Step 3.** Consider the situation from a relational standpoint:

- What is your current relationship to the child, youth or family who is your client in this situation?
- What does this event or situation tell you about your relationship and what might the impacts be on other relationships? Are you aware of, and have you asked the child, youth or family their views about the situation and their preferred course of action? What should their involvement be in deciding a course of action?
- How can you respond in a way that honours your relationships with the person or people with whom you are directly working?

**Step 4.** Consider other elements that may be relevant.

- Are there social justice issues involved that require examination of elements of the macrosystem, such as the child's, young person's or family's experiences of discrimination based on their ethnicity or poverty?
- Are there any legal ramifications, such as youth protection considerations or consent issues?
- How do organisational policies impact on this dilemma?
- And finally, can consideration of theoretical models of ethical decision-making help with formulating a response, such as an examination of how to maximise benefits to all or how to act on the basis of respect for those involved?

**Step 5.** Consider the elements in step 4 from a reflexive relational perspective. For example, are there social issues that you tend to overestimate or underplay?

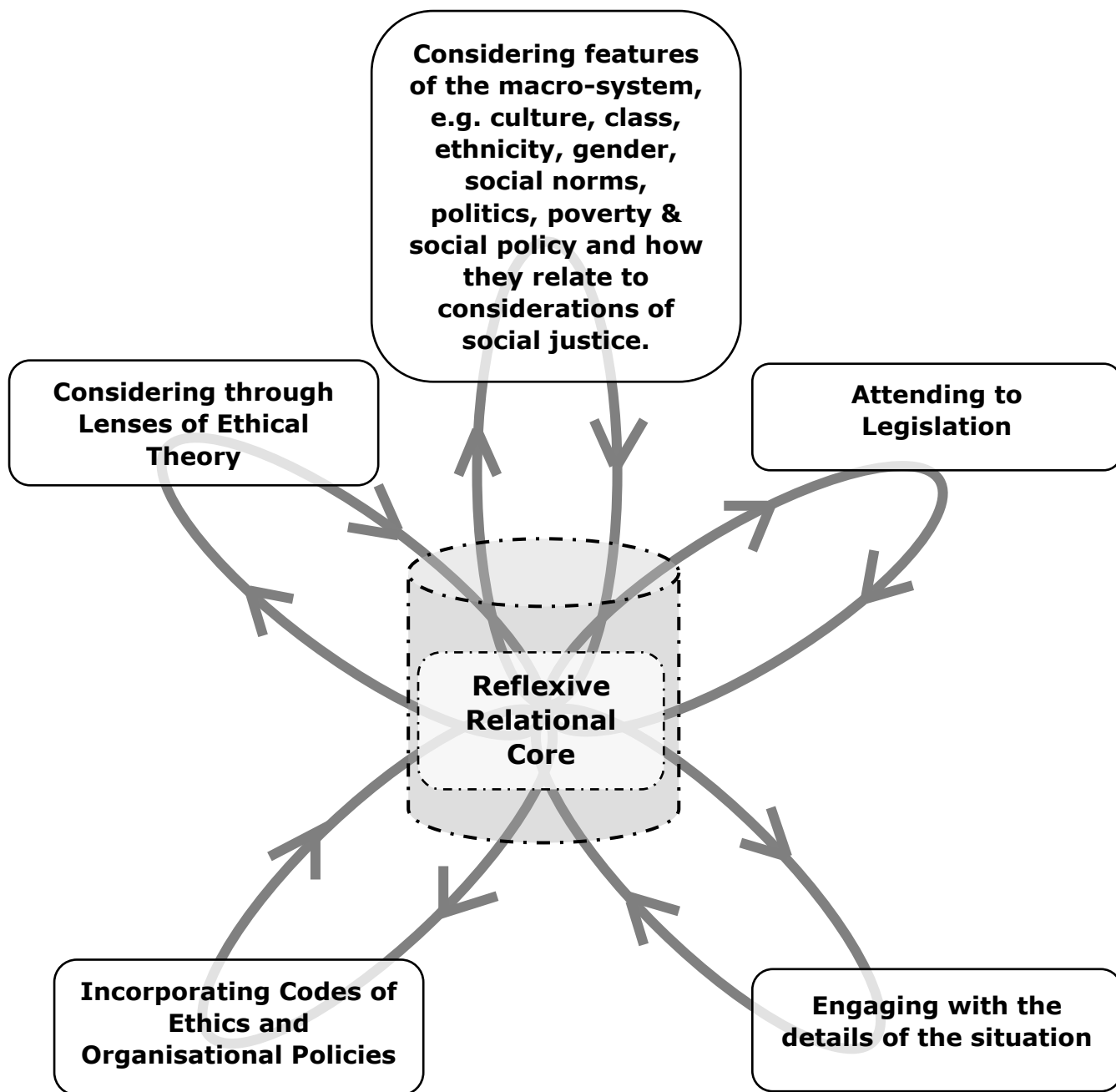
- What related assumptions might you be making?
- How might explicitly acknowledging a relevant social issue as part of your response impact on your relationship(s) with a young person, family, colleague, or team?
- Does a potential legal ramification make you anxious and therefore more likely to rush to (or delay) a decision without proper deliberation?
- How might upholding a legal or organisational requirement change your relationship with a child, young person, family, colleague or team?

We have described this model in more detail elsewhere (see Mann-Feder & Steckley, 2021), and have mapped it out in the following diagram:





**Figure 2: The Reflexive Relational Model of Ethical Decision Making for Child and Youth Care**



Rather than a linear process, the ovals spiralling back and forth between the outer considerations and the inner core of reflexivity and relationality reflect a reiterative process of deliberation. Part of considering the outer elements involves repeated return questions about how those elements are impacting the self and relevant relationships, but also, importantly, how the self may be influencing one's perceptions of those elements.

## Conclusion

We are proposing that to work through ethical problems, child and youth care workers develop facility in using this structured model of ethical deliberation, particularly in situations where a difficult choice is involved. The key element of the model is a focus on reflexivity and relationality, not just as core values of good child and youth care practice, but as the major screens for interpreting ethical questions and dilemmas. Using this model may feel clumsy or even daunting at first. It needs to be practiced over and over in order to become familiar and habitual enough that even in moments that are emotionally fraught, you as a worker can identify your best courses of action based on the core values that inform our sector. They are also likely to be values that brought you to this work in the first place.

In closing, it should be mentioned that facing ethical dilemmas, even when using this model to support your ethical deliberation, rarely leaves the child and youth care worker feeling good. This is because there are rarely absolute right answers, and you often cannot judge the adequacy of your decision making until much later, when events unfold to their natural conclusion. However, using a model such as the one suggested here can assist you to think more clearly and maximise your problem-solving ability under difficult circumstances.

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## About the authors

Varda Mann-Feder has been a full-time faculty member in applied human sciences since 1992. She taught as a sessional instructor in psychology at Concordia between 1984 and 1992 and worked as a consulting psychologist in the child welfare system in Montreal from 1976 until 2004. From 2004 until 2007, Dr Mann-Feder served as chair of applied human sciences, and she was also the founding program director for the Graduate Diploma in Youth Work. From 2000 until 2007, Dr Mann-Feder served as editor of the *Journal of Child and Youth Care Work*. She is known across Canada for her advocacy on behalf of youth aging out of care.

Laura Steckley started her career in residential settings serving young people in 1990 and has worked in both the United States and Scotland in direct practice, management and training positions. In 2003, she took up a teaching and research post at the University of Strathclyde. There, she leads up the MSc in

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Advanced Residential Child Care, and her research and knowledge exchange interests currently revolve around physical restraint, containment theory and threshold concepts. She has taught undergraduate ethics on the BA in Social Work and has published on ethical issues in residential child care. She also convened the school of social work and social policy's department-level ethics committee from 2009 to 2014 and served on the University Ethics Committee from 2009 to 2023 (and as vice convener 2014-2023).



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Austria, alternative child and youth care in group homes, curriculum, continuing professional development.

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## Short Article

# Strengthening quality care in professional alternative child and youth care in group homes through continuing professional development

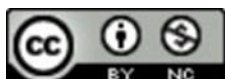
**Monika Lenqauer and Christian Posch**

### Abstract:

Between February 2021 and December 2022, a large-scale project developed the 'curriculum for the dual practice-oriented continuing professional development for professionals in professional alternative child and youth care in group homes' in Austria (FICE Austria, 2023). The project was initiated by FICE Austria. Sixteen experts from 20 organisations across Austria took part in developing the curriculum. It aims to further the development of the quality of care in professional alternative child and youth care settings in Austria. Existing and recognised training courses can only qualify professionals for alternative child and youth care settings to an extremely limited extent. This article presents the need for development and presents the cornerstones of the curriculum.

## Background for the development of the curriculum

The curriculum aims to contribute to ensuring quality care for children and youth in group homes in Austria. It also sets out to promote development and health across federal and organisational boundaries. The curriculum was developed as part of the so-called *C Circle*, which was made up of 20 experts from 16 organisations who met for 130 hours online and in person. Parallel to the *C-Circle*, a group of eight people was set up, who were responsible for the development of the learning and teaching methods and met 12 times. In addition, five *sounding board* meetings took place. Managers from organisations relating to child and youth care settings, and representatives from research and teaching institutions and related support systems took part in these *sounding boards*.



The background for the development of the curriculum is the quality standards for the processes in professional alternative child and youth care in group homes (FICE, 2019) developed between 2017 and 2019. The successful implementation of these standards in practice across federal states depends to a significant extent on the attitudes, knowledge, and skills of the professionals involved. In addition, other factors play an important role in implementing the quality standards. These includes previous support planning, as well as rosters and available human resources. Existing and recognised training courses can only qualify professionals for alternative child and youth care settings to an extremely limited extent. This is due to their broad content (generalist) and/or lack of practice-oriented learning. They are also characterised by high inconsistency in content. Sting and Lauer mann (2020) explain in their study the inconsistency in the training that qualifies workers for child and youth care settings. The authors also point out that there is no explicit child and youth care-related content in the curricula of current degree programs and that the extent of compulsory internships varies considerably.

Thus, it can be assumed (and is also confirmed by managers of institutions) that graduates of training courses have at the end vastly different professional qualifications for their care work. This outcome is exacerbated by the fact that differing training courses for working with children and youth at risk are recognised in different states due to the federal structure of child and youth care settings in the federal states. In some states, only the professions of social work, social pedagogy<sup>5</sup>, pedagogy, educational science, psychotherapy, or psychology are considered to be relevant, while in other federal states, qualifications as teachers, early childhood educators or counsellors are recognised (Riedl, 2022). It cannot therefore be assumed that professionals employed in group homes of alternative child and youth care settings hold equivalent qualifications. This is also confirmed by a survey of the *Volksanwaltschaft* (Austrian ombudsman for protecting and promoting compliance with human rights as part of the UN mandate), which indicates that only about half of the professionals had completed training in social pedagogy (Volksanwaltschaft, 2022). As a result, it seems urgent that professionals are given the opportunity to undergo further training to ensure uniform professional standards and equivalent high-quality care in Austria, and to maintain an Austria-wide professional perspective (Sting, 2023). All children and young people in Austria should have the same right to high-quality care, regardless of which federal state or facility they live in – a circumstance that the UN Committee on the Rights of the Child has criticised (UN, 2020).

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<sup>5</sup> Social pedagogy is the discipline underpinning direct work with children, youth and families across most of Europe, its roots stretching back, primarily, to 19th Century Germany. The concept has struggled to find a place within social work in the English-speaking world, partly because of difficulties in translation and partly because of different welfare traditions (Smith and Whyte, 2008).



Another centrepiece for the development of the curriculum is the quintessence of a learning theory which states that the reflective and theoretical work and study of professionals on and with their own real-world experience is relevant for the needs-based management of practice requirements. By switching between pedagogical practice on the one hand and the reflective framework on the other, experiences in practice and theoretical understanding can be best linked. Thus, professionals' reactions can be reflected in a protected framework (Polutta, 2020). The further training should therefore be designed dually, which means that participants can switch between two locations for learning, and reflect on their own questions, case studies, practice challenges in a protected location of further education.

Finally, practice-oriented dual training ideally contributes to counteracting the current lack and high fluctuation of professionals. Structured supervision and professional support are particularly important if employees are to remain in this highly complex, challenging and at the same time enriching professional field for a longer period. To support the development of children and young people, it is essential to ensure that well-trained, reflective, and stable caregivers are available. Further education can be one way to achieve this (among many other necessary measures).

## **Didactic orientation of the curriculum**

The following didactical approaches to learning are considered trendsetting for further training of professionals in alternative group homes.

### **Understanding-oriented and reflective approach**

The curriculum assumes that the answer to the question of appropriate social pedagogical approaches is always guided by the interpretation of the situation, the needs for support of the child/adolescent, and what (ideally) 'was previously understood' (Nauerth, 2016, p.35).

It is about learning to understand the feelings, behaviours and developmental tasks or potential of children and young people. One needs to consider their past experiences and current situation to be able to derive needs-based and pedagogical approaches. The main objects of understanding in the context of professional alternative child and youth care are the dynamics of the children and young people in their wider surrounding (Schwabe, 2021). Furthermore, family dynamics and relationships, the psychodynamics of the growing child, and associated developmental milestones (understanding of developmental pedagogy), are essential for in-depth understanding. It is particularly relevant that the factors of situations and societal contexts, in particular opportunities and social disadvantages (discrimination, stigmatisation), are included in the process of understanding. This means that the current experiences and support needs of children and young people cannot be explained solely in terms of family or inner mental states, but that the current situation and the currently active



forces in the given field of power (Lewin, 1951) must always be considered. This includes experiences with the support systems of the children/adolescents and their (family) background.

Ultimately, the understanding-focused approach also refers to the self-understanding of the professional. As social-pedagogical processes and the formation of relationships develop as a so-called co-productive process, the professionals inevitably help shape the processes of support and relationships: their work is influenced by their own biographical experiences, and they are inevitably confronted with transference and countertransference. A lot of space should therefore be given to self-reflection on one's own assumptions, entanglements, and biographical experiences. There should also be the possibility for professionals to bring challenges and experiences of their negation of previous knowledge and established patterns of interpretation and action into their own practice and to reflect on them. Current learning theories suggest that learning benefits in a distinct way from situations and occasions in which practiced routines or implicit patterns of interpretation and action do not (any longer) prove themselves useful (Meyer-Drewe, 2010). This requires self-reflection and a protected space for allowing one's own insecurities and the opportunity to learn with and from one another in a manner of appreciation.

However, it is always important to recognise and acknowledge the limits of understanding regarding the grasping of developmental stages, patterns of behaviour, needs, etc. of the growing child or of their parents. In the same way the professional caregiver's self-understanding is limited. Neither self-understanding nor understanding of others is fully possible. Not-knowing and the confrontation with a non-translatable rest (Kläui, 2015) is therefore a core feature of social-pedagogical practice. It is about dealing with this not-knowing as well as with the inevitable tensions of social-pedagogical practice. These always give rise to new inquiry, which can/may also be enjoyable and can offer valuable jumping off points for the professional and personal development of professionals.

## **Response- and practice-focused**

The curriculum is considerably response- and practice-oriented. In line with practical theories of social science, the assumption is made that informed responses cannot be produced through knowledge alone. It also requires corresponding experiences, reflection upon these, and a corresponding framework of interpretation. Theoretical knowledge therefore serves to expand observations, to develop evidence-based pedagogical approaches, and to create a space between pedagogical moments and one's own entanglement.

The curriculum states that further development of the self-efficacy of professionals is considerably dependent on practical experience being linked with theoretical knowledge of interpretation, and on using one's own practical experience to





undergo critical (self-) reflection. This means that the professional experiences of participants are specifically included in the learning, exercise, and reflection processes. The move from pedagogical practice on the one hand to the reflective framework in further education on the other, can link challenges in practice to theoretical understanding, as well as offering a protected framework for practicing professional responses.

### Focus on *Haltung*<sup>6</sup>

The curriculum assumes that *Haltungen* are of crucial importance for the further development of social-pedagogical skills. According to Ader and Schrappner (2020), an inner *Haltung* can be understood as a basic attitude, conviction, and inner compass (see also Kuhl et al., 2014). *Haltung* therefore includes notions of what is desirable, which is intricately linked to basic ethical assumptions. It is important to be aware of this, as they have a normative character, and serve as orientation and reflection for pedagogical action.

### Combination of different methods of teaching and learning

Based on the basic didactical orientation of the curriculum, different teaching and learning methods were developed. Central elements are:

- Webinars/learning videos to convey declarative knowledge and pedagogical concepts.
- Self-study, for which materials for learning are provided.
- Block courses (face-to-face courses) that provide for the following group formats:

Stage group (overall group of the course) to deepen content of learning and to reflect on the learning and group processes.

Practice groups (small groups) that offer a safe space for practice- and response-focused learning (working on case studies, practicing methods, role-playing, etc.).

Group Supervision to reflect on one's own biographical and professional experiences with a view to understanding one's own emotional parts and transmission processes in professional relationship dynamics.

- Peer group to deepen the topics covered (literature study, collegial advice, exercises).
- Practical training, in the context of which practice tasks are implemented during normal working hours in your own facility (e.g., biography work, projects of participation, etc.) and then reflected on in small groups.
- Buddy system for discussing open questions, writing joint assignments, reflecting on challenges in professional practice, etc.
- Writing three intermediate and one final assignment.

<sup>6</sup> *Haltung* is a German word which is finding its way into the English language, not least because there is no direct translation. The term *Haltung* comes closest to the English terms attitude or mind set.



In addition, (voluntary) supervision talks in a one-to-one setting totalling 20 hours are recommended.

## Focus of content of the curriculum

The training should comprise at least 60 ECTS credits so that the thematic priorities can be worked out in their necessary depth. The following table details the subject areas:

**Table 1**

| <b>Subjects</b>   |
|---|
| 1 BASIC PEDAGOGICAL UNDERSTANDING AND LEGAL FRAMEWORK                         |
| 2 CASE UNDERSTANDING OF DEVELOPMENT- AND LIFEWORLD-ORIENTATION                |
| 3 ATTACHMENT-RELATIONSHIP-TRAUMA-INFORMED PEDAGOGY                            |
| 4 PROFESSIONAL DEVELOPMENT OF RELATIONSHIP AND MENTALISATION                  |
| 5 PARTICIPATIONS OF YOUNGSTERS IN THE FACILITIES                              |
| 6 THE FACILITIES AS A SAFE PLACE  |
| 7 ADMISSION PROCESS AND CARE PLANNING   |
| 8 DOCUMENTATION/RECORDING   |
| 9 EVERYDAY LIVES IN THE FACILITY  |
| 10 GROUP DYNAMICS AND SOCIAL PEDAGOGICAL WORK IN AND WITH THE GROUP           |
| 11 PROMOTIONS OF EDUCATION  |
| 12 GOALS TO ACHIEVE AND ACCOMPANYING ADOLESCENTS                              |
| 13 SEX EDUCATION  |
| 14 COLLABORATIONS WITH FAMILY   |
| 15 ACCOMPANYING TRANSITIONS FROM FACILITIES                                   |
| 16 HEALTH CARE AND PROMOTION  |
| 17 BASICS OF CHILD PSYCHIATRY   |
| 18 ADDICTION PREVENTION AND SUPPORT FOR YOUNG PEOPLE WITH RISKY SUBSTANCE USE |
| 19 MEDIA EDUCATIONAL SUPPORT  |
| 20 QUALITY DEVELOPMENT IN CHILD AND YOUTH CARE SETTINGS                       |

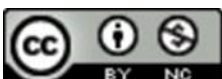
It is particularly important for the orientation of further education that the thematic focal points are not implemented as separate, self-contained learning units, but are closely interlinked. For example, cross-cutting issues and theoretical approaches should be considered repeatedly (e.g., participation in case studies, in care planning, in everyday life, in transitional support, trauma informed-pedagogical approaches in relation to sex education, dealing with high-risk



consumer behaviour, etc.). The repeated focus on topics and approaches should help to sustainably promote both the understanding and the responses of participants. Furthermore, the above approach should foster the deepening of interlinked, context bound comprehensive professional skills.

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Dr Monika Lengauer is a social and cultural anthropologist, mediator, trainer in adult education and board member of FICE Austria. She accompanied the process of developing the 'Quality professional alternative child and youth care in group homes' and was co-leader of the project to develop the curriculum.

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## Short Article

# Words into action: Bridging the gap between theory and practice when supporting young people in secure care

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### Abstract:

The authors elucidate Johnstone's ABC Formulation Framework and 6D model for understanding and intervening with young people who display distressed behaviour. This approach equips care professionals with a theoretically informed method of identifying unmet needs that drive harmful behaviours. By simplifying complex psychological theories, the approach empowers practitioners to apply best practices effectively. The authors describe the implementation of this framework in the secure care context at Rossie Young People's Trust, providing a clear account of its transformative impact on both staff and young people.

## Introduction

Children in secure care are some of the most vulnerable and at-risk in society, as characterised by their complex, diverse, and challenging needs. Childhood is universally acknowledged as a formative phase, where both positive and negative experiences profoundly influence an individual's future development and achievements. Consequently, exposure to adverse childhood experiences (ACEs), which include traumatic or stressful experiences, increases susceptibility to a myriad of poor outcomes (Asmundson & Afifi, 2019). Young people in secure care are disproportionately exposed to ACEs and, notwithstanding the associated distress these cause at the time, in the long-term it has been shown that exposure to four or more ACEs is predictive of poor outcomes such as substance misuse, cognitive, physical, and mental health difficulties, self-harm, suicide, victimisation, offending, violence, and incarceration (Carnie et al., 2017; Cleare et al., 2018; Felitti et al., 1998; Fox et al., 2015; Hughes et al., 2017; Loudermilk et al., 2018; Marryat & Frank, 2018; Paranjothy et al., 2018; Smith, 2018; Webster, 2022).



Following Kilbrandon, Scotland's distinctive approach to managing young people who pose a risk of harm to themselves and/or others responds by recognising 'need not deed' and views them as inherently vulnerable. Whilst these children are vastly heterogeneous, many, if not most, will have histories of trauma. However, the complexities surrounding the young people placed in secure care are incredibly diverse, such that a multi-theoretical, multi-dimensional approach is required to ensure appropriate responses. Consequently, a one-size-fits-all approach has little to offer. Whilst trauma theory is core and central, it is important to note that development is impacted by relational, behavioural, cognitive, systemic, and mental health variables. It is only by embracing and responding to the child as a whole that we can progress in supporting vulnerable young people in secure care, providing them with genuine opportunities for hope, recovery, rehabilitation, growth, and ultimately their best possible futures.

Working with this reality, Johnstone (2020) devised an approach to assessing and understanding vulnerable young people that seeks to embrace and work with complexity. By integrating the main developmental theories impacting on children, it is possible to achieve a deep exploration of a child's life history, attachment style, behavioural characteristics, cognitive capacities, trauma experiences, emotional triggers, and coping mechanisms. The purpose of the approach is to achieve an understanding of the intricate interplay of factors, so that the practitioners and young people themselves achieve an understanding of the child that illuminates the roots of their distress and ensures responses are sensitive and targeted to promote change.

### **What is the ABC Framework?**

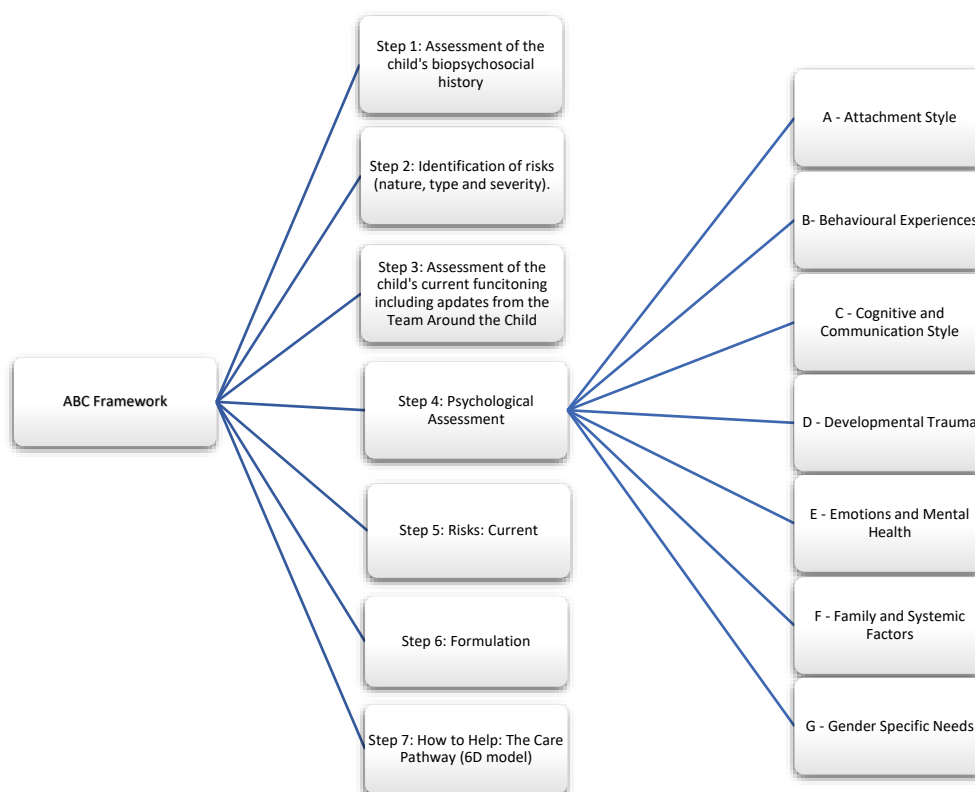
The ABC Framework (Johnstone, 2020) sets out an approach to achieving a formulation for vulnerable and high-risk youth. Formulation is a nuanced and comprehensive approach to providing working hypotheses for why a person presents with their difficulties at that time (Weerasekera, 1996). In this context, it draws on biopsychosocial theories to describe factors which predispose, precipitate, and perpetuate problems for the individual being considered. It also requires an evaluation of strengths, which are then maximised to develop a personalised treatment pathway that links theory to practice (Butler, 1998). A formulation-led approach moves beyond surface-level symptom management whilst placing the child's experiences and perspectives at the forefront, acknowledging that their past has profoundly shaped their present.

The ABC Framework requires a comprehensive multi-modal and multi-informant assessment spanning a series of steps where key information is gathered and analysed according to the main theories of child development and risk. The framework considers: attachment theory, behavioural theory, cognitive skills, developmental trauma, emotions and mental health, family and systemic factors, and gender-specific needs. The ABC Framework also integrates a structured professional judgement risk assessment protocol, Short Term

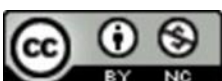


Assessment of Risk and Treatability: Adolescent Version, (Nicholls et al., 2010) which ensures the systematic evaluation of diverse risk outcomes (e.g., risk of self-harm, suicide, absconding, substance use, offending, victimisation, exploitation, violence) whilst also elucidating vulnerabilities and strengths that may be present for the young person being considered. The ABC Framework creates a holistic understanding of the young person and supports the identification and development of evidence-based interventions designed to enhance care and risk management, and aligns with and endorses the principles underpinning GIRFEC (Getting It Right for Every Child) (Scottish Government, 2022) and the SECURE STAIRS framework (Atkinson et al., 2023).

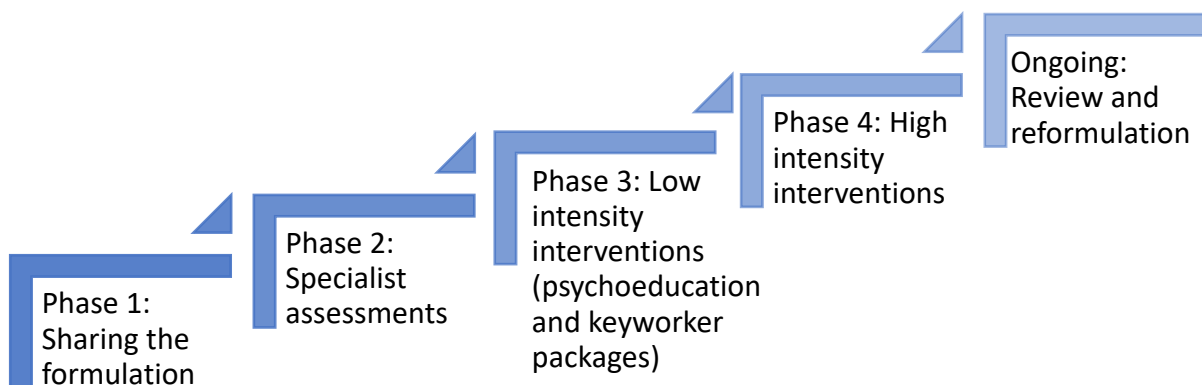
**Figure 1: The ABC Framework**



Moving on from the formulation, the ABC Framework provides the foundation and roadmap for further interventions that are delivered by psychological practitioners. This includes a range of strategies that care staff can implement to respond to distress behaviours, so that the milieu is therapeutic, whilst also identifying key targets for individual work including low, moderate and highly specialised psychological therapies. This typically adheres to a stepped care model (Mughal et al., 2023), systematically incorporating explicit aims, objectives, and exit points so that progress towards less restrictive care alternatives, such as community-based support services remains a priority.



A typical pathway is structured as follows:



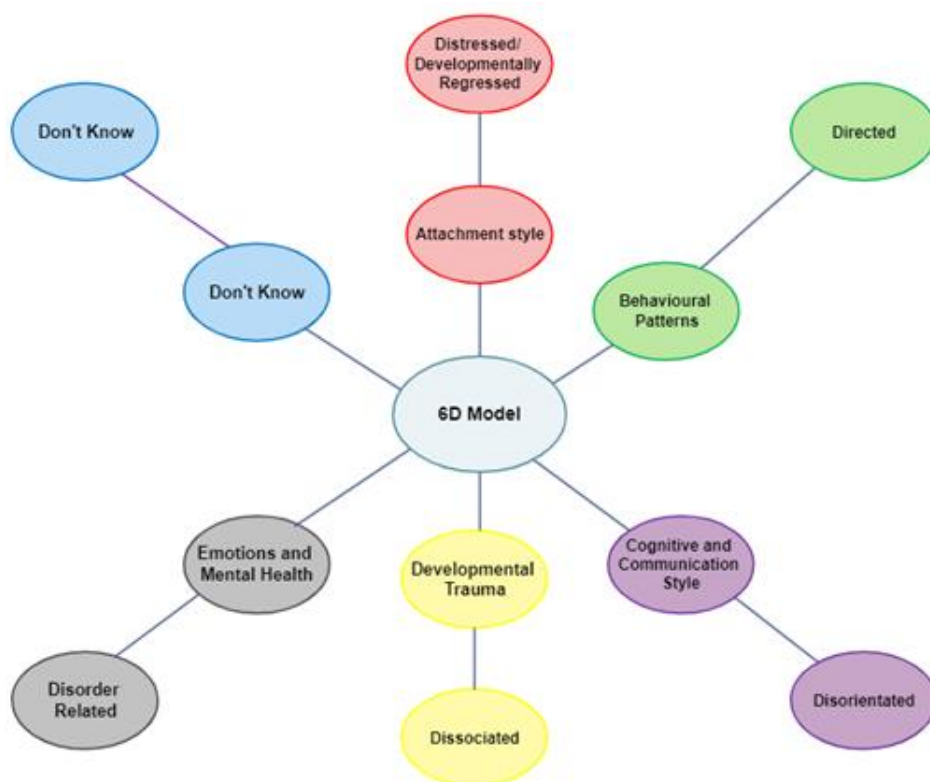
There is a voluminous literature describing the types of psychological therapies that are appropriate for vulnerable young people (Batien et al., 2020; Epstein et al., 2015; Kramer & Landolt, 2011; Pilling et al., 2020; Skowron & Reinemann, 2005), and for the sake of brevity, these are not detailed in this paper. Rather, the focus is on how formulation and psychological theories can be used by care staff to respond to distressed behaviour and how they can be supported to work in accordance with individualised formulations and care needs, as discussed below.

### What is the 6D model?

The 6D model builds on PACE (playful, accepting, curious, and empathetic) (Hughes & Golding, 2012) but expands on the understanding by providing a structured framework for discerning the distinct 'states of mind' a young person may experience leading up to and during moments of distressed behaviours. Furthermore, it identifies evidence-based strategies for providing effective support in these challenging circumstances. Drawing from a mosaic of complex psychological theories and therapeutic approaches, the 6D model encapsulates the holistic spectrum of how children grow, develop, think, feel, and act. Understanding the underlying causes of a young person's behaviour is not always straightforward. Thus, the 6D model provides a diverse range of strategies to guide how staff should respond to a young person in crisis as it assists staff in pinpointing the specific factors driving a young person's behaviour and their current state of mind. This knowledge empowers them to respond in ways that are most likely to have a positive impact, especially when their own tolerance is challenged by the circumstances around them.

The states of mind within the 6D model are tied to the various triggers associated with a young person's attachment style, behavioural patterns, cognitive development and communication style, developmental trauma history, emotions, and mental health needs. Figure 2 provides a visual representation of how these states of mind correspond to pertinent psychological theories.



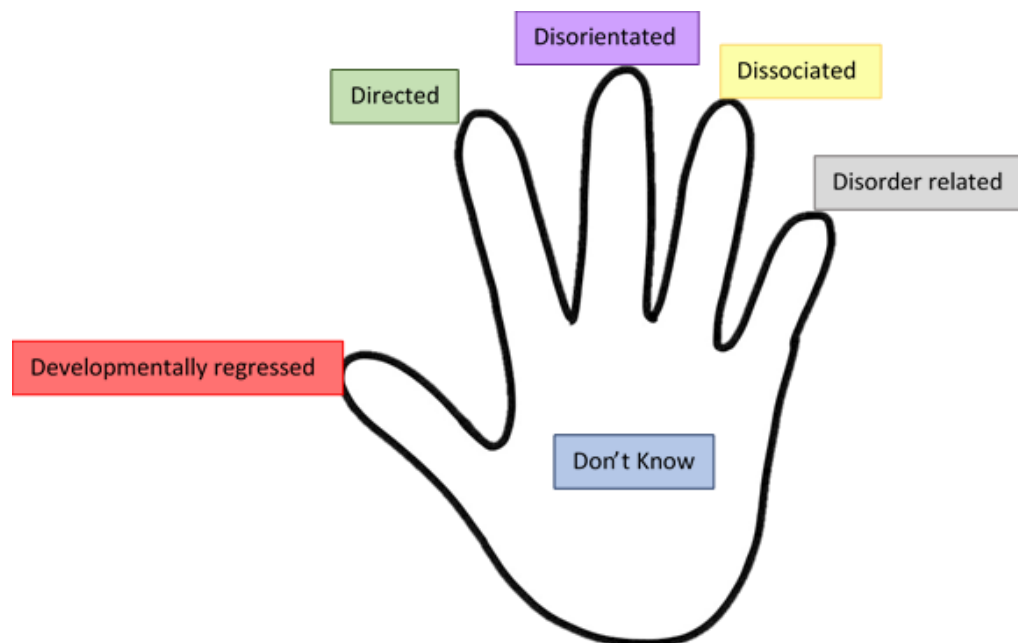
**Figure 2: 6D model diagram**

These '6D' states of mind (Developmentally Regressed; Directed or Deliberate; Disorientated; Dissociated; Disorder or Diagnosis Related; and Don't Know) serve as a simple heuristic to aid staff in identifying the underlying and unexpressed needs communicated by the young person. By mapping these theoretical concepts onto practical manifestations, the 6D model provides valuable insights into the intersections of human experience, particularly during moments of distress. For example, attachment theory suggests that attachment patterns significantly shape how someone will perceive and interact within relationships (Bowlby, 1969). In the context of the 6D model, behaviours triggered by attachment would manifest as a developmentally regressed state of mind, and a range of attachment-based interventions are suggested. Conversely, behavioural states will result in a directed state of mind, reflecting efforts to achieve desired outcomes or mitigate perceived threats (Bandura & Walters, 1977; Pavlov, 1927; Skinner, 1971). When distressed behaviours appear to reflect maladaptive learning, behavioural principles are applied. When a young person's cognitive limitations are leaving them disorientated and unable to understand and navigate their environment (Leve, 2022), staff are required to reduce demand and simplify the environment. Additionally, experiences of developmental trauma may result in the young person being in a dissociated state of mind, leading to feelings of disconnect from their direct environment and experiences (Gregorowski & Seedat, 2013) and the child will be offered a range of interventions to enable them to achieve a sense of safety. If a young person's distress behaviour is a result of neurodevelopmental disorder or mental health difficulties, they can be understood as being in a disorder or diagnosis

related state of mind and specific recommendations are provided to respond to their unique symptoms. Finally, the sixth 'D' is simply labelled 'Don't Know' and recognises that there may be times when it is unclear, and practitioners need to know how to avoid negative responses.

In recognition that distressed behaviours in children can raise anxiety in staff, the 6D approach has been made practical and accessible. Staff are encouraged to remain grounded and pragmatic by using their hand (see figure 3) to guide them through the potential states of mind to select the most appropriate response.

**Figure 3: 6D model in practice**



When staff use their fingers while attempting to identify the driver for behaviour, they are utilising their senses to ground themselves. This, in turn, enables staff to make use of the neurosequential model (Perry, 2019) whilst responding to distressed behaviours that create risk by effectively regulating, relating to, and reasoning with the young person whilst nurturing a trusting relationship and creating a sense of safety and security.

### **How has the 6D model been embedded into practice at Rossie?**

Rossie Young People's Trust caters for young people who are looked after and require intensive supports and/or secure care. In the dynamic field of child-centred care, the practice of introducing theory to staff at Rossie through regular training sessions has become a foundational pillar. As part of ongoing service development, the ABC Framework and 6D model have been introduced through a series of implementation phases.

Firstly, training sessions were offered to care staff during which staff gained a deeper understanding of critical areas such as child development, psychological approaches and models, trauma-informed care principles, and formulation

before addressing the 6D model training sessions. The aim of these sessions was to provide staff with an understanding of the approach so they could then translate the ABC and 6D approach into actionable strategies that are attuned and responsive to the lived experiences and unique needs of the young people they are caring for. Thereafter, this framework is used to provide a common language which is used in the multidisciplinary (MDT) context to achieve a shared understanding.

Thus, the second key process of implementation involves MDT discussions. MDT discussions provide a critical forum for information sharing and collaboration when it comes to formulating plans for the young people at Rossie. These discussions foster an environment where professionals from diverse fields—care, education, social work, health, and specialist intervention services—converge, each contributing their unique expertise and insights. Through these dialogues, the multidisciplinary team shares observations, assessments, and the wealth of knowledge amassed from their interactions with the young person. These collective insights, founded on both theoretical understanding and practical experience, weave together to form a holistic and nuanced perspective on the young person's needs, triggers, and priorities for intervention. The young person's voice is central to this process and all young people are encouraged to contribute to their formulation document and 6D plan. They are encouraged to identify strategies that they know are helpful for staff supporting them through different experiences and challenges. This is critical for ensuring collaboration and a shared sense of responsibility and commitment to the well-being of the young person.

As the formulation evolves, the 6D care plan emerges and the young person receives a consistent and individualised approach to care, ensuring their unique profile of need is understood and met as they progress through their care journey. This collaborative and adaptable approach promotes therapeutic consistency and a sense of security and predictability for the children, as well as a sense of confidence in the staff.

Ongoing support is also critical. Once each young person has their formulation and 6D care plan, staff can access interventions workers (mental health, social work, and psychology) from the Specialist Intervention Service (SIS). The SIS provides an essential resource through the implementation of drop-in sessions, creating a space where staff can reflect, clarify, and seek assistance and guidance, when facing difficult situations. These are typically delivered as drop-in sessions and are therefore easily and timeously accessed. This collaborative approach reinforces the practitioners' confidence and competence but also promotes a culture of continuous reciprocal learning and improvement, ultimately benefiting the well-being and development of the young people.

### **Impact on care at Rossie?**

Following the delivery of '6D' workshop sessions, staff were asked to provide feedback on both their understanding of the framework and their confidence to deliver the strategies encapsulated within it. Overall, staff reported a marked improvement in their ability to apply the strategies outlined in the 6D model.

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Moreover, they also expressed a new-found confidence in discerning the underlying motivations driving a young person's behaviour and in understanding the rationale behind their chosen intervention strategy.

Likewise, young people conveyed a sense of being better understood by staff and perceived them as more equipped to assist them during times of distress. This is supported by consistent feedback gathered through post-incident reflection discussions, six-weekly wellbeing indicators, and weekly therapeutic discussions with young people.

The impact on the care provided to young people at Rossie was reflected in the commendable Care Inspectorate (CI) results, with Rossie achieving impressive scores of five and six during the 2023 inspection (Care Inspectorate, 2024). The CI highlighted that staff felt supported and empowered to learn about the young people's complex needs through clearly written formulations, staff training days, individualised supports, and ongoing assistance from the SIS.

## Conclusion

In conclusion, the integration of the ABC Framework and 6D model has demonstrated significant positive outcomes for both staff and young people at Rossie. By providing a structured framework and an easily accessible heuristic to support the delivery of evidence-based strategies, staff have reported increased confidence and competency in delivering therapeutic interventions tailored to the complex needs of each young person in their care.

Moreover, young people themselves have expressed feeling better understood and supported by staff, indicating a positive impact on their overall well-being. A sentiment that is reinforced by independent evaluations.

Moving forward, the successful implementation of the ABC Framework and 6D model sets a promising precedent for the ongoing enhancement of trauma and psychologically informed practices within residential and secure childcare settings. By prioritising the voices and needs of young people, and by equipping staff with the necessary tools and support, Rossie is poised to continue fostering an environment where healing, growth, and resilience flourish.

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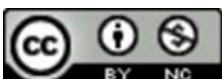
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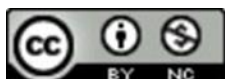
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## Short Article

# The Home Office children's department: Implementing the 1948 Children's Act, 1950-1970

**Jim Goddard**

The Care Leavers' Association

### Abstract:

It is now little remembered that the UK's Home Office was once responsible for overseeing the state care of children in England and Wales. During the 1950s and 1960s, the Home Office children's department issued a series of detailed reports that monitored the implementation of the modernising measures of the 1948 Children Act (an Act that also applied to Scotland). Evolution in the provision of children's homes, in both the state and voluntary sectors, features strongly in the article, since the shift away from large institutions to smaller homes and to foster care was a central aim of the 1948 Act. This article outlines some of the main developments during this period, as described in these reports. Its main purpose is to illustrate the value of these reports and thereby encourage researchers to engage with them as primary sources on the history of residential childcare in the UK.

## Introduction

The two decades from 1950 to 1970 were the most distinctive in the post-war history of state childcare in England and Wales. They witnessed the implementation of the only UK Act of Parliament, the 1948 Children Act, solely concerned with children in the care of the state. The Home Office children's department oversaw the implementation of the 1948 Act. The reports it issued in 1951, 1955, 1961, 1964, and 1967 (Home Office, 1951, 1955, 1961, 1964, 1967) incorporated statistical data, detailed commentary on policy and practice, and the findings of its inspectors.

This article seeks to illustrate the value of these reports and to encourage their use as historical documents. The reports mostly covered youth justice matters, for which the Home Office also held responsibility (specifically; trends in youth crime, the work of juvenile courts, and the operation of approved schools and remand homes). However, they also contain a wealth of detail on the post-war care system for children 'deprived of a normal home life' (Home Office, 1951,



p.1). The early reports even contain evocative photographs. The change which had occurred as a result of the 1948 Children Act is partly evident from comparing these reports to the sparse and bleak entry on 'Orphanages and Preventive Rescue and other Children's Homes' in their predecessor, the 1938 report of what was then the children's branch of the Home Office (Home Office, 1938, pp.103-109).

The 1948 Act brought previously disparate responsibilities relating to children in care, spread across several government departments, solely within the remit of the Home Office. It also vested delivery of its measures in new local government children's committees and children's officers. The Act also applied to Scotland. However, several factors, such as the dominance of foster care in Scotland and the small size of many Scottish local authorities, led to differences in the implementation of the Act (see Murphy, 1992, pp.22-34, 98-101). In any case, Scottish developments are absent from these Home Office reports, since they were overseen by the home department of the Scottish Office (Murphy, 1992, p.32).

## Implementing the 1948 Act

Central to the 1948 Act was a strong inspection regime. John Croft, a senior Home Office official during these two decades, later described a decentralised inspectorate, located in six regional groups. Visits to local authority children's homes mostly 'took place during the afternoon and early evening so as to ensure that the staff were available and to see the children'. The aim was to visit residential establishments at least once a year, and such visits 'were usually made without notice'. Teams of inspectors might spend days in a large authority, including visits to foster children (Croft, 1992, pp.30-31). An ability to engage with children was seen as integral to an inspector's role:

...Observation of their demeanour, response and activities, as well as attitude to staff, and what they said (or did not say), was more often than not indicative of the conduct of a children's home or school, and sometimes of the quality of a foster home placement. (Croft 1992, p.31).

Croft presents the inspectorate as a driver of change, pushing local authorities to replace larger children's homes with family group homes and to raise the proportion of children being fostered (Croft, 1992, p.33). It is therefore no surprise to see these themes feature strongly in the reports the Home Office issued.

The pace of change during this period was partly influenced by the number of children entering care. Reducing the institutional sector was initially constrained by increasing numbers of children entering the care of local authorities in England and Wales in the immediate aftermath of the 1948 Act. However, by the end of the 1950s, overall numbers were down from 65,309 in November 1953 to 61,580 in March 1959. Thereafter, they increased throughout the early 1960s,



with 69,157 children in the care of local authorities by 1966 (Home Office, 1967, p.5).

For modern readers, the most striking feature of the reasons given for children entering care during these decades is the lack of reference to child abuse. By the 21st century, abuse and neglect within the family was consistently the reason why most children entered care (for example, Department for Education, 2013, p.2). In the 1950s and 1960s, in contrast, most children entered local authority care due to parental illness or other lack of capacity. For example, 61.5% of children entered care in 1959-60 due to 'the illness of a parent or guardian (usually short term) or the mother's confinement.' (Home Office, 1961, p.1). The latter term refers to short-term admissions of siblings while a mother gave birth.

Since these reports cover the same areas, we can trace developments across most of these two decades in such fields as residential care, fostering, leaving care, and the voluntary sector. In what follows, we look at each of these in turn.

## Residential care

During this period, children's homes were initially of various kinds. These are set out in the 1951 report:

- Family group homes, the favoured model for the future, housed no more than about 12 children, usually in houses indistinguishable from other domestic dwellings. Some were single-sex, others mixed. Age ranges also varied. They were typically staffed by a 'housemother' (and occasionally a 'housefather'), with an assistant and sometimes domestic help. Some homes employed married couples, with the husband working outside the home (Home Office, 1951, p.15).
- 'Cottage homes', a historical legacy, were usually in groups. These 'cottages' (often large houses) usually accommodated 10 to 20 children, 'in the care of a housemother and assistants or a married couple' (Home Office, 1951, p.16). One defect of this form of care is that it effectively created a village of children who were less likely to be integrated into the local community. Ironically, the more facilities such groups of homes had – swimming pools, sports pitches, etc. – the more this defect was accentuated (Home Office, 1951, pp.16-17)
- There were many other homes, of various sizes. The largest (run as a residential school) had 480 children. The large ones were noted to be 'institutional in character and [are] an embarrassing legacy' (Home Office, 1951, p.18). They often had large dormitories and playrooms. Most local authorities sought to close such homes during this period.
- There were also residential nurseries. These were mostly a legacy of World War Two (Heywood, 1978, p.136) and housed children under the age of five. There were 174 such nurseries provided under the 1948 Act and 74 under the National Assistance Act. Their use steadily declined during this period (Home Office, 1967, p.10).



- Reception centres were a 1948 Act innovation, for boys aged between two and 12 and most girls aged between two and 16 who were likely to remain in care for more than six months (Home Office, 1951, p.21). There were 85 of these in England and Wales by 1961 (Home Office, 1961, p.5). The purpose of such centres was to 'provide the information necessary to enable the local authority to place each child according to his needs and capacity.' (Home Office, 1951, p.22).

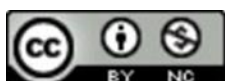
Despite the initial pressure of numbers, there was progress in the shift to smaller homes. For example, there were 400 family group homes by the end of 1954 (Home Office, 1955, p.11) and 809 by 1963 (Home Office, 1964, p.4, 8). Where large homes still existed, there were experiments in developing smaller groups within such settings (Home Office, 1955, p.12).

## Fostering

It is worth noting that, up until the 1967 report, what we now know as 'fostering' was routinely referred to as 'boarding out'. The 1951 report notes a clear bias in the 1948 Act towards increasing the use of boarding out as the first choice of care (Home Office, 1951, p.9). New boarding out regulations had come into force in 1946. These made boarding out easier as well as making it a duty, 'unless it is not practicable or desirable for the time being' (Home Office, 1951, p.11).

In this area, the Home Office were coolly critical of the voluntary sector. They noted that in 1949, 'only 3,581 of 28,760 children' in the voluntary sector were boarded out, meaning that the sector was 'not then making sufficient use of foster-homes' (Home Office, 1951, p.28). Elsewhere, we see a growing awareness of the cost savings offered by the shift to fostering. This was noted in the 1955 report (1955, p.19), but the 1961 report went further by providing figures showing that it cost four times as much for a local authority to keep a child in residential care as it did if they were fostered (Home Office, 1961, p.104).

By the time of the 1964 report, the pressure to increase fostering was paying off. This was especially so in the local authority sector. Fostering had risen from 35% of children in the care of local authorities in 1949 to 52% by 1963, though with wide variations between authorities (Home Office, 1964, pp.3-4). However, by the time of the 1967 report this expansion had stalled. Absolute numbers had increased slightly, but the percentage of children in local authority foster care was down from 52% to 50.5% in three years. Various demographic reasons were cited, including the increasing number of women going out to work. It had also been recognised that fostering had its limitations, in that: '[s]ome children find it more difficult to live happily in the intimacy of a foster home than in the larger and less emotionally demanding atmosphere of a children's home' (Home Office, 1961, p.6).



## Leaving care

The 1948 Act replaced 'haphazard' leaving care arrangements with a local authority duty to 'advise and befriend', up to the age of 18, any child who had left care after the school leaving age (then 15) who needed such support and lived in their area (Home Office, 1951, p.32). The Act had also given powers (but not duties) to local authorities to offer financial aid towards accommodation and educational expenses for their care leavers between the ages of 18 and 21 (or even later, if a course of education was ongoing). In 1949, 97 young people (53 male, 44 female) were receiving such assistance (Home Office, 1951, p.33).

Local authorities were also empowered to establish hostels for those leaving care and still under the age of 21. These hostels were intended, 'in the main to accommodate children who have been brought up in children's homes and will be situated near the place where the boys and girls may be employed, or receiving education or training.' (Home Office, 1951, p.22). They varied in character:

Some leave boys and girls largely to their own devices: others provide wardens and matrons with understanding of the needs of adolescence, who encourage attendance at evening classes, and membership of youth clubs and social organisations. In the better hostels there are common rooms where friends may be entertained, quiet rooms for study, suitable furniture, equipment for indoor games and a homely atmosphere. (Home Office, 1951, p.23).

However, the more common options for care leavers were 'lodgings and industrial hostels'. Where these were scarce, children were sometimes 'retained too long in children's homes' (Home Office, 1951, p.23).

By 1954, there were 60 hostels (Home Office, 1955, p.16), some of which were provided by the voluntary sector. Alongside this, 212 care leavers over the age of 18 were receiving financial help under the 1948 Act's provisions (Home Office, 1955, p.19). This had risen to 305 by March 1960 (Home Office, 1961, p.16). As is the case with many modern official reports, the Home Office was keen to flag up success stories under the new approach. This included one young care leaver who had been supported towards getting a first-class honours degree and was currently studying for a PhD in France (Home Office, 1955, p.19).

Given that local authority provision of hostels was discretionary, it is unsurprising that there were relatively few of them and that progress soon stalled. By March 1960, local authorities in England and Wales had 29 such hostels for boys, 31 for girls, and one mixed hostel. In total, these housed 953 young people. Alongside this, however, some local authorities were becoming more creative in easing leaving care transitions, such as by providing single-room annexes to existing children's homes or separate hostel buildings next to the home and with shared staff (Home Office, 1961, p.13). Beyond this, the report noted that many children from foster care remained with their foster parents even after starting work and after they ceased to be in care. Otherwise, care leavers could often be

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found in lodgings, or in hostels provided by such voluntary bodies as the Young Men's Christian Association (YMCA) and Young Women's Christian Association (YWCA). Still others ended up on residential vocational or training courses.

In the 1964 report, data on hostels was absent. The 1967 report, though more fulsome, merely confirmed the lack of progress. 1,033 young people under the age of 21 were now in 'hostels for working boys and girls'. This was only a small advance on the 1,014 of three years earlier (Home Office, 1967, p.12). This suggests that use of this power had reached a ceiling with respect to those local authorities and voluntary organisations who both saw the need and had the resources for this form of support.

### **The voluntary sector**

Direct voluntary sector childcare provision during this period was in steady decline. The 1951 report notes that voluntary homes (run by Barnardo's, The National Children's Home, and many other large and small charities) began this period caring for 25,179 children in homes, 3,581 children 'boarded out', and 5,698 children placed in voluntary sector homes by local authorities but remaining the responsibility of those authorities (Home Office, 1951, p.23). As in the statutory sector, there was a growing shift to family group homes. Indeed, as the Home Office acknowledged, this shift to family-size groups, 'had been adopted for many years by the more progressive organisations, which had been the first to recognise the value of this arrangement.' (Home Office, 1951, p.25).

By November 1954, there were only 21,918 children in voluntary sector homes, even including the 5,326 who were in the care of local authorities but accommodated by the voluntary sector (Home Office, 1955, p.25). Half of these latter were in Roman Catholic voluntary sector homes, suggesting that local authorities were struggling to find sufficient foster homes for Roman Catholic children (Home Office, 1955, p.26; Home Office, 1961, pp.21-22). The 16,600 for whom the voluntary sector took full responsibility had been placed with them by family members, religious leaders, or social workers. In addition to the children in homes, the voluntary organisations were now 'boarding out' 3,560 children (18% of the total), a slowly increasing proportion of those in their care (Home Office, 1955, p.26).

The number of children in voluntary sector care had gone down to 19,103 by 1960 (Home Office, 1961, p.21). This reduction was not being made up for by fostering, since the percentage fostered had only increased to 20% (Home Office, 1961, p.21). By the time of the 1967 report, the number of children in the care of the voluntary sector had fallen even more rapidly, down to 10,839 (Home Office, 1967, p.6).



## Legacy

The 1967 Home Office report was the last to be issued. The following year, the Seebohm Committee was established, charting a new direction for children's services. The Seebohm Report led to the Local Authority Social Services Act 1970. The world of children's committees and children's officers and the oversight of the Home Office came to an end. Seebohm sought the creation of social work structures that could address the needs of the 'problem family' and thus help to forestall youth crime as well as children entering care. Children's officers and children's committees were absorbed within larger, more generic, social services departments that were overseen by the Department of Health and Social Security (see Jones, 2021, pp.97-104, 116-124).

The reforms of these two decades were a major advance on the pre-war care system. There is no better way to recognise this than to read the scathing assessment of that system in the Curtis Report, which designed these reforms (Curtis, 1946). However, the new system created its own problems. For example, the choices made by foster carers led to a strong gender bias. By November 1954, 39% of boys in local authority care were fostered, in contrast to 51% of girls (Home Office, 1955, p.6). The move to fostering also affected sibling groups. From research conducted in 1957, the Home Office knew that 56% of children in local authority care also had siblings in care. Of these, the majority were separated (Home Office, 1961, p.7). 79% of foster homes only had one child in them. The result was that 58% of family groups of two or more children were split between two or more foster placements (Home Office, 1961, p.7). One obvious solution, practiced by many authorities, was to keep sibling groups in residential care (Home Office, 1961, p.8).

Also, these reports contain major omissions. For example, there is no discussion of race or ethnicity, with their sole interest in what we might today call identity issues being in the religious denomination of children in care. It is to other sources on this period (e.g. Braithwaite, 1963; Holman, 1996) that we must go if we want detail on what was clearly very common racial and ethnic discrimination in the care system during this time. The same is true regarding the abuse of children in care. Here again, Holman's retrospective account of what was happening in Manchester during this period is a sobering corrective to the official account (Holman, 1996). Holman's well-researched analysis of the work of local government childcare professionals provides numerous examples of the ignoring or hiding of such abuse.

The value of these five reports lies more narrowly. They show us how the implementation of the 1948 Children Act looked from the perspective of central government civil servants. Through their pages we see a world long gone. A short article such as this cannot hope to do justice to the content of these documents. I can only hope to have whetted the appetites of interested readers. This period was an important bridge between the era of institutional care and the



modern world of social services departments. Its strongest legacy, of course, lies in the lives of the tens of thousands of children raised in its care (of which the author is one). Many of the changes noted in this article will have impacted directly on their lives. Those children are mostly still with us, now as older adults, with their own memories of the world set out in the reports of the Home Office children's department.

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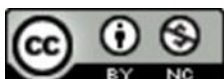
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## About the author

Now retired, Dr Jim Goddard was a senior lecturer in social policy at the University of Bradford and has been chair of the board of trustees of The Care Leavers' Association since 2010. [www.careleavers.com](http://www.careleavers.com)



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## Short Article

# Dare to care: Why being care aware matters in further and higher education

**Kelly MacKenzie**

South Lanarkshire College

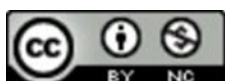
### Abstract:

This article will explore outcomes for care experienced young people in education and will examine and dissect the current statistics for care experienced students. Furthermore, this article will identify various support mechanisms which could be implemented and embedded within further and higher education settings and will discuss how staff members can gain an awareness and understanding of supporting our care experienced population.

## Introduction

In 2020, the Independent Care Review published statistics for care experienced children and young people which highlighted the need for change and an overhaul of the current system as we know it. Of significance, the review found concerning statistics which highlighted the multifaceted barriers that care experienced children and young people were facing. The review found that the care experienced population was significantly more likely to have poor health, and to have experienced homelessness and financial difficulties, and was more likely to experience severe multiple disadvantage (homelessness, substance use, mental health, offending, domestic abuse) (The Promise, 2023; Who Cares? Scotland, 2023). In relation to education, this group is significantly likely to have no or fewer educational qualifications than people who are not care experienced (Scottish Government, 2022).

In the period 2020 to 2021, a total of 13,255 children were identified as being looked after, an 8% decrease from the previous year. Whilst this article will focus on Scottish statistics and information, it is important to note that Scotland has the highest rate in the UK of children who are looked after by their local authority, with 131 children per 10,000, in comparison to Wales (115), Northern Ireland (80) and England (67) (Scottish Government, 2022).



## Qualifications framework

This article will be referring to SCQF levels, which stands for Scottish Credit and Qualifications Framework. There are 12 SCQF levels, with level 1 being an introductory level of learning, up to level 12 which is doctoral level. For a point of reference, SCQF level 7 is the starting point of the higher education levels of this framework, with a Higher National Qualification (HNC) being recognised as an SCQF level 7 qualification (SQA, n.d).

## Key groups course completion rates

The college performance indicators from 2021 to 2022 identify key groups, within which care experienced students are recognised as their own key group. Within this, 7,887 care experienced students enrolled in courses lasting 160 hours or more. Of this, only 4143 (52.5%) successfully completed the course, 1406 (17.8%) partially completed the course, and 2338 students (29.6%) withdrew and did not complete their chosen course (Scottish Funding Council, 2023). In comparison with other key groups on courses lasting 160 hours or more, the care experienced population had the poorest educational outcomes. To put this into context, those residing in the 10% most deprived postcode areas had a completion success rate of 60.1%, those living in the 20% most deprived postcode areas had a completion rate of 60.8%, those who are of an ethnic minority have a completion rate of 68.9%, and those with a disability had a completion rate of 61.6% (Scottish Funding Council, 2023). Whilst it could be argued that these groups have significantly larger numbers of students, and therefore the statistics are less comparable, it cannot be ignored that our care experienced population is not achieving in education we would hope for and are ranking last in attainment statistics for the key groups.

## Types of accommodation

As identified by the Scottish government, children and young people can be 'looked after' in a variety of settings, including at home with parent(s), kinship placements, living with foster carers, or in residential care, including secure care (Scottish Government, 2022). When looking at the attainment of SCQF levels, children and young people living in foster care had the highest level of attainment at SCQF level 3, 4, 5 and 6, and the second highest rate of success of SCQF level 7, after those in kinship care. Children and young people who remained at home with their parents through a Compulsory Supervision Order consistently had the poorest attainment rates across all SCQF levels, highlighting the additional needs and support this subgroup require (Scottish Government, 2022).

At SCQF level 7 the statistics show a bleak forecast, with only very low percentages of students attaining this level. To illustrate this, at the top of the spectrum, students who reside in kinship placements, only 4.8% are achieving this level. For students residing at home only 0.5% achieve this level, and for



students residing in residential settings, excluding local authority homes, their attainment percentage at this level was 0.0%. For students who have endured more than one placement or multiple moves, their attainment percentage at this level is also 0.0%. This is in comparison to their non care experienced peers, of whom 21.5% achieve at SCQF level 7, highlighting the large disparity between these two groups of students (Scottish Government, 2022).

### **Educational attainment in the last five years**

In comparison to their peers, there is still a significant education attainment gap for the care experienced population (Scottish Government, 2022). Indeed, the theme of disparity for care experienced students and their peers continues to be seen throughout attainment statistics. Moreover, as the difficulty of SCQF levels increases, the gap can be seen to widen. To illustrate this, in the year 2019-20, the year pre-Covid 19, care experienced students gaining one or more qualification at SCQF level 3 or better was 87% in comparison to their peers at 98%. At SCQF level 4, this falls to 72% for care experienced students compared to 96% for all school leavers. At SCQF level 5 the gap widens again, with 38% of care experienced students achieving at this level compared to 86% of their peers. At levels 6 and 7, care experienced attainment percentages are 14% and 2% respectively, compared to their peers at 64% and 23% (Scottish Government, 2021). Statistics from 2021 to 2022 show a slight improvement - for example, care experienced school leavers with one or more qualifications at SCQF level 4 or better was 78.3%, in comparison to all leavers at 96.4% (Education Outcomes for Looked after Children, 2021/22).

This highlights a recurring theme in that there is a disparity between care experienced students and their counterparts and shows that as education professionals we must gain an awareness of the complex issues and barriers to education facing our care experienced students and strive to close the attainment gap. Only by staff recognising and understanding the complexities facing our care experienced students will we be able to navigate and change the course of learning for future generations.

### **Support systems which can be embedded in education**

For the care experienced population, their own complex personal histories and lived experience can impact upon their ability to access and sustain their chosen pathways in college and university. Identified barriers and hurdles for care experienced students to overcome in order to access support include financial burdens, inconsistent supports, and limited understanding from education staff. Therefore, having accessible supports and reliable relationships can help to overcome barriers and support each student to achieve (O'Neill et al., 2019).

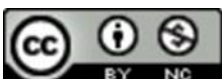
As detailed in the research report 'Being a student with care experience is very daunting: Findings from a survey of care experienced students in Scottish colleges and universities', students stated that supports need to be accessible and consistent, and not based on age, study setting, or type of care (O'Neill et

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al., 2019). Support mechanisms were highlighted, including practical support which is accessible for the full year, consistent accommodation, financial support, and consistent support from student advisors. Moreover, students who received support at the application stage of the process reported that they felt more included in their education community and valued the support that had been offered. This therefore highlights the need to identify and offer additional support to care experienced students at an early stage. Students reported that this helped to enable them to access and sustain further and higher education (O'Neill et al., 2019).

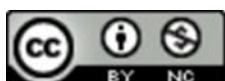
Financial support is another hurdle which impacts upon care experienced students. The Student Awards Agency Scotland (SAAS) offers a care experienced bursary, meaning that students may be entitled to a bursary, currently £9,000, with a summer accommodation grant also being available (SAAS, 2023, 2024). Previously, students had to be under 26 to access this financial support, however, this stipulation has subsequently been removed, which has been recognised as a positive and welcome move (Scottish Government, 2020). Removing this barrier enables care experienced students of all ages to embark upon and engage in education, which is a significant step forward.

As highlighted in research produced in conjunction with the National Network for the Education of Care Leavers (2017), some students felt there was no, little, or insufficiently responsive support for care experienced students (Harrison, 2017). It identified that additional supports around financial advice, form filling, engagement, and academic and emotional support would have been beneficial. Of note, it was highlighted that support received by students was reliant upon staff members, which raised the need for staff training around the complexities facing care experienced students (Harrison, 2017). Whilst staff absences and issues around staff retention cannot be avoided, organisations can implement and embed learning and training to overcome these practice issues, and in turn support care experienced students. This would therefore mean that in instances of staff absence or gaps in recruitment, there would be other staff who are trained, care aware and able to respond to any issues arising for care experience students. This would help in delivering more consistent care and would help care experienced students to feel included and engaged in education.

It needs to be recognised that every institution should embed learning, develop staff, and have a culture of support, so that the needs of care experienced students are not ignored. It is not good enough for there to be such inconsistencies in the support that care experienced students receive from institution to institution. There needs to be a high level of meaningful and accessible support for all students.

## **The practicalities of caring in education**

Whilst each further and higher education establishment will have their own policies, guidance, and services to support the care experienced population, it is



important to highlight some areas of good practice from my own experience which could be replicated across the sector. For example, in some settings there are specialised student support services which can offer tailored support to students ahead of their enrolment in college. This could be through individualised tours of education settings, meeting lecturing and course staff, and meeting specific support workers to ensure that each care experienced student has a designated person to speak to should any issues arise. Informal feedback from students who have accessed this support shows that it has been a beneficial stepping stone into the world of further and higher education and has alleviated some of their anxieties ahead of coming to study.

In addition to this, to overcome financial hardship and difficulties, in some education settings, student support services can offer fast track payments and discretionary payments which help with the financial burden of studying. Having robust financial supports in place, with accessible support from SAAS, helps to overcome a barrier to education.

In terms of recognising care experienced students, staff should be pinpointing these students at the application stage, with additional training provided to enable staff to identify students who may not self-disclose that they are care experienced, as there may be other indicators. Moreover, introducing markers and highlighting care experienced students on class registers would allow staff to identify care experienced students immediately. This would therefore enable lecturing and teaching staff to offer additional support to this key group of learners, with the goal of increasing attainment levels and narrowing the gap.

### **Being care aware in practice**

As a lecturer who has worked in the care sector for a number of years, I am fully aware of the importance of supporting care experienced young people. However, in education, not all professionals will be aware of the complexities and challenges facing the care experienced population. Nor will every professional be aware of the attainment gap and barriers to education. It is therefore essential that educational establishments are sharing knowledge and understanding with all professionals, so that, as a sector, we can identify and support this key group, in the hope that we can narrow the attainment gap. Meaningful mandatory training should be available and accessible to all staff, with identified supports such as student services, student financing or counselling services being readily available too. It is hoped that by having these mechanisms and supports in place, staff will feel more confident and informed about this key group, which will in turn support positive educational outcomes.

### **Conclusion**

This article has highlighted the educational attainment gap between care experienced students and their peers and recognises the need for future change in education. By using statistics and data, the article has reflected upon the attainment gap, breakdown in care provision and course competition rates,

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showing that there is a disparity across the board for care experienced students and that additional supports must be provided to help target and improve outcomes for this key group. Moreover, the article highlights the range of services that could support care experienced students and the current gap in provision, demonstrating that further supports, staff training and consistent care are needed to support our care experienced students to succeed in education.

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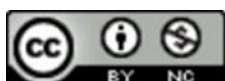
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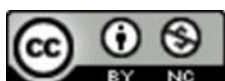
## Acknowledgements

In August 2015, along with a group of care experienced young people and workers from across Scotland, we travelled to the Isle of Skye to participate in the Champion's Board Leadership Academy at Columba 1400. This ignited a passion in me and changed me as a person. I want to thank those who shared this journey with me and acknowledge them in this article.

I also want to acknowledge and thank the children and young people who I have had the privilege of working with over the course of my career. This article is dedicated to you.

## About the author

Kelly MacKenzie qualified as a social worker in 2011 and subsequently undertook further qualifications in 'Systemic Practice with Families and Couples', 'Practice Learning in Social Services', and 'Teaching in Colleges Today'. Kelly worked in children and justice teams both as a social worker and team leader, with areas of interest being working with vulnerable teenage girls and working with care experienced children and young people. Kelly was also director and chairperson of her local Rape Crisis branch and is passionate about supporting her local community. Kelly joined South Lanarkshire College as a lecturer in 2023 and continues to sit on the fostering and adoption panel for her local authority.





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## Short Article

# How nurturing is our Children's House? Glasgow's multiagency model of care

**Seonaid Graham, Marie Duncan, Jenni Kerr, Imogen Wootton, Katie Quinn, and Jess Corbett**

### Abstract:

Within Glasgow, nurture is embedded within education services (Kearney & March, 2017). This article will explore the application of this approach into children's houses (CHs) across the city through the '*How Nurturing is our Children's House (HNIOCH)*' programme.

With a view to implementing a new model of care, nurture principles (NPs) (Nurture UK) were piloted by one house in Glasgow. Following the success of this pilot, shown to contribute to a reduction in distressed behaviour for children and young people (CYP), and a reduction in carer absence, the approach was introduced to other houses across the city. The impact of this rollout will be highlighted as contributing to improved planning for young people, and as being pivotal to change in residential care practice.

The article discusses aspects of implementation science (Kelly, 2008) such as readiness and embedding learning through coaching, in relation to the development of nurture. It will also focus on the role of multi-agency working in ensuring sustainability, and robust implementation of 'Nurture at Night' as the next step in the rollout of the programme to all carers.

Challenges around implementation will be explored to consider how to ensure best practice to support all CHs across Glasgow.

## Rationale

A decision was made by Glasgow residential service managers and former Care Experienced Team (CET) in Glasgow, now part of Glasgow Virtual School, to consider how NPs could support carer practice in CHs. Within Glasgow, a CH



provides a small group living environment for CYP looked after and accommodated by the local authority.

A similar programme of nurture training had been trialled successfully in South Ayrshire, and as a result, in April 2021, a pilot of HNIOCH was established within one of Glasgow's houses, chosen for its readiness and strong nurturing leadership approach.

Following an effective pilot, all CHs across Glasgow received HNIOCH training from February 2022 onwards - this has supported approximately 200 carers. This model fitted with previous models of residential care, including promoting positive behaviour and trauma-informed practice. HNIOCH has given residential care staff a framework on which to structure their practice.

## Aims

The aim of the HNIOCH programme was to support CH carers to understand the six NPs and to embed them into residential care practice.

## Introduction

Nurture is a tried and tested way of relating to CYP that helps them to develop social skills, confidence, and self-esteem, and to become ready to learn. It is largely based on attachment theory and understanding of child and brain development. Notably, nurturing approaches provide vital support for CYP who have experienced trauma, with Education Scotland (2018) reporting that 'relationships can mitigate against negative outcomes - both within the home and community context and the school context'.

A nurturing approach recognises positive, inclusive, and respectful relationships as being central to learning and development. Attunement, warmth, and connection are key components of nurturing practice, alongside structure, high expectations, achievement, and attainment.

Carers are most effective when they understand containment and use relational practice that has a firm understanding of attachment theory and the impact of early adverse childhood experiences on CYP.

Central to nurturing approaches are the six NPs - developed by Nurture UK - which provide a basis for understanding CYP needs, and a framework for thinking about how adults can best support development.

### The nurture principles:

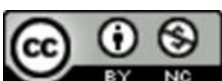
- Learning is understood developmentally.
- The environment offers a safe base.
- Nurture is important for the development of wellbeing.
- Language is a vital means of communication.
- All behaviour is communication.

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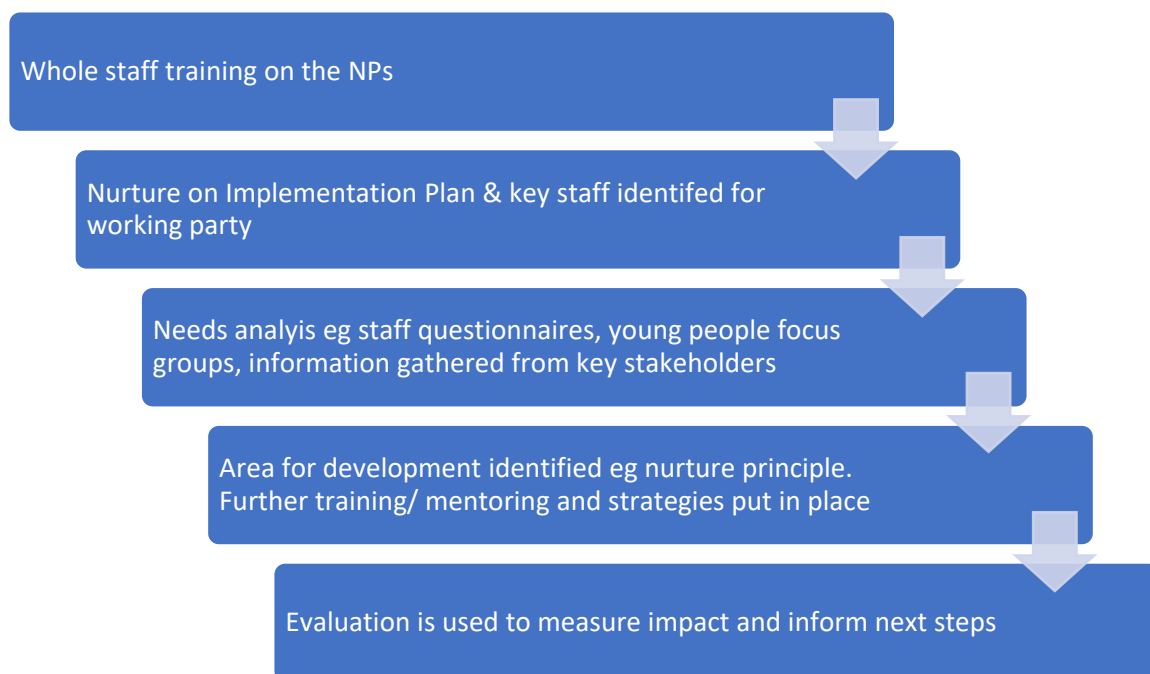


- Transitions are important in children’s lives.

Glasgow Education Services have been implementing nurture approaches since 2014 and continue to report positive results. The most notable measurable outcomes are decreases in exclusions, increases in attainment, attendance and positive school leaver destinations, and increased ‘very good’ and ‘excellent’ evaluations from inspections (Kearney & March, 2017).

As shown in Figure 1, Glasgow Educational Psychology Service (GEPS) used the NPs and core components of implementation science to develop a model of applying nurturing approaches in Glasgow schools (March, Kearney & Kerr, 2014). This model informed the implementation plan for HNIOCH within Glasgow’s CHs.

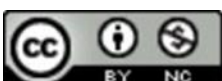
**Figure 1: Glasgow model for implementation of nurturing approaches**



A programme of nurture training was developed, and, following a successful pilot of HNIOCH within one house, was delivered to all 19 CHs. Crucially, key staff were identified to support implementation and coaching was provided by educational psychologists (EP) from GEPS.

### **Pilot**

To explore if the HNIOCH programme would be a good fit within Glasgow’s CHs, a pilot was established within one house which was selected based on carers’ readiness for change. ‘Readiness’ refers to organisations being positioned to embrace new learning and to embed it in practice (Aarons, Green & Miller, 2012).



Prior to the pilot, each member of staff completed a readiness questionnaire. This established a baseline for readiness, identifying strengths in current practice and areas for development to ensure effective implementation of nurturing approaches. A similar questionnaire was also completed by the senior leadership team (SLTs) and indicated their commitment to change - another key driver for successful implementation (Fixsen & Bailey, 2012).

Alongside this, CYP participated in a questionnaire to measure how nurturing they felt their house was, and how nurturing carers were towards them.

As part of the pilot, all carers attended a two-hour introductory session on attachment and trauma delivered by the CET's senior EP. This was followed by six two-hour sessions on each of the NPs. All training sessions were well attended by day and overnight shift carers alongside administrative and catering staff. Within the current context, overnight shift carers refer to staff who care for CYP through the night.

Due to COVID-19 restrictions, sessions were delivered on MS Teams and followed up by implementation tasks between sessions.

Following training, staff were further supported by the senior EP through a series of coaching sessions using the GROW model (Alexander & Renshaw, 2005). This refers to goal, reality, options and way forward, and was used as a framework to support target setting and reflection around how to embed learning about the NPs into practice.

Coaching was held in person within the house and a wide variety of carers participated. The content of the sessions was dependent on topics raised by carers and included discussion around specific NPs and reflection upon recent scenarios involving CYP in relation to these.

Carers reported that they benefited hugely from coaching as this was delivered by a neutral person and supported by SLT. Coaching gave carers confidence to take forward and develop nurturing practice within the house and supported those who were new to the care team or were struggling to utilise the principles consistently.

Post-pilot questionnaires were also completed to evidence the impact of HNIOCH training and coaching. Evaluation of the impact of the pilot will now be explored.

## **Impact of pilot**

Carer absence rates and number of violent incidents were two of the key areas where the pilot was found to have a positive impact. There were notable decreases in carer absence rates and in the number of violent incidents recorded in the house during and following the pilot period. This pattern of improvement was also mirrored across other houses following the subsequent rollout of HNIOCH across Glasgow.



Outlined below are examples of evaluative statements made by carers in relation to the impact of involvement in the pilot on their practice, in line with NPs.

**Learning is understood developmentally:** "We were able to support one of our young person's independence skills age appropriately. It was important to support and empower them based on developmental not chronological age".

**The house offers a safe base:** "Children and young people never leave; they want to stay here. The house is always full of young people. They genuinely want your company and to do activities together like a family. CYP speak to carers about their own family and how they feel. Carers help manage their wider family relationships".

**Language is a vital means of communication:** "We now use age and stage appropriate language; simple consistent language; say less; chunk it down. Good use of instructional language and being aware of the language we use around young people who have experienced trauma/adversity. Using less emotive language when young people are distressed/dysregulated and understanding what young people have gone through. The pain/shame behind the behaviour - not just the part we see which is only the tip of the iceberg".

**Transitions are important in children's lives:** "Supporting small and big transitions. Welcome pack updated for children moving to the house. Understanding that small changes can have a big impact e.g., person coming back in when rest of house is settled and changes at holiday and Christmas times. Importance of keeping routine and structure in place for children who need this throughout the year".

## What nurture means to carers

Following the pilot, when asked what nurture means to them, carers said the following:

I feel nurture has empowered me as a carer because I believe in it. I believe this is the right way to care for our children. It has given our care team the approval to give our children the love, positive closeness and understanding they have all so desperately needed. They may forget what you said, but they'll never forget how you made them feel.

This highlights recognition by staff involved in the pilot that nurture, as a relationship-based approach, is vital in providing appropriate support to CYP living within CHs in Glasgow.

## Rollout of HNIOCH

Following the HNIOCH pilot, a nurture training programme was delivered by Glasgow's nurture development officer to staff across all CHs. This programme was adapted from an existing 'Understanding the NPs' training programme used within Glasgow Education Services.



This is based on current research on attachment, brain development and trauma, with examples of how the NPs are used in practice. Through consultation with stakeholders, the training was developed to include examples of how NPs were currently used within CH practice.

Below is a case study that was used to interpret the principle that learning is understood developmentally.

### **Learning is understood developmentally - Supporting a young person with independent travel**

- Young person is 18 years old but developmentally younger than their chronological age.
- Carers consider this when planning to support independent travel.
- Plan included accompanying them to the bus stop, helping them with a checklist of what was needed (e.g., planning where to get on/off the bus; phone charged; key people to phone).
- Plan was made for if/when they needed help – phoning the house.
- Initially a higher level of support was required, but over time the plan became well established and successful.
- This plan, devised with the CYP's developmental stage in mind, contributed to them being successful in independent travel.

Rollout of HNIOCH training was coordinated by the residential assistant service manager. This involved organising and monitoring staff attendance at the training to ensure all staff had the opportunity to complete this.

Training was delivered online over three 90-minute sessions and the programme was repeated until all 19 CHs could access the training. Importantly, sessions were delivered during time allocated for staff meetings to ensure all carers could attend. As within the pilot, activities and time for collegiate discussion and reflection aligned to the content was built in.

To ensure the sustainability of nurturing practice within Glasgow's CHs, the HNIOCH training programme is now delivered twice a year for new staff and those who were not part of the initial rollout.

### **Implementation science**

Implementation science underpins current practice within educational psychology. It refers to the processes and methodologies that support the integration of theory into practice, to bring about change within organisations (Kelly, 2017).

With a view to improving systems and enhancing outcomes for stakeholders, implementation science considers a range of systemic factors as being essential to ensuring the sustainability of programme intervention (Kelly, 2017; Moir, 2018). For example, Blasé, Van Dyke, Fixsen, and Bailey (2012) highlight the

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following key drivers for successful implementation: adaptive and responsive leadership; data driven intervention informed by needs analysis, with robust processes for tracking and evaluating progress; carers' training and coaching.

As previously discussed, 'readiness' is integral to implementation (Aarons, Green & Miller, 2012). To ensure openness to change, and that existing support systems are in place, readiness should be fully considered prior to the introduction of new approaches or frameworks for practice (Blasé et al., 2012). Within HNIOCH, the use of implementation science has been extended to help embed nurture as the model of care across Glasgow's CHs.

## Coaching

Following the rollout of HNIOCH to all CHs, coaching was delivered by GEPS, with a view to supporting carers to embed NPs into their practice. This was achieved through analysis of current context and identification of specific goals and actions points, plus ongoing support to reach these goals.

Each house was offered nine months of six weekly coaching sessions in groups of three to five houses. Fourteen houses engaged in coaching. Sessions were attended by members of house SLTs to allow them to facilitate change within their wider teams.

The T-GROW model was used by GEPS to incorporate the following elements: a learning conversation, reflection and sharing, and agreed outcomes (Connor & Pakora, 2012). T-GROW, a revision of Alexander and Renshaw's (2005) GROW model, is an abbreviation of topic, goal, reality, options, and way forward. The sessions used targeted questioning to shape, develop, and clarify carers' thinking to co-construct solutions.

Feedback gathered from attendees during and following the coaching sessions identified the following evaluative statements:

- 'The coach has been pivotal, providing focus and direction and providing feedback to us a team'.
- 'Having other houses involved allows sharing off practice and experience'.
- 'Our language has become more nurture focused, as has the care plan writing'.
- 'I feel the sessions have opened our mindset and transformed how we as individuals work with our young people'.
- 'Positive planning is now in place which helps the team to receive young people more positively'.



## **Nurture at Night**

Recognising that the existing HNIOCH programme was difficult to deliver to overnight shift carers, a 'Nurture at Night' programme was developed, with a view to providing a training package where delivery of the content would meet the needs of overnight shift staff.

A trainee EP facilitated two online focus groups to gather carer views around nurturing practice at night. A thematic analysis of findings (Braun & Clarke, 2006) highlighted challenges to embedding HNIOCH in its current format during overnight shifts. Challenges included communication, capacity for change, direction from leadership, and barriers to sleep.

Consultation took place to ascertain a model of implementation that would support carers being together; would consider the length of sessions and would provide more flexibility around when training could take place. Findings informed the development of three training sessions for overnight shift carers which were filmed to ensure they could be accessed at convenient times.

Sessions were to be led by overnight shift seniors and to incorporate opportunities for collegiate discussion and reflection. There are seven modules, which include an introduction to nurture and attachment, along with the six NPs. The sessions were designed to be completed in 40 minutes, which included content and time for activities and discussion. The pilot is underway and will be evaluated.

Feedback will be used to adapt the materials and delivery if required. It is anticipated that by the autumn of 2024 all CH carers will be trained in nurture. Implementation will continue to be the focus, with the development of a HNIOCH Charter, ongoing development events for house SLTs, and in-house bespoke support provided, as required.

## **Nurture implementation group**

To support effective multi-agency working, an implementation group including Glasgow Virtual School, Glasgow's nurture development officer, the assistant service manager for children's residential services, and Glasgow Educational Psychology Service was set up. The group meets every 6 to 8 weeks and is now focused on sustainability and ongoing training and coaching support. Central to ongoing work will be a continued focus on implementation science.

## **Nurture leadership network and charter**

The importance of leadership is key. Regular leadership events are planned by the implementation group for house SLTs. The group are in the process of setting up an HNIOCH evaluation charter to help Glasgow's CHs self-evaluate progress and determine next steps. Multi-agency working has allowed for a joint





understanding of the importance of robust implementation planning when implementing new approaches within complex systems.

## Challenges

One of the key challenges during the pilot was that due to COVID-19 restrictions, initial training was delivered online rather than face-to-face. Although online delivery was a quicker and arguably more convenient way to provide content, participant discussion was less fluid and less robust than would be anticipated for in-person delivery.

Ensuring attendance was a challenge due to staff working different shifts, however the SLT were supportive in allowing as many carers as possible, including overnight shift staff, to attend.

Within the wider rollout of HNIOCH, the main barriers faced during delivery of coaching by GEPS was the inconsistency of attendance at sessions, impacting on opportunities for group discussion and anticipated outcomes. It was recognised that not all houses who attended training were ready to engage in coaching at the point where the sessions were offered.

In line with implementation science, this highlighted the importance of full exploration of readiness to support sustained change within complex systems and organisations, such as CHs.

## Conclusion

Through effective multi-agency working in Glasgow, we have successfully embedded a model of care which has brought about transformation for our CYP and ensured there is closer alignment of practice between education and residential services.

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Marie Duncan is an assistant service manager for residential childcare in Glasgow. She is a learning and development professional and is involved in a broad range of learning, training, and service development activities.

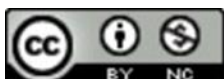
Jenni Kerr is a senior educational psychologist who has worked with Glasgow Education Services for 20 years. She uses her knowledge and skills learned as an educational psychologist, and previously primary teacher, to inform her current post as the nurture development officer.

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## Conference Review

# NSW DICE forums and training 2023

24th and 25th August 2023

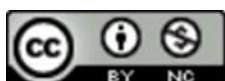
**Reviewed by: Yvonne Hughes**

Research Associate, University of Sydney  
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The Australian Disrupting Child Sexual Exploitation (DICE) project aims to address the need for further development of multiagency prevention and disruption approaches to child sexual exploitation (CSE) to better safeguard children in residential out-of-home-care settings. The tri-state project is led by Professor Cathy Humphreys and Dr Gemma McKibbin and takes place across sites in New South Wales (NSW), Victoria and Queensland. The NSW chapter is led by Chief Investigator Professor Susan Heward-Belle and is supported by NSW partner agencies – including MacKillop Family Services, Department of Communities and Justice (DCJ), NSW Police, The University of Sydney, and the Australian Centre to Counter Child Exploitation (ACCCE).

The NSW chapter of the DICE Project held two key events in 2023: a transdisciplinary forum and a two-day training event. The forum, held in July, featured keynote speakers, including Justice Nell Skinner, President of the Children’s Court of NSW and Dr Robyn Miller, CEO of Mackillop Family Services, and members of the NSW DICE team. The event was attended by over 115 delegates from across police, statutory child protection, and residential care providers.

Mary Jo McVeigh presented DICE’s scoping review on disruptive policing, which had two main lines of enquiry: *What practices are utilised under the auspice of disruptive policing?* and *How effective are disruptive police tactics in preventing, or protecting children and young people from, child sexual exploitation?* Included in the review was an exploration of disruptive strategies, including harbouring notices, loitering letters, family violence or personal safety orders (IVOs), police presence, visiting premises, and pursuing persons of interest for other crimes.



Jude Ekerick of MacKillop Family Services and Detective Senior Sergeant Adam Wilson of NSW police then presented on opportunities for strengthening multiagency responses to CSE, including an evaluation of the joint protocol, which was originally set up to reduce the contact of young people in residential out of home care with the criminal justice system. They discussed the need for joint accountability to reduce silos and enhance information sharing, to identify existing and emerging issues in CSE and achieve their common aims of protecting children and young people.

Professor Susan Heward-Belle presented some preliminary findings from interviews with 31 police officers, and child protection and residential care workers. Her analysis of practitioners' accounts of children and young people showed that young people who were vulnerable to CSE were often perceived in negative terms, ranging from the more passive, such as vulnerable and victimised, through to being overtly stigmatised, criminalised, and pathologised. The importance of using accurate language was discussed, noting the need to challenge terms such as 'absconder', which actively blames a young person for running away, rather than there being professional curiosity about why they felt they needed to leave.

The final presentation for the day was delivered jointly by Detective Superintendent Darren Newman and NSW Police Force's Detective Senior Sergeant Adam Wilson, who discussed the UK model of responding to and disrupting CSE. They examined the Child Abduction Warning Notice (CAWN) which, in 2021, was found to be the most utilised disruption method by frontline police officers and discussed the potential merits of similar approaches in Australia.

Following this event, in August 2023 a two-day training event was facilitated by Dr Gemma McKibbin and Megan Port, once again bringing together key multiagency stakeholders. This event was attended by more than 40 professionals from across the three agencies (NSW Police, the Department of Communities and Justice, and Mackillop Family Services).

The training adapted the Power to Kids training developed by MacKillop Family Services in partnership with the University of Melbourne to strengthen prevention of and responses to CSE, harmful sexual behaviours, and dating violence for young people in residential care. As collaboration and developing networks were identified as key ingredients for successful multiagency working, the program structure included break-out sessions. The attendees were pre-grouped, to ensure that each table had representation from across the different agencies.

Each table was assigned a fictitious case study, based on the backgrounds and experiences of many young people in residential placements across NSW. During



the course of the training, the groups applied the new learnings to their case study, in order to replicate the experience of multiagency collaboration.

As a research assistant on the DICE project, I was able to observe several of the groups as they participated in the activities. It was interesting to see the differences in approaches, based on both their roles and their professional codes of conduct, ethics, and approaches. While many practitioners' approaches were vastly different, it was heartening to see their common passion for improving the experiences of young people in residential care, and for doing everything in their respective powers to disrupt sexual exploitation and other harmful practices that compromise the safety of children and young people.

The final component of the symposium included an idea generating session, wherein the following two questions were posed: 'The best thing MY agency could do to enhance our response is...' and 'The best thing YOUR agency could do to enhance our response is...'. This generated over 50 responses, which broadly fit into the themes of: information sharing, collaboration, training, resources, legal matters, and roles and responsibilities. The participants then voted on which ideas were the most important. This provided significant data for the research team, who have begun prioritising areas for further development.

In 2024, the national DICE symposium will be held in NSW.

### **About the reviewer**

Yvonne Hughes is a Research Associate at the University of Sydney and a PhD candidate within the University of Sydney's School of Education and Social Work.



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Arts, Creativity,  
Changemakers,  
UNCRC, Scotland

**DOI:**

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## Short Article

# #startwitharts –a call for action by Articulate’s Creative Changemakers

**Eona Craig**

### Abstract:

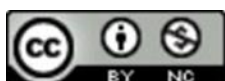
Articulate Cultural Trust, an arts charity dedicated to realising cultural access and participation for care experienced Scots, has launched a young person-led public awareness campaign.

Called #startwitharts, the call for action co-designed by the charity’s lived experienced Creative Changemakers, is aimed at enabling care experienced children and young people to live creative and cultural lives. The campaign aim is simple yet bold: to embed access to the arts in every Scottish Child’s Plan, upholding their Article 31 rights.

## Introduction

Articulate Cultural Trust, an arts charity dedicated to realising cultural access and participation for care experienced Scots, has launched a young person-led public awareness campaign. Called #startwitharts, the call for action co-designed by the charity’s lived experienced Creative Changemakers, is aimed at enabling care experienced children and young people to live creative and cultural lives. The campaign aim is simple yet bold: to embed access to the arts in every Scottish Child’s Plan, upholding their Article 31 rights.

The campaign comes at a crucial moment in Scotland as the United Nations Convention on the Rights of the Child (UNCRC) is embedded in Scots Law.



## The Creatives

Figure 1: A poem stanza

articulate

**Because my expression is anarchic.  
It creates no database  
no register,  
no quantifiable  
measure...  
needed to fill that report.**



The first stage of the #startwitharts campaign is the release of a series of 44 billboard sites featuring a co-written poem that illustrates the importance of creativity in their lives. Called 'The Creatives', the strategically located Glasgow billboards feature powerful stanzas from the poem which can be pieced together kintsugi-like by walking between the sites and connecting to the campaign online.

"We believe that every young person, regardless of their background, deserves the opportunity to explore their innate creativity and express themselves through the arts," said Laura Froom, Producer at Articulate Cultural Trust. "For some care experienced young people, the arts act like rocket fuel to inspire, motivate as well as build skills for life. If that offer were rooted in every Child's Plan, then Article 31 rights would indeed be authentically respected in Scotland."

Recognising the systemic barriers faced by care experienced young people in accessing artistic opportunities, Articulate is committed to championing their Article 31 rights by amplifying their creative views and voices at the same time as showcasing their innate talents.

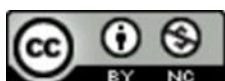
In addition to the billboard installations, which were launched on World Poetry Day (Thursday 21 March), the Creative Changemakers have

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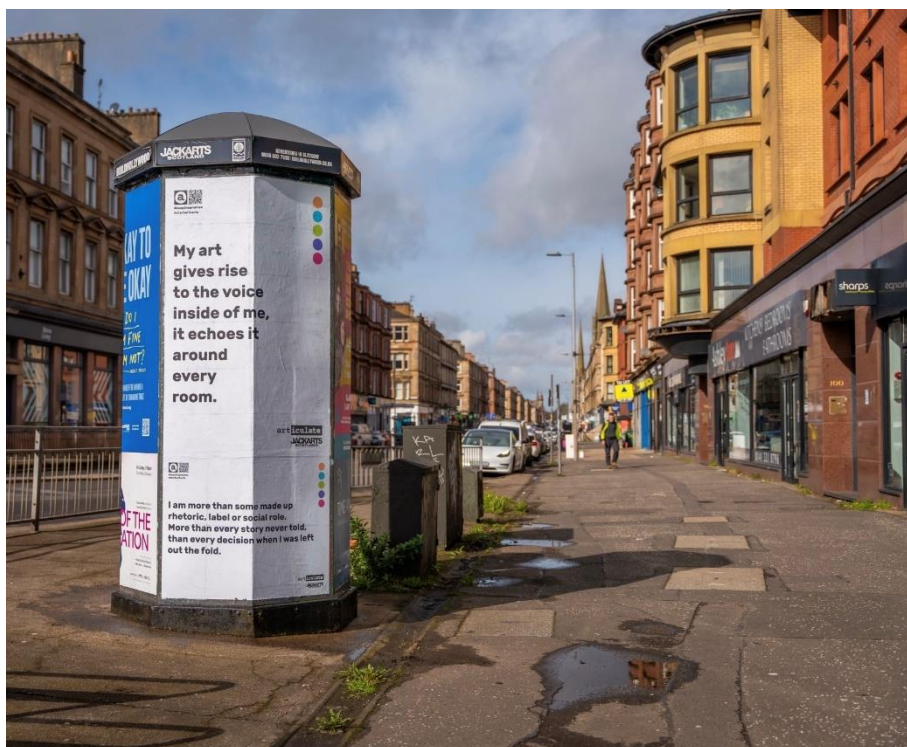
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plotted a range of #startwitharts activities to highlight the benefits of upfronting UNCRC Article 31 rights in every Scottish Child’s Plan.

Figure 2-5: Billboard installations.





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## Further reading

You can also read the Culture 360 e-zine they made about their Article 31 action research event in November 2023. It was the workshops described here that inspired them to start the campaign and write the poem called The Creatives that is featured on the Glasgow billboards:

<https://www.culture360.co.uk/>

You can read about the first step of their campaign here:

<https://mailchi.mp/articulatehub.com/startwitharts-articulates-creative-changemakers-call-for-action>

And enjoy drone footage of the campaign poem being installed in 44 poster sites across Glasgow here:

<https://youtu.be/gt3gabNukWQ>

The campaign will run until November 2024 when the Changemakers hope to report positive change and difference made to everyone who signs up for more information. Till then, you can watch the visual story unfold here:

<https://livingarchive.net/view/6708031770605306176>

Articulate's #startwitharts billboard trail is supported by Jackarts who kindly donated hundreds of square metres of prime city advertising space to advocate for this change too:

We are thrilled to partner with the Articulate on this important campaign. By using these public sites for a strong social message we can increase awareness, support a conversation and hopefully help turn the Creative Changemakers' straightforward dream into a reality.

Please join the movement by signing up here:

<https://www.articulatehub.com/>

### **About the author**

Eona Craig is an experienced arts education professional with a successful 35-year record of working in the arts, with a focus on cultural regeneration, creative enterprise and inclusive educational development.

Eona has worked in the independent arts sector, with public bodies, in the private sector and in higher education. She has a specific interest in researching and understanding how the arts and creative endeavour can positively influence and enhance the lives of marginalised learners.

As a lived experience Chief Executive and Founding Director, she established the Articulate Cultural Trust in 2016 to support care experienced children and young people use the arts, creative learning and cultural processes get where they want to go.



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Kilbrandon Lecture,  
Marginalisation,  
Regulation,  
Criminalisation, UK

**DOI:**

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## Conference

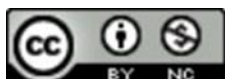
# 21st Kilbrandon Lecture

**Phil Scraton**

**Abstract:**

It is more than 25 years since publication of '*Childhood in Crisis, ?*' (Scraton, 1997), a collection of essays written by members of the Young People, Power and Justice Research Group, formed following the killing of James Bulger in Liverpool. The trial in an adult court of two 10-year-old children, convicted of murder and publicly named, created an unprecedented and vitriolic reaction in the media and from politicians of all parties. The text mapped the negative impact on legislation, state policies and professional practice. In the wake of moral panics regarding escalating crime, 'no-go' areas and a rising 'underclass', a rare case was portrayed as the extreme end of a continuum of children's aberrant behaviour and parental neglect.

Derived in recent research and activism in the North of Ireland, this lecture adopts a critical analysis to critique the continued regulation and criminalisation of children and young people, particularly those defined 'troublesome'. It challenges their persistent marginalisation and denial of meaningful participation. It calls for policies and practices which: contest negative assumptions and stereotypes; address socio-economic inequalities; prioritise the lived experiences and views of children and young people; and create hope through opportunity.



## The 21<sup>st</sup> Kilbrandon Lecture

Figure 1: Lecture Title Slide

**Resisting the Marginalisation, Regulation, and Criminalisation of Children and Young People**

Professor Phil Scraton  
School of Law, Queen's University Belfast

*21<sup>st</sup> Kilbrandon Lecture*  
*University of Strathclyde*

29<sup>th</sup> February 2024

An image with which many of you will be familiar. An image of our time:

Figure 2: Lecture slide 1

*As the sea withdrew on its twice daily ebb  
Golden Mediterranean sands speckled  
With washed up cargo  
Not for bounty hunters nor trophy seekers  
But body bags and unmarked graves  
From this well of suffering and fractured lives  
Politicians seized a callous opportunity*  
**Phil Scraton 2016**

**'What to do with such knowledge of faraway suffering? ... it seems normal for people to [ignore] the ordeals of *others*. We don't get it. We truly can't imagine how dreadful, how terrifying, and how normal it becomes. Can't understand, can't imagine.'**  
**Susan Sontag 2000**



I'm not a poet, but I felt words were needed:

*As the sea withdrew on its twice daily ebb,  
Golden Mediterranean sands speckled with washed up cargo.  
Not for bounty hunters, nor trophy seekers,  
But body bags and unmarked graves.  
From this world of suffering and fractured lives,  
Politicians seized a callous opportunity.*

Susan Sontag (2003) asked the question,

What do we do with such knowledge of faraway suffering? It seems normal for people to ignore the ordeals of others. We don't get it. We truly can't imagine how dreadful, how terrifying and how normal it becomes. Can't understand, can't imagine.

Let's just take stock for a moment to reflect on the time in which we live. 315,000 grave violations against children in conflict across Africa, Asia, the Middle East, Latin America - verified by the United Nations - between 2005 and 2022: 120,000 children killed or maimed; 105,000 recruited or used by armed forces or groups; 32,500 abducted; 16,000 children forced into sexual violence. According to UNICEF (2024), this year: 16,000 attacks on schools and hospitals; more than 22,000 instances of denial of humanitarian access for children; 11,500 children to date killed in Gaza, 9000 seriously injured, a thousand amputees; 1,400 children killed or injured in Ukraine.

**Figure 3: Lecture slide 2**

**'WHOSE SIDE ARE WE ON?'**

**In August 1966 Howard Becker delivered his presidential address to the *Annual Meeting of the Society for the Study of Social Problems*.**

**Contemporary sociologists studying 'problems that have relevance to the world we live in are caught in the crossfire: to have values or not to have values'. It was not possible 'to do research ... uncontaminated by personal and political sympathies'. The question was not 'whether we should take sides but rather **whose side are we on?**'**

**Social research should 'get into the situation enough to have a perspective on it' - to challenge institutional and professional discourses.**

I repeat the question posed by Howard Becker in 1966: Whose side are we on? It was his presidential address to the annual meeting of the Society for the Study of Social Problems. He became one of the great deviancy theorists and critical criminologists of his time. His point was that contemporary sociologists studying problems that have relevance to the world in which we live are, 'caught in the crossfire': to have values or not to have values. It was not possible, he argued, to carry out 'research uncontaminated by personal and political sympathies.' The question, he posed, was not 'whether we should take sides, but rather, whose side are we on?' Over the years my work has long dismissed the myth of 'value freedom'.

The imperative of 'value freedom', I learned as a young sociology student, was not value freedom at all. There was no value-freedom in official discourse that reflected the values of a State in which I lived, 'belonged to'. What Howard Becker conveyed to me as a young undergraduate in his writing was that our responsibility to become involved in any given situation to form a perspective, to challenge institutional and professional discourses.

I pause for a moment to thank you for the invitation to give this lecture ... the work conducted in the two research units here ([CELCIS](#) and [CYCJ](#)) is really important. Thank you.

So where did my journey start?

It began on, what we called in those days, a 'bomb site' on Liverpool's Everton Brow. Today it is an elevated park with fine views of the city, the River Mersey, and the Welsh Hills. In the mid-1970s it was a pull-in for Irish Travellers who were on the road. Under the 1968 Caravan Sites Act, all local authorities had an obligation to provide appropriately built sites. As in many places, in Liverpool this didn't happen. Over 150 families were encamped without legal protection and the local authority ordered evictions.

Men, who worked nights in factories, were hired by a private company to clear the caravans - 'trailers' as Travellers call them - off the site. At 4:00 am they marched along Shaw Street onto the site. With the police looking on, they dragged the caravans, the trailers, off their bases, with children and families still inside. I was one of a small group who tried to resist the eviction. To no avail.

Just three weeks earlier, in the West Midlands, there had been a similar eviction. In that instance embers were burning in a grate of a trailer. In dragging the trailer off its stands, it tipped onto its side, the trailer set on fire, and three children perished. At that time, such violence was our experience as we tried to stop evictions. For me, as a young researcher, I learned that 'bearing witness' to troubling situations was significant. Subsequently, we founded the Liverpool Travellers' Free School, and with a panel of lawyers, we faced down evictions at every opportunity.





**Figure 4: Lecture slide 3**

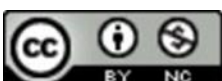


That was the beginning of my research into the Merseyside Police prior to the inner-city uprisings ... I also began teaching evening class in Walton Prison, now HMP Liverpool, leading eventually to researching the politics of confinement ... Long hair, standard waistcoat, standard collarless shirt, I wasn't welcome in the prison. Once again, I witnessed something I had never seen before ... known as the 'shit detail'. Prisoners, often locked down two and three to a cell without access to a toilet, deposited faeces out of cell windows. Every morning a detail of prisoners shovelled it into a wheelbarrow.

Witnessing the appalling treatment of prisoners, regularly denied access to my class, I became concerned about what was being done in 'my' name in prisons. That led eventually to Glenochil Young Offenders' Institution, here in Scotland, and the work on deaths in custody in the YOI and the Detention Centre.

It also led to a panel, on which I was co-researcher and co-writer, that focused on the Peterhead Prison uprising (Scraton, Sim and Skidmore 1991). At the time I had also begun research into deaths in state custody and was a founder member of INQUEST: United Campaigns for Justice. That led, in turn, to my work on researching the aftermath of disasters and contested inquests, fatal accident inquiries, and the rights of the bereaved.

This body of research underpinned my research of the context and aftermath of disasters, and my long association with Hillsborough (Coleman et al 1991; Scraton et al 1995; Scraton 1999/ 2016). This was a precursor to the Hillsborough Independent Panel (2012), and my work in the north of Ireland, the legacy of the Northern Ireland conflict - work with which I remain engaged. More recently, research exposing institutional cruelty in mother and baby institutions, Magdalene laundries and workhouses (Mahon, O'Rourke and Scraton (2022).



These reflections are not a self-indulgence. The work is not about me, but the wonderful people that I have met and worked with en route, whose lives have been blighted and damaged, who have suffered premature death and death at the hands of the state.

**Figure 5: Lecture slide 4**



So where does this come from? What does it lead to? It returns me to Howard Becker's core question, 'Whose side are we on?' Whose side are we on when we're faced and confronted with power, authority and the legitimation of that power - in the hands of the state institutions that wield that power, regardless of the political party that's actually in government at the time.

Central to that process is official discourse comprising: State inquiries and their reports; outcomes of so-called investigations, often serviced by academics; a discourse that denies or incorporates alternative accounts and/ or contrary evidence. Together this process constitutes a 'view from above'. My commitment is to challenge the view from above by seeking the 'view from below'.

As critical scholars our work must bear witness to the testimonies we hear and gather, recovering truth. Truth recovery is the essence of my research in a way that seeks, hears, and records alternative truths. In so doing, it challenges the deceit of the State and other powerful institutions that collectively create official discourse inextricably plumbed into the media - a media that in essence, and with a few notable exceptions, rarely questions official discourse.

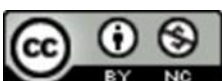
Hillsborough, for example, thirty years of research and campaigning, thirty years to discover and uncover the details of truth, and have it acknowledged. Ninety-seven women, men and children killed at a football match. How did it take so long to arrive at the second inquest verdict in 2012 that they had been killed unlawfully and that the main reasons for their deaths were systemic failings in

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policing, ground safety, rescue and evacuation? (see: Scraton 1999/ 2016). Because it challenged the deceit of the State and its organisations that informed and sustained a false official discourse.

'Bearing witness' is about what C. Wright Mills (1959), another influence on my early research, named 'the sociological imagination', turning personal troubles into public issues. In contemporary scholarship much is made of personal 'agency' – that as individuals we each possess and enjoy personal agency. Coming here, tonight, was an act of agency. I turned up - an act of agency; but considered in the context of the structural issues on which I have been discussing, what does agency mean? The hope I have is that because some of us in positions of influence can operate in an oppositional way, create an alternative discourse, we can become agents of social change.

There are people in this hall, I know for certain, who are agents of social change in their communities, working against all odds, working in professions that have been depleted, working in neighbourhoods that have been laid waste. But still that work is done because you know that you alone are initiators of social change. This commitment is derived the personal experiences to which you bear witness - the lived histories of everyday life on the margins. Not history from above, not textbook history, but the lived daily histories that exist in and around your communities. Critical social research maps those social and cultural circumstances.

Figure 6: Lecture slide 5

**CRITICAL SOCIAL RESEARCH**

**Rejects the premise that 'knowledge is value-free or value-neutral. Rather, it is derived and reproduced in the structural relations of inequality and oppression' within our society.**  
**Kathryn Chadwick and Phil Scraton, 2001**

**Relations of Power and the Politics of Legitimacy**

**Delves beneath the level of appearances**

**Beyond social, political and ideological constructions**

**Exposes acts of State institutional oppression**

**Challenges official discourse and 'scientific' knowledge**

**Exposing the myth of value-freedom / value-neutrality**

And that's where critical social research begins its mission:

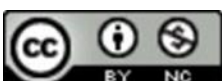
It rejects the premise that knowledge is value free or value neutral. Rather, it is committed to establishing that knowledge is derived and reproduced in the structural relations of inequality and oppression within our society.

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Kathryn Chadwick and I drew that conclusion in our research and analysis because we needed to answer the question (Chadwick & Scraton, 2001): 'What is so critical about the social research that you do?'

It is about tracing the relations of power and the politics of legitimacy underpinning and legitimating that power; about delving beneath the level of appearances, going beyond the social, political and ideological constructions that surround us every day, every evening, in our communities, on our televisions. Whether it's 'Big Brother' or the latest game show or whatever, it feeds collectively into ideological reconstructions of our lives.

It is about exposing acts of state institutional oppression. I would see that as being significant, not in a simplistic, subjective way, but objectively - revealing oppression through challenging official discourse and so-called 'scientific' knowledge. For, science is temporary, even 'hard' science is temporary. It comprises only what we know and understand at a particular moment in time. Scientific knowledge, therefore, is always open to question, not set in stone. Critical analysis exposes the myth of value freedom, value neutrality, in how knowledge is shaped, legitimised, and all that follows.

Figure 7: Lecture slide 6

**CRITICAL SOCIAL RESEARCH as DISCLOSURE**

**Context**  
understanding and analysing moments, events and responses with their *structural determinants*

**'Personal Troubles' (C. Wright Mills)**  
contextualised and explained in the structural relations of social and historical conditions

**'Troubling Recognitions' (Stan Cohen)**  
issues of profound concern that are denied, neutralised or reconstructed.  
The critical researcher's responsibility is to uncover, disclose and disseminate 'troubling information'.

**Investigative - Revelatory - The 'View from Below'**

Critical social research places us as academics, as practitioners, or as people in our community, at the heart of the issues; focusing on disclosure, the context being 'understanding and analysing moments, events, and responses within their structural determinants'. It takes us, as C Wright Mills stated, into contextualizing, explaining the structural relations of social and historical conditions.

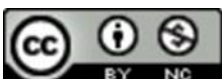
We're not born in a vacuum, nor do we live in a vacuum. We inherit societal, social and personal contexts and prevailing conditions. The late great Stan

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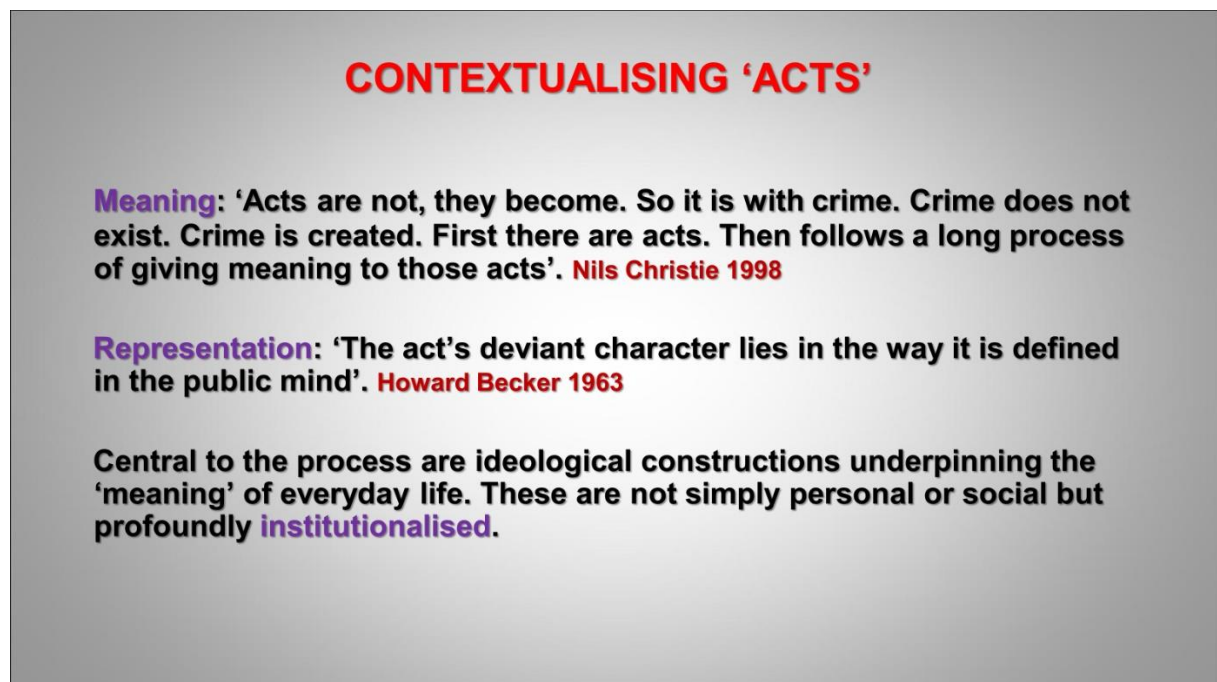
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Cohen, who I was privileged to work with, stated the significance of 'troubling recognitions' regarding issues of profound concern, 'denied and neutralised and reconstructed'. The researcher's responsibility is to uncover, report on, trace, disclose and disseminate information that troubles us. This is the academic mission.

It is investigative, it is revelatory, and it legitimates that 'view from below' I mentioned previously. So how do we contextualise acts - any act? It's about how meaning is ascribed to acts. Nils Christie (1998), the fine Norwegian criminologist also a significant influence on my work, summed it up in a nutshell:

**Figure 8: Lecture slide 7**



**CONTEXTUALISING 'ACTS'**

**Meaning:** 'Acts are not, they become. So it is with crime. Crime does not exist. Crime is created. First there are acts. Then follows a long process of giving meaning to those acts'. **Nils Christie 1998**

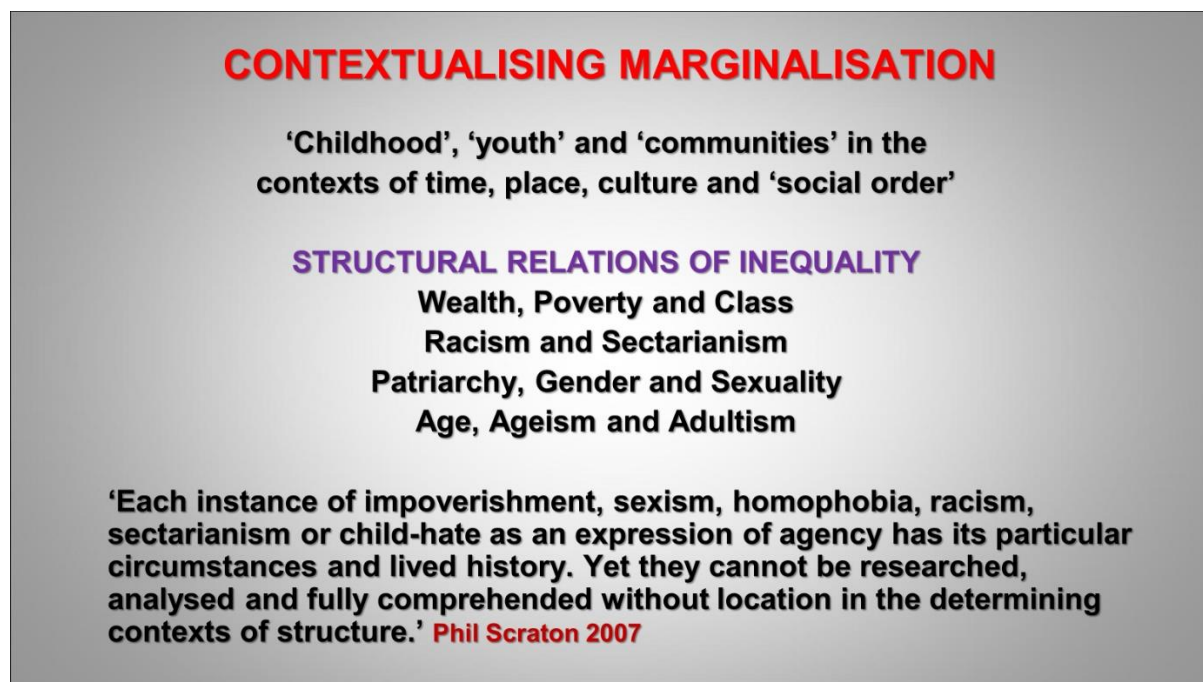
**Representation:** 'The act's deviant character lies in the way it is defined in the public mind'. **Howard Becker 1963**

Central to the process are ideological constructions underpinning the 'meaning' of everyday life. These are not simply personal or social but profoundly **institutionalised**.

Acts are not, they become. So, it is with crime. Crime does not exist. Crime is created. First there are acts. Then follows a long process of giving meaning to those acts.

Nils makes a profound point, as did Howard Becker (1963): '*The act's deviant character lies in the way that it is defined in the public mind*'. That is so important ... Central to the process about which I am talking, are ideological constructions that underpin the meaning of everyday life, our daily lives. This experience is not reducible simply to immediate personal and social issues. Rather, its context is institutionalisation, how institutions contain us in a host of ways. In this process, marginalisation plays a defining role. Childhoods, youth, communities, in the context of time, place, culture and social order.

Figure 9: Lecture slide 8



**CONTEXTUALISING MARGINALISATION**

**'Childhood', 'youth' and 'communities' in the contexts of time, place, culture and 'social order'**

**STRUCTURAL RELATIONS OF INEQUALITY**

- Wealth, Poverty and Class**
- Racism and Sectarianism**
- Patriarchy, Gender and Sexuality**
- Age, Ageism and Adulthood**

**'Each instance of impoverishment, sexism, homophobia, racism, sectarianism or child-hate as an expression of agency has its particular circumstances and lived history. Yet they cannot be researched, analysed and fully comprehended without location in the determining contexts of structure.' Phil Scraton 2007**

What I'm talking about here is how marginalisation emerges and consolidates. And where does that originate? It doesn't emerge from nowhere. We know what privilege means in our society: it's about wealth, it's about poverty, it's about class, it's about witnessing the excesses of racism and sectarianism, of how patriarchy constructs and reproduces gender and sexuality relations and their consequences for every child.

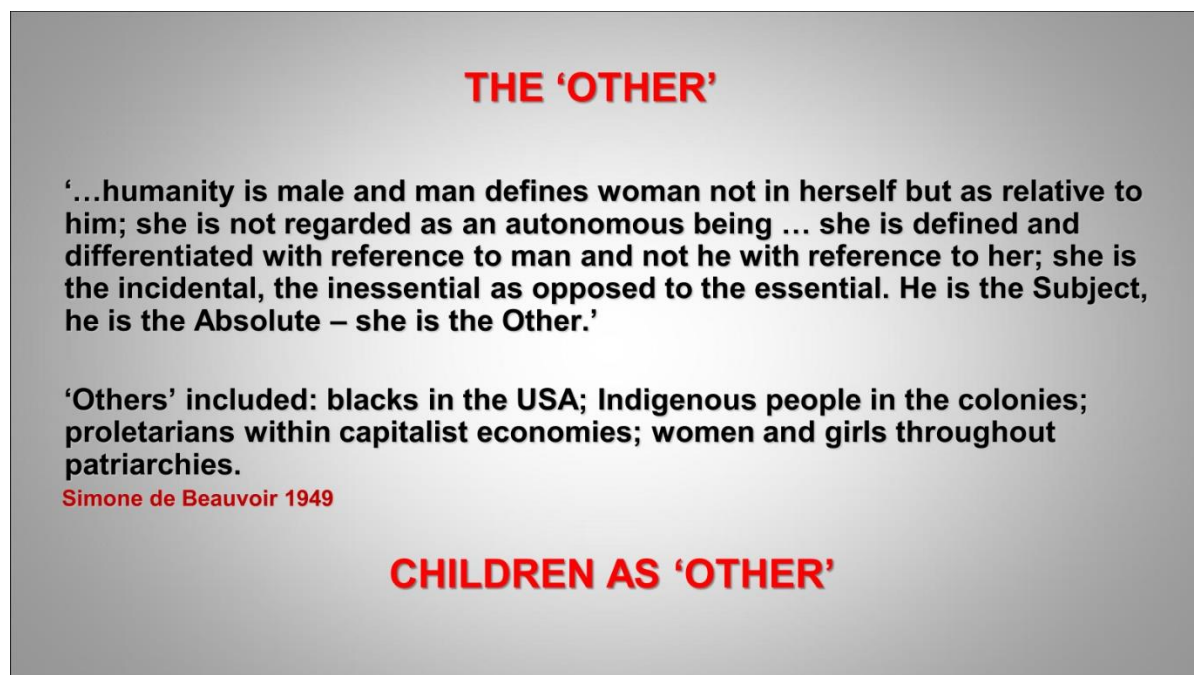
Also, it's about age, ageism - what I have named 'adulthood'. There isn't an -ism for child discrimination as there is racism. Adulthood, then, is a way of seeing, viewing, marginalising the child. I wrote in *Power, Conflict and Criminalisation* that 'each instance of impoverishment, sexism, homophobia, racism, sectarianism or child hate as an expression of agency has its particular circumstances and lived history. Yet, they cannot be researched, analysed and fully comprehended without location in the determining contexts of structure' (Scraton, 2007). Yes, child hate.

But Phil, that is such a strong phrase. No, it's not. When you consider the excesses experienced by children, 'child hate' fits the bill in the same way as racism, sexism or homophobia. Expressions of personal agency have their specific circumstances and lived histories. Yet they cannot be researched, they cannot be analysed, they cannot be fully comprehended without location in the determining contexts of structure.

This takes me back to another wonderful book that had a great influence on my life, Simone de Beauvoir's, *The Second Sex* (1949):



Figure 10: Lecture slide 9



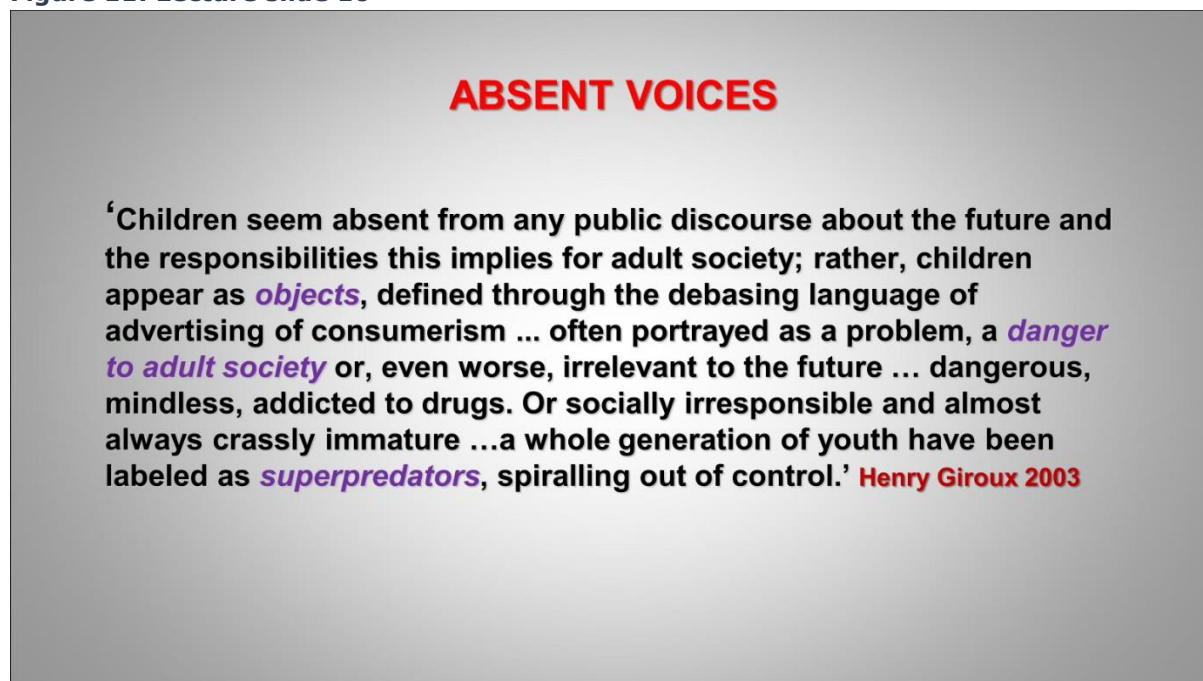
She states,

...humanity is male, and man defines woman, not in herself, but as relative to him; she is not regarded as an autonomous being ... she is defined and differentiated with reference to man, and not he with reference to her; she is the incidental, the inessential, as opposed to the essential. He is the Absolute - she is the Other.

Today, we read many sociology, politics, law texts in which the concept of 'other' and 'othering' is used. If you turn the page, however, de Beauvoir extends the definition of 'others' to include Blacks in the USA, indigenous peoples in the colonies, proletarians within capitalist economies, women and girls throughout patriarchies.

Yet, nowhere does she mention children as 'other' in the structural, contextual sense.

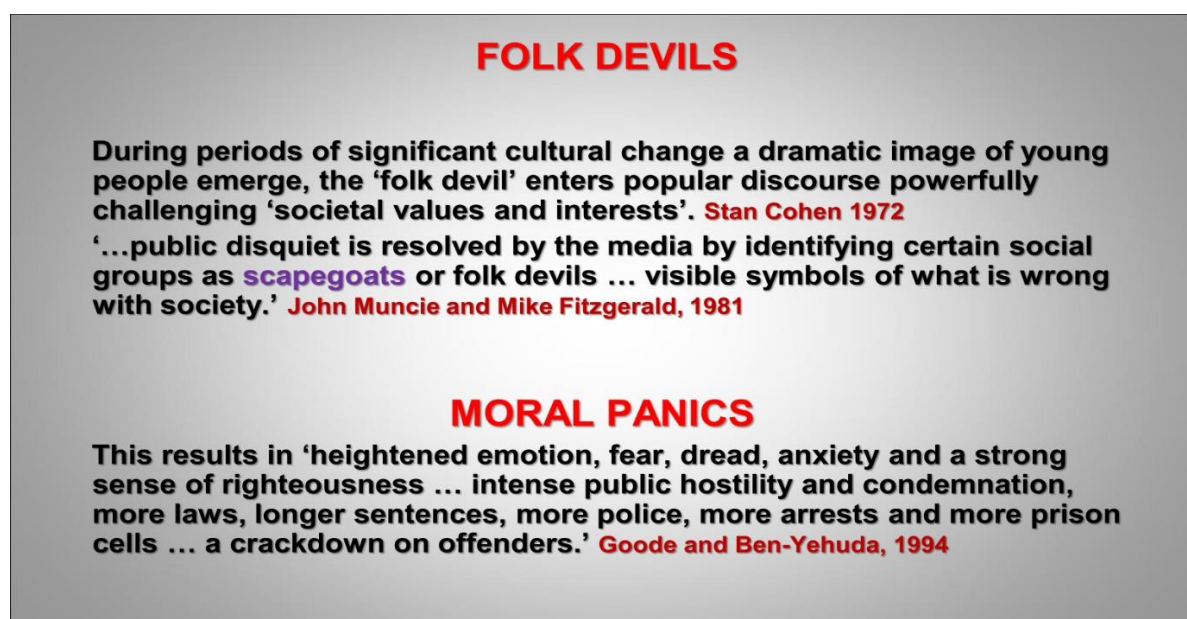
Figure 11: Lecture slide 10



Henry Giroux (2003) writes,

Children seem absent from any public discourse about the future and the responsibilities this implies for adult society; rather, children appear as objects defined through the debasing language of advertising, of consumerism ... often portrayed as a problem, a danger to adult society, or even worse, irrelevant to the future ... dangerous, mindless. Or addicted to drugs or socially irresponsible - and almost always crassly immature ... a whole generation of youth have been labelled as super predators spiralling out of control.

Figure 12: Lecture slide 11





When I read that, I thought he was focusing solely on the United States, yet it took me back to Stan Cohen's early work on 'folk devils' (Cohen 1973); that during periods of significant cultural change a dramatic image of young people emerges, the 'folk devil' enters popular discourse powerfully, 'challenging societal values and interests'. As John Muncie and Mike Fitzgerald (1981) state, 'public disquiet is resolved by the media identifying certain social groups as scapegoats or folk devils ...visible symbols of what is wrong with society'. Stan Cohen considered that this created moral panics generating, 'heightened emotion, fear, dread, anxiety, a strong sense of righteousness ... intense public hostility and condemnation, more laws, longer sentences, more police, more arrests, and more prison cells ... a crackdown on offenders' (Goode and Ben-Yehuda 1994).

**Figure 13: Lecture slide 12**

**A DEFINING MOMENT**  
**THE KILLING OF JAMES BULGER**  
**Bootle, Merseyside, 1993**

**Two year old boy abducted from a shopping mall, led to a railway and killed**  
**CCTV coverage showed that two children are responsible for the abduction**

**Eventually, two 10-year-olds arrested**

**Held in solitary confinement for nine months without counselling**

**Charged with murder, prosecuted in adult court**

**Clearly did not understand the process**

**Found guilty, imprisoned at 'Her Majesty's Pleasure'**

**Judge disclosed their identities, allowed media to publish photographs**

And that was in my mind when two young boys led James Bulger <sup>7</sup> away, abducted him, from a shopping mall in my home city. Most of you will have viewed the CCTV coverage. The intensity of the public outcry fuelled by a vindictive media was intense. Eventually the boys were charged, after many others had been arrested in a police trawl lasting several weeks. They were held in solitary confinement for many months, charged with murder, prosecuted in adult court, clearly didn't understand the process, and had no idea what was unfolding in court.

Found guilty, imprisoned at Her Majesty's pleasure; the judge took a remarkable decision to disclose their identities, allowing the media to publish their

<sup>7</sup> This refers to the abduction and killing of a two year-old boy by two 10 year-old boys in Liverpool, England, on 12 February 1993.



photographs, their families hounded from their neighbourhoods. How were they represented in the media? I'll be quick on this, it defies comprehension:

Figure 14: Lecture slide 13

**MEDIA REPRESENTATIONS**

**'Sullen, introverted, ignorant and loutish ... a nation of vipers has been bred.'**  
*Gerald Warner, The Sunday Times*

**'... amoral, childish viciousness; horrible precisely to the degree it was childlike – random, aimless and without conscience.'**  
*Janet Daley, The Times*

**'... the Mark of the Beast might not also be imprinted on their offspring.'**  
*Editorial, The Sunday Times*

**'... we can never know which of them has the Satan bug inside him.'**  
*Walter Ellis, The Sunday Times*

**'... devoid of innocence ... old beyond their years and undeniably corrupt, women wondered if they should have been drowned at birth.'**  
*Beryl Bainbridge, Daily Mail*

**'A nightmarish world ... where children are growing up virtually as savages.'**  
*Lynda Lee Potter, Daily Mail*

'Sullen, introverted, ignorant and loutish... a nation of vipers has been bred'.

'Amoral, childish viciousness; horrible precisely to the degree it was childlike - random, aimless and without conscience'.

'The mark of the beast might not also be imprinted on their offspring'.

'We can never know which of them has the Satan bug inside him'.

'Devoid of innocence... old beyond their years, undeniably corrupt, women wondered if they should have been drowned at birth'.

'A nightmarish world where children are growing up virtually as savages'.

And politicians' commentaries sustained the imagery.

Figure 15: Lecture slide 14

**POLITICAL CONSENSUS**

**‘... we are sick and tired of these young hooligans ... we must take the thugs off the streets ...’**  
**David McLean, Home Office Minister**

**‘... persistent, nasty, little juvenile offenders without values or purpose’ supported by social workers ‘mouthing political rhetoric ... about why children in their care are so delinquent’**  
**Kenneth Clarke, Home Secretary**

**‘... paternalistic and well-meaning indulgence’ of ‘the sub-culture of thuggery, noise, nuisance and anti-social behaviour often linked to drug abuse.’**  
**David Blunkett, Shadow Health Minister**

**‘... descent into moral chaos’ could be avoided only through teaching the ‘value of what is right and what is wrong’, avoiding a ‘moral vacuum’ though policies ‘tough on crime and tough on the causes of crime.’**  
**Tony Blair, Shadow Home Secretary**

David McLean,<sup>8</sup> ‘We’re sick and tired of these young thugs. We must take the thugs off the streets.’

Kenneth Clarke<sup>9</sup>, ‘persistent, nasty little juvenile offenders without values or purpose’, supported by social workers, ‘mouthing political rhetoric, wondering why the children in their care are so delinquent’.

David Blunkett<sup>10</sup>: ‘paternalistic and well-meaning indulgence within our societies of subculture, of thuggery, noise, nuisance, anti-social behaviour often linked to drug abuse.’

Tony Blair<sup>11</sup>, cashing in on the rhetoric, a ‘descent into moral chaos’ avoided only through teaching the ‘value of what is right and what is wrong’; there existed a ‘moral vacuum’. And you know the phrase that followed, you’ve heard this multiple times, ‘tough on crime and tough on the causes of crime’.

Why am I harking back to 1993? Because it set a UK agenda that has persisted through generations that followed, criminalising young people and their communities. So much so, that when Stan Cohen (2000) revisited what he had written in 1972 in *Folk Devils, Moral Panics*, he commented that by the end of the 1990s, a Labour Government in power, the imagery of the ‘folk devil’ appeared ‘benign’.

<sup>8</sup> Home Office Minister

<sup>9</sup> Conservative Party politician who held the UK government cabinet post of Home Secretary, 1992-1993.

<sup>10</sup> Labour Party politician, who at the time ‘shadowed’ the government’s health portfolio.

<sup>11</sup> UK Prime Minister, 1997-2007, used the phrase in his leader’s speech to the Labour Party conference on 30 September 1993.



Figure 16: Lecture slide 15

**CRIMINALISING COMMUNITIES, TARGETING CHILDREN**

By the end of the decade, a Labour Government in power, the imagery of the folk devil appeared 'benign'; the focus had become 'essentialist offenders ... a moral discourse of sin, monstrosity and perversion coupled with a medical model of sickness, pathology and untreatability.'

Stan Cohen, 2000

**Political Opportunism, Media Amplification and Public Outrage**

**Essentialist offenders: the Marginalised, Destitute and Dispossessed**

**'Clampdown': reaffirming moral order and social discipline; 'zero tolerance'; community surveillance**

**Legislation: crime and antisocial behaviour; targeting children, young people, parents, neighbourhoods, communities**

**Regulation and Control: differential policing, criminalisation and incarceration**

The discourse had transformed to one of, 'essentialist offenders... a moral discourse of sin, monstrosity and perversion coupled with a medical model of sickness, pathology, and untreatability'. That synthesis was significant to all that followed. It became a perfect example of political opportunism, media amplification and public outrage.

And it worked. We now had essentialist defenders, and I'm sure many of you in this hall have witnessed this rhetoric. A rhetoric targeted at the marginalised, the destitute, the dispossessed in our communities, and a 'clampdown' followed, reaffirming 'moral order' and 'social discipline' and - the phrase imported from the United States - 'zero tolerance' alongside 'community surveillance'. The crime and anti-social behaviour legislation that followed criminalised the latter without considering its meaning and impact.

Targeting children, young people, parents, neighbourhoods, communities; not only giving credence, but legitimacy to regulation and control through the development of differential policing within our cities and towns. Criminalisation and, of course, incarceration; demonisation.



Figure 17: Lecture slide 16

**DEMONISATION**

**'A process through which individuals, groups or communities are ascribed a public, negative reputation associated with pathological malevolence often popularly represented as 'evil'. While ideological in construction and transmission, demonisation has tangible consequences in social and societal reactions.'**

**Phil Scraton, 2008**

These were newspaper front and inside pages, a process through which individuals, groups within communities were publicly ascribed negative reputations associated with pathological malevolence - represented as evil. While ideological in construction and transmission, however, demonisation has tangible consequences in social and societal relations.

This wasn't happening in a vacuum. It fed new policy, new legislation, new training programmes. Should we have any doubts about its impact and legacy, this is the relatively recent imagery from the north of Ireland.

Figure 18: Lecture slide 17

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Every bus stop displayed the poster: 'Playing out. Or playing up? Do you know where your child is?'. Then what comes? 'Stop loitering on your property', the introduction of mosquito devices, even at McDonald's.

Figure 19: Lecture slide 18



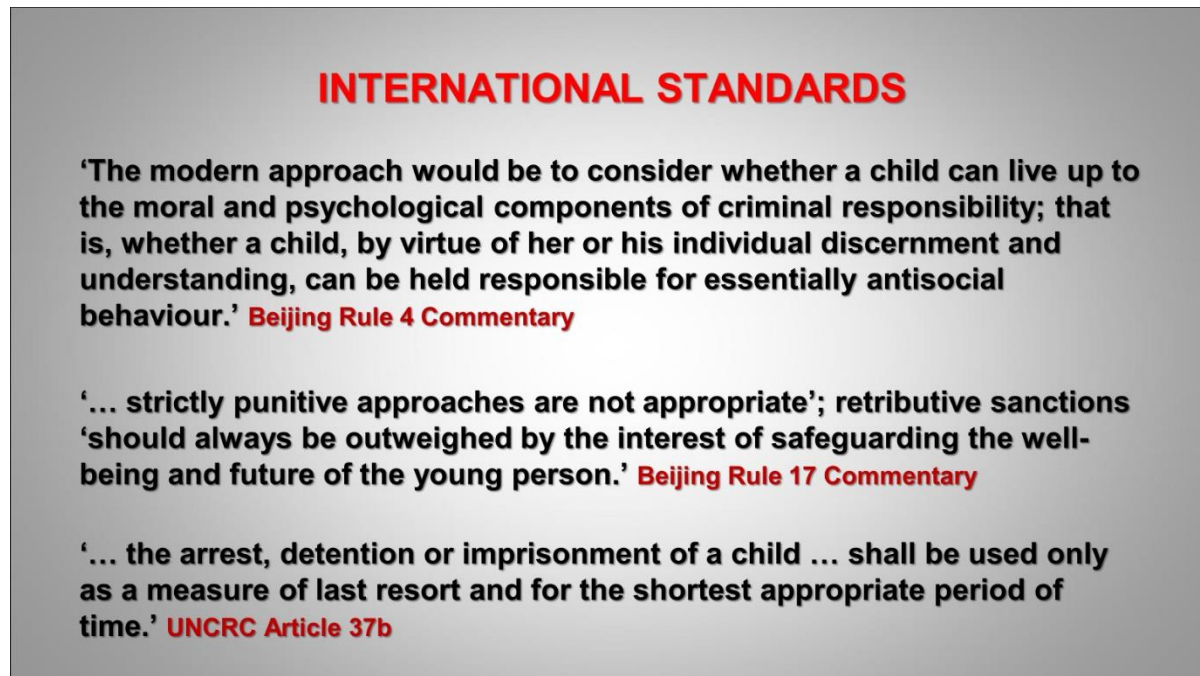
This was Operation Exposure in the north of Ireland, established precisely to deal with these issues. I'm not going back to the time of James Bulger's death, this is recent, posted through letterboxes: 'If you recognise any of these people' [none of whom had been convicted of any offence] 'please contact the numbers on the front of this leaflet'.

Figure 20: Lecture slide 19



Photographic stills of children, lifted by the Police Service of Northern Ireland from CCTV coverage, and publicised throughout communities. It contravened international children's rights standards, as did much of the media discourse that followed, influencing policy and practice.

**Figure 21: Lecture slide 20**



Those familiar with the Beijing Rules will be aware that

The modern approach would be to consider whether a child can live up to the moral and psychological components of criminal responsibility, that is whether a child, by virtue of her or his individual discernment and understanding, can be held responsible for essentially what is seen as anti-social behaviour' (Beijing Rule 4, Commentary).

Then Rule 17:

... strictly punitive approaches are not appropriate'; retributive sanctions 'should always be outweighed by the interest of safeguarding the well-being and future of the young person'.<sup>12</sup>

Clearly a process that was not engaged. In fact, the very opposite applied.

And in the UNCRC Article 37(b), '... the arrest, detention, imprisonment of a child shall be used only as a measure of last resort and for the shortest period of time'.<sup>13</sup>

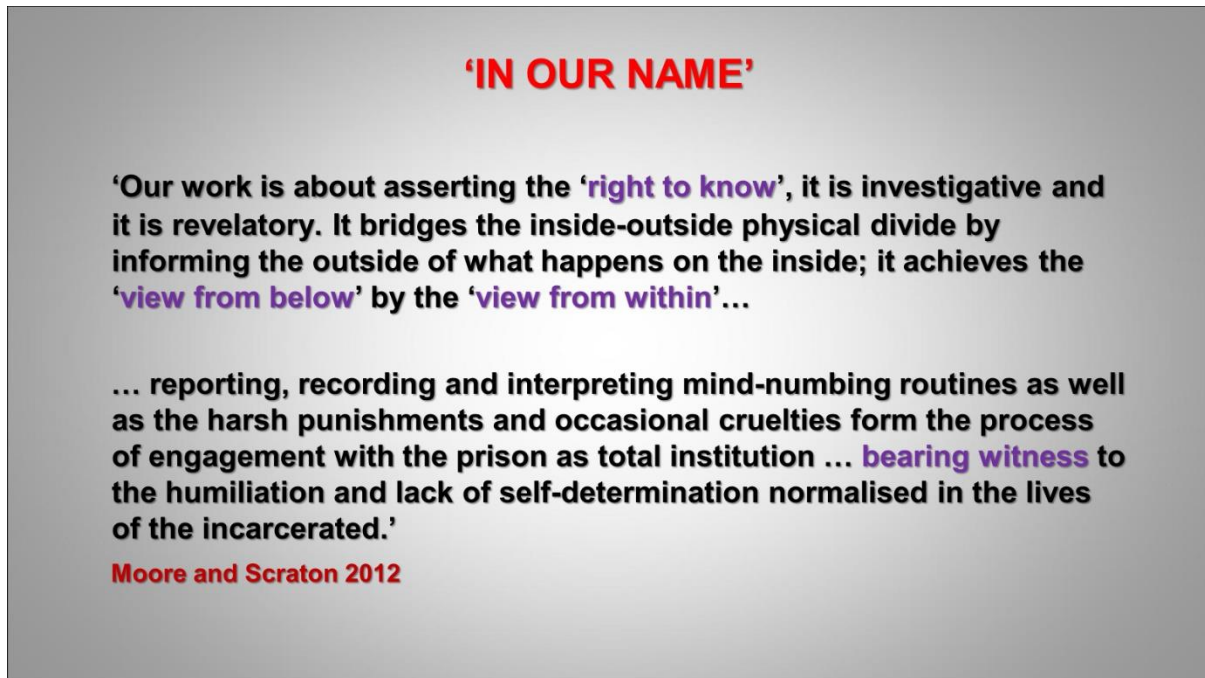
<sup>12</sup> The Beijing Rules: The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (1985).

<sup>13</sup> United Nations Convention on the Rights of the Child (1989).



I have not delved here into the depth and breadth of my research, but these human rights violations are significant in my work with Linda Moore regarding our research in prisons in the north of Ireland (Moore and Scraton 2014).

**Figure 22: Lecture slide 21**



As we state:

Our work is about asserting the 'right to know'. It is investigative and it is revelatory, it breaches the inside-outside physical divide by informing the outside of what happens on the inside. It achieves the 'view from below' by the 'view from within' ... reporting, recording, interpreting mind-numbing routines, as well as the harsh punishments and the occasional cruelties that form the process of engagement within prison as a total institution ... bearing witness to the humiliation and lack of self-determination normalised in the lives of the incarcerated.

When we were conducting the research in Northern Ireland prisons, we met a wonderful young woman, brilliant artist - I'm sure many of you would know a young women like her. During her early teenage years in her community, she was exploited by men she knew. Growing up in oppressive circumstances, inevitably she transgressed the law. She was a child, held on remand in an adult prison.

She was in solitary confinement. We met her through our right of access via the Human Rights Commission, the body that commissioned the research. That day will always live with me. A cell, and some of you will have seen something similar, a concrete plinth, the mattress removed all day, a jerry pot for a toilet in the corner of the cell.



When we met, I said, 'you might not want us to be in here. And as a man, I will willingly leave and leave Linda with you'. She said, 'No, no, I want to talk to both of you'. She had a canvas gown with the velcro fastenings removed. It was held together with cellotape because she self-harmed rubbing the velcro. From mid-thigh down to her ankles, her arms covered in cuts, lacerations, some bleeding. I said to her: 'What led to this?'

**Figure 23: Lecture slide 22**

### 'MARY'S' VOICE

***That night I tried to hang myself ... The voices tell me to do them [self harm]. And I release the pain as well. It's terrible, so it is ... Just look what they make me go to the toilet in. That's for night time . They don't give me underwear or nothing ... It's hard. They just give you a wee sanitary towel and that's it ... no privacy or nothing. You're dignity's taken away. They just said, 'It's your own fault you're behind the door.'***

**Mourne House, HMP Maghaberry, Belfast**

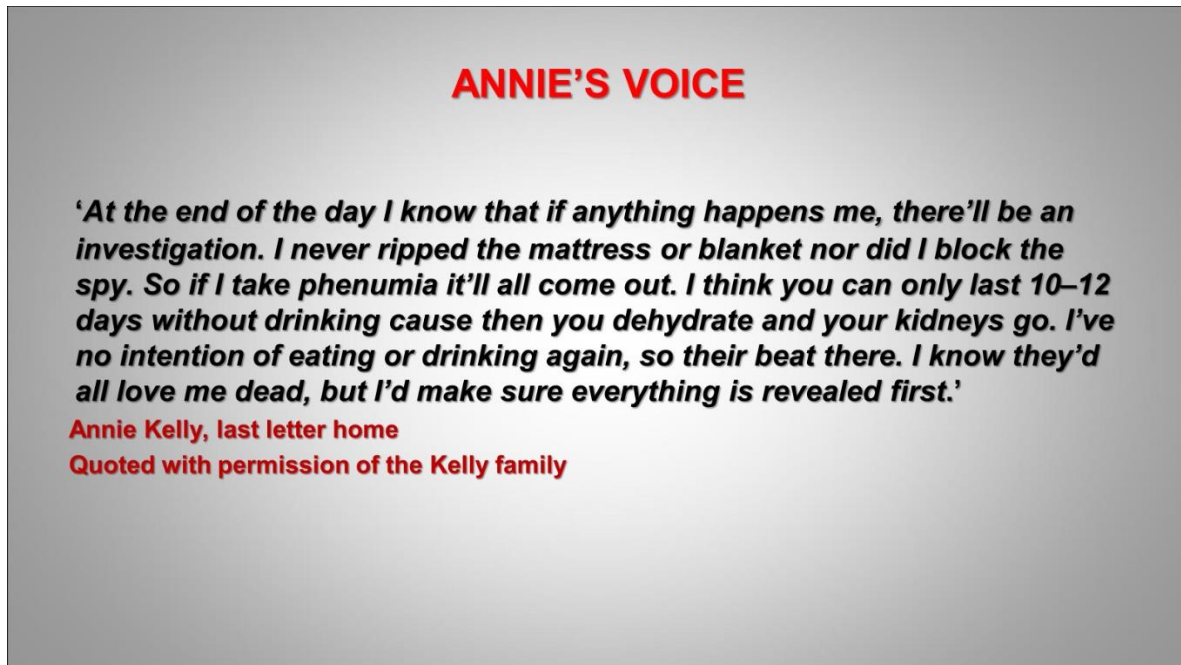


She said 'that night I tried to hang myself. The voices', there's a clue, 'the voices tell me to do them', self-harm; 'I release the pain as well. It's terrible so it is ... just look what they make me go to the toilet in. That's for night-time. They don't give me underwear or nothing'. I said, 'You're saying now you don't have underwear'. 'No', she said, 'it's hard'. I said, 'Can I ask you a very personal question? What do you do on your periods'? She didn't hesitate ... looked at me and said, 'They just give you a wee sanitary towel and that's it' She trapped it between her legs. 'no privacy or nothing. Your dignity's taken away. They just said, 'It's your own fault, you're behind the door'.

We came out stunned. I'd been researching and visiting prisons for years and had never experienced anything like this. With condescension the prison officer said, 'You wouldn't have got any sense out of her'. I replied, 'No, we got a lot of sense out of her'. He replied, 'So she made allegations'. I said, 'Oh yes, she made allegations'. His response was, 'Don't believe them, they're not true. And anyway, you have no proof'. I revealed the tape recorder I had used for the interview. Next morning I was in court and she was freed from those conditions, then freed on remand.

We know we had a significant impact on her life because she talked about it for so long afterwards. With help, she moved on and her art became a passport to a measure of success.

Figure 24: Lecture slide 23



Annie Kelly. I know this case not because I met Annie, but because I gave evidence at the inquest into her death in prison. This was the last ever letter she wrote home. She'd been in prison since she was 15, on an off ...

At the end of the day I know that if anything happens to me, there'll be an investigation. I never ripped the mattress [which she'd been accused of], or blanket nor did I block the spy [spy hole in the cell door] so if I take phenumia [sic], it'll all come out. I think you can only last 10 to 12 days without drinking, because then you'll dehydrate, and your kidneys go. I've no intention of eating or drinking again so their [sic] beat there. I know they'd all love me dead, but I'd make sure everything is revealed first.

And we became the conduits for those revelations, giving evidence at her inquest.

Figure 25: Lecture slide 24

**FRANCES' VOICE**

**TIME TO DIE**

***'Today has been an ok week and day except this evening the voices are getting really bad. I can't put up with them much more. There was a code blue tonight on the wee lads in Elm. Code blue is when someone has hung themselves and died, so we are locked all night. If these voices keep up there will be another code blue tonight. I already have a noose made and ready but I can't do anything until the night staff do the alarms. Then I have an hour ... I've got it planned and tonight is the night.'***

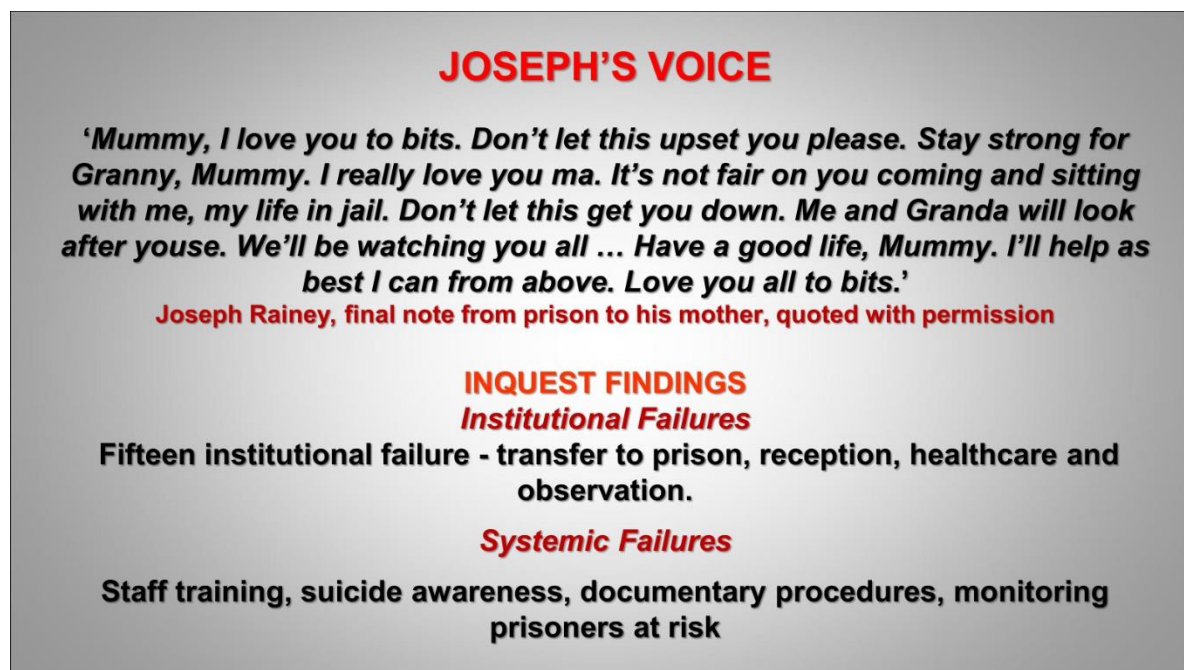
**Frances McKeown, last entry in her notebook**  
**Quoted with permission of the McKeown family**

And Frances, the final entry in her diary: 'Today has been an OK week and day except this evening the voices are getting really bad. I can't put up with them much more'. Such a telling statement. For we all know what 'voices in the head' means. 'There was a code blue tonight on the wee lads in Elm. Code blue is when someone has hung themselves and died, so we are locked all night'. A young boy did die that night. 'If these voices keep up there will be another code blue tonight. I already have a noose made and ready, but I can't do anything until the night staff do the alarms. Then I have an hour ... I've got it planned and tonight is the night'.

And 'tonight' was the night.



Figure 26: Lecture slide 25



**JOSEPH'S VOICE**

*'Mummy, I love you to bits. Don't let this upset you please. Stay strong for Granny, Mummy. I really love you ma. It's not fair on you coming and sitting with me, my life in jail. Don't let this get you down. Me and Granda will look after youse. We'll be watching you all ... Have a good life, Mummy. I'll help as best I can from above. Love you all to bits.'*

**Joseph Rainey, final note from prison to his mother, quoted with permission**

**INQUEST FINDINGS**  
***Institutional Failures***

**Fifteen institutional failure - transfer to prison, reception, healthcare and observation.**

***Systemic Failures***

**Staff training, suicide awareness, documentary procedures, monitoring prisoners at risk**

And finally, in the numerous statements taken from children and young people is Joseph. Joseph's final note from prison to his mother, I quote here with his parents' permission.

Mummy, I love you to bits. Don't let this upset you please. Stay strong for Granny, Mummy. I really love you ma. It's not fair on you coming and sitting with me, my life in jail. Don't let this get you down. Me and Granda [who had passed] will look after youse. We'll be watching you all... Have a good life, Mummy. I'll help as best I can from above. Love you all to bits.

As an academic researcher, what do I do with such troubling information? We're not press reporters, not television programme makers. It is what we bring to an inquiry, to an inquest; what can be presented that might change the process and protect the lives of others. We can't bring back those who died, but we can reveal institutional failures in their incarceration.

There were multiple failures exposed, relating to Joseph's transfer to prison reception, health care, and lack of observation and systemic failures in staff training, suicide awareness, documentary procedures and monitoring prisoners at risk. Not only were they directed against the Northern Ireland Prison Service, but also against the Health Service.

As a researcher bearing witness to these tragic events, you question what you have you achieved. Well, I know what we achieved for the families, but what have we achieved in terms of real structural change? We're now in the process - having made a short film on the life of Joseph,<sup>14</sup> of making a full documentary.

<sup>14</sup> <https://vimeo.com/748363494>

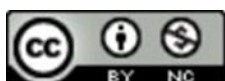
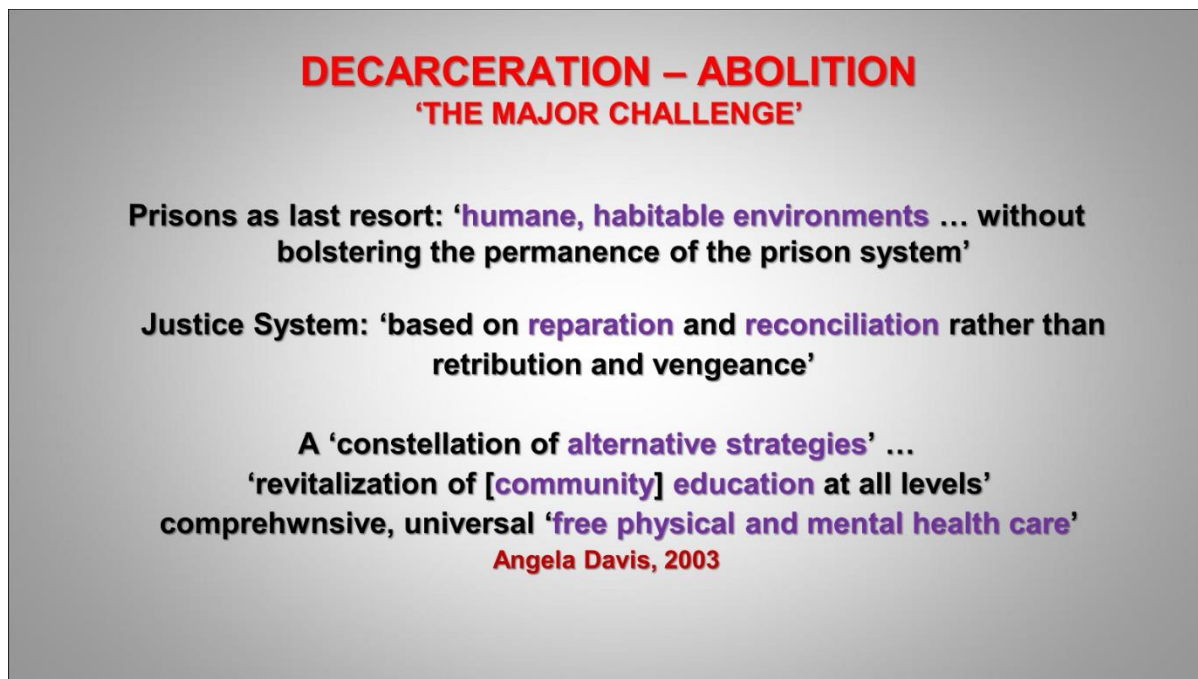


Figure 27: Lecture slide 26



This takes me to the lifelong commitment of a woman whose work I first read when I was much younger, an undergraduate in fact. She wrote the wonderful book, *If They Come in the Morning* (Davis, 2003). Angela Davis is a prison activist, now a professor in California. She argues that incarceration always should be a last resort. If we are to have prisons they must be 'humane, habitable environments ... without bolstering the permanence of the prison system' (Davis 2003).

She continues: the criminal justice system should be 'based on reparation and reconciliation, rather than retribution and vengeance'. A 'constellation of alternative strategies should be created', including the 'revitalisation of community education at all levels' alongside comprehensive, universal, 'free physical and mental health care'. While she is here focusing on USA prisons, we are well aware of the abysmal failures in mental health care in the UK and Northern Ireland, not because of the people who are administering it, but because of under-resourcing.

Figure 28: Lecture slide 27



So where am I going with this brief excursion into my work? If it has any meaning, if the projects have any relevance, they're about the promotion of social justice, about seeking an end to poverty, securing essential services, mental health, well-being, access to age-appropriate information and full support throughout the life cycle, effective state community relations and support and consultation. Inclusive active participation throughout the lifespan. Meaningful participation.

Celebrating diversity, challenging and defeating discrimination. Addressing misogyny and homophobia, challenging racism, sectarianism and segregation. Dealing with fear - fear that is inculcated into our communities by a media high on desperate stories. Challenging the stereotypes. Oh, and this sounds so wishy-washy but it's not: creating hope through opportunity.

For me, hope is central to action, hope that what we do in research and practice makes a difference. My hope is that we will be listened to, hope that many of you in this room, in your professional practice and research and as citizens: you will create that hope through knowledge and understanding and intervention. Promoting not *criminal* justice, but *social* justice through rights compliance, establishing a critical rights-based agenda that is the heart of social justice.



Figure 29: Lecture slide 28

**ESTABLISHING A CRITICAL, RIGHTS-BASED AGENDA**

**Rights as entitlements: *neither conditional nor transactional***  
**Children and young people: 'human beings' rather than 'human becomings',  
*social actors in all aspects of their lives***

**Recognition of children's special status: *inherent and structural  
vulnerabilities, evolving capacities, advocacy***

**Participation: central to *protection from harm and full realisation of rights***

**Children's rights and status equality requires:  
'a fundamental shift in the *structural relations and determining contexts of  
power which marginalize and exclude children and young people from  
effective participation in their destinies*'**  
**Phil Scraton and Deena Haydon, 2002**

This is not simply a shopping list of desirable outcomes. Rights are not simply entitlements. They're more than that. They should not be considered conditional, nor transactional. They should be embedded in our lives, in our communities. Children and young people, as Qvortrop (1994) states, are 'human beings', not simply 'human becomings'. They have voice, they have knowledge, they have understanding, and they are social actors in all aspects of our lives, our practice, our work.

Yet, they have special status because as children they have inherent individual and structural vulnerabilities. Children don't have voice but have evolving capacities. Many of you here are advocates for children and young people identifying and acting in their 'best interests', in consultation with them.

It is imperative that children and young people are considered active participants in society. Central to that combines protection from harm with realisation of their rights. As Deena Haydon,<sup>15</sup> who is here tonight, and I have written, children's rights and status equality require, 'a fundamental shift in the structural relations and determining contexts, a phrase that I use consistently, of power which marginalize and exclude children and young people from effective participation in their destinies' (Scraton and Haydon, 2002). We wrote that twenty years ago and today remains as relevant. This analysis is developed more thoroughly in Haydon and Scraton (forthcoming).

<sup>15</sup> Dr Deena Haydon is an independent researcher, writer and children's rights activist.

<https://deenahaydon.com>

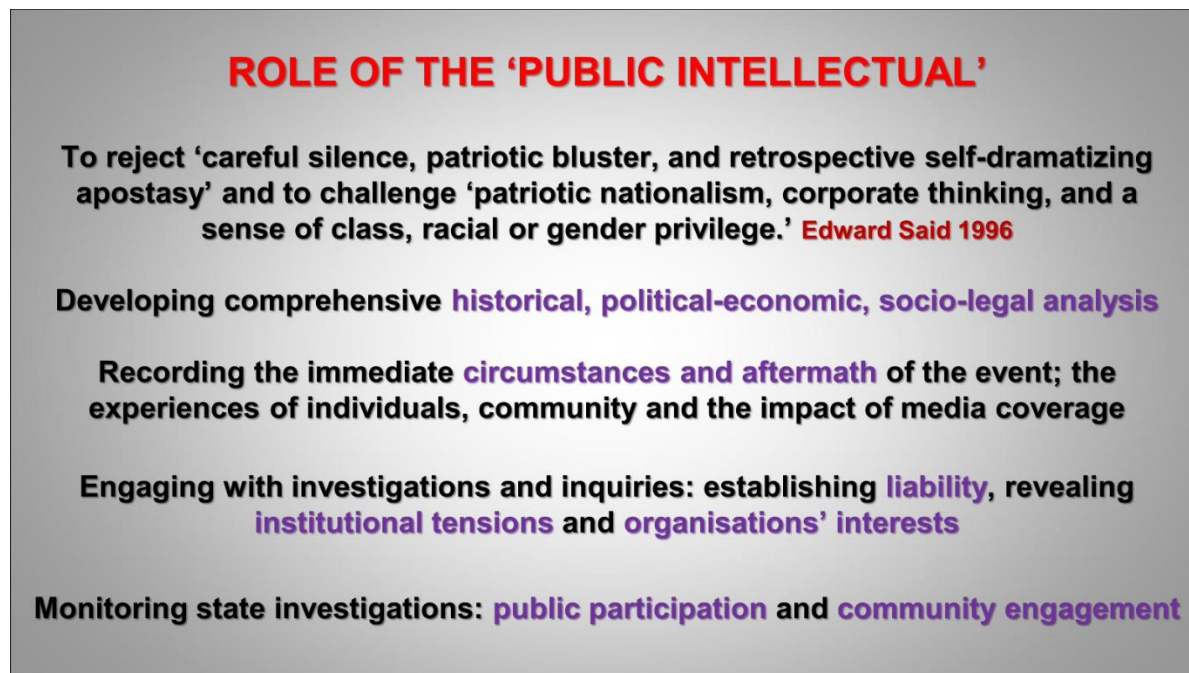
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[celcis.org](http://celcis.org)



Figure 30: Lecture slide 29



**ROLE OF THE 'PUBLIC INTELLECTUAL'**

**To reject 'careful silence, patriotic bluster, and retrospective self-dramatizing apostasy' and to challenge 'patriotic nationalism, corporate thinking, and a sense of class, racial or gender privilege.'** Edward Said 1996

**Developing comprehensive historical, political-economic, socio-legal analysis**

**Recording the immediate circumstances and aftermath of the event; the experiences of individuals, community and the impact of media coverage**

**Engaging with investigations and inquiries: establishing liability, revealing institutional tensions and organisations' interests**

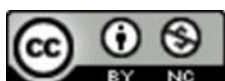
**Monitoring state investigations: public participation and community engagement**

So, drawing to a close, what is the role of the 'public intellectual'. As Edward Said (1996) states, it is to reject the 'careful silence, the patriotic bluster, and retrospective self-dramatizing apostasy'; to challenge 'patriotic nationalism, corporate thinking, and a sense of class, racial or gender privilege'. It is to develop a comprehensive, historical, political, economic, social, legal analysis of the issues I have raised, and more besides.

It is about recording the immediate circumstances and aftermath of any given event involving children and their exploitation; the experiences of individuals, of communities, and the impact of the media coverage that is our responsibility to expose, engaging with investigations and inquiries. I have experienced enough of them to understand what that feels like - and I include inquests, fatal accident inquiries - establishing liability, revealing institutional tensions and contradictions, revealing the interests of organisations.

Most significant, is independent, critical monitoring of state investigations; the significance and impact of our public participation in state investigations, inquests or inquiries. This is community engagement. When we completed the work on the Mother and Baby Institutions and Magdalene Laundries in the north of Ireland, we recommended, as I had experienced almost three decades after Hillsborough, not a simple public inquiry - we know how easily they can be derailed by vested interests - but an independent panel with the relevant expertise to consider in detail all aspects of what had happened in the institutions. Our work revealed much of it. (Mahon, O'Rourke and Scraton 2022)

But now this has been further advanced, not in isolation from a public inquiry but as a precursor that will plumb into a public inquiry, so that people who have suffered so much already will have their evidence collected and will not be





subjected to questioning at a public inquiry by lawyers representing the institutions or the State.<sup>16</sup>

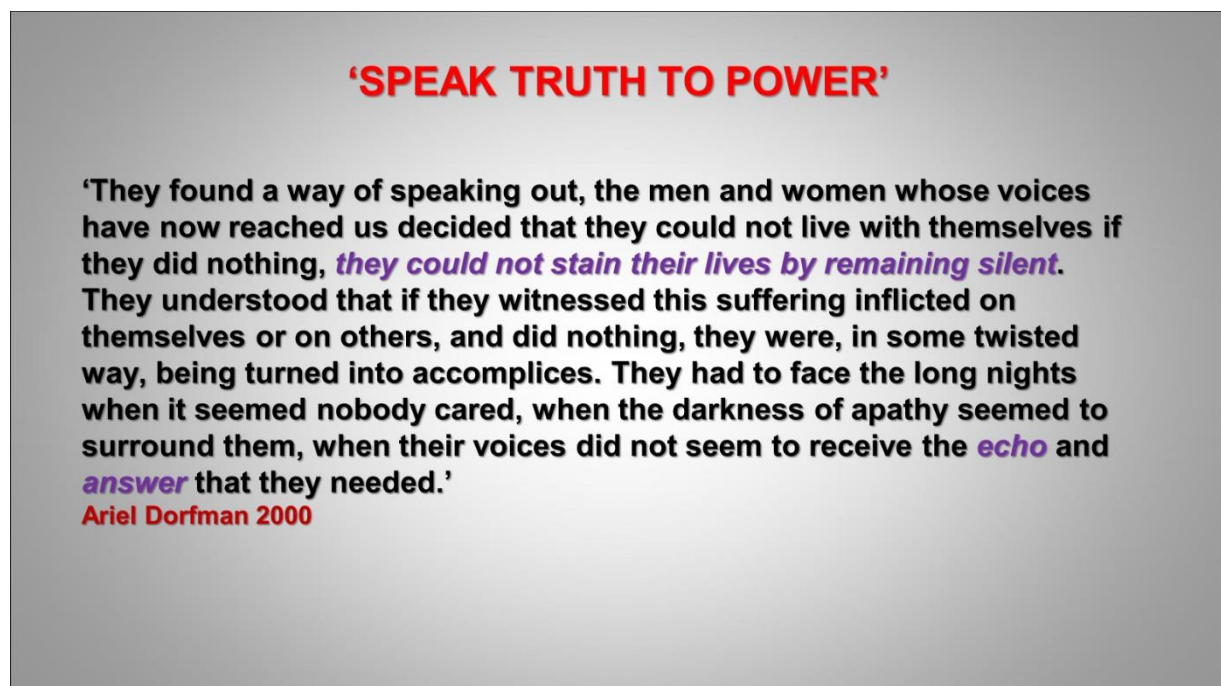
Such questioning has happened in a range of public inquiries into sensitive issues, witnesses stating, 'I've relived my trauma, I feel worse now than I ever did before'. In our research into mother and baby institutions, we created an environment where they could share their truth sensitively rather than feeling cross-examined by legal teams in a formal inquiry. And that gave substance to our report.

And for me, public participation should be developed in a form that enables those voices to be heard. And you've seen it: a person comes to an inquiry, they've waited for this day for many years, and their examination, by lawyers representing institutional interests, destroys their testimonies.

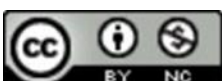
'What do you mean? You're on your hands and knees, eight months pregnant, scrubbing the floor. What do you mean? With a nun standing over you? When was this? How do you know you were eight months pregnant?' 'Well, I remember'. 'No, but how do we know that your memory is accurate?' 'Well, I might have been seven months pregnant, might have been six months pregnant, you know, you're asking me to go back 30 years.' She feels diminished, her testimony is doubted, she has suffered again.

While not making a direct comparison, I conclude with a quote from Ariel Dorfman (2000) writing about the 1973 Pinochet coup in Chile.

Figure 31: Lecture slide 30



<sup>16</sup> <https://www.executiveoffice-ni.gov.uk/news/appointment-truth-recovery-independent-panel>



They found a way of speaking out, the men and women whose voices have now reached us decided that they could not live with themselves if they did nothing, they could not stain their lives by remaining silent. They understood that if they witnessed this suffering inflicted on themselves or on others, and did nothing, they were, in some twisted way, being turned into accomplices. They had to face the long nights when it seemed nobody cared, when the darkness of apathy seemed to surround them, when their voices did not seem to receive the echo and answer that they needed.

Here in a hall [University of Strathclyde's Barony Hall] where I can hear my voice bouncing off the walls, seeking the echo and the answer should be my last words, the role, the duty, of the critical academic activist. And I'm sure so many of you understand that proposition each day in the excellent work you do in your communities.

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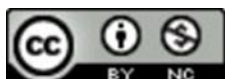
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## About the Kilbrandon Lecturer

Professor Phil Scraton is professor emeritus in the School of Law at Queen's University Belfast. Widely published on critical theory, incarceration, and children/young people, he was a member of the Liberty Advisory Committee on



deaths in custody and the JUSTICE panel on coronial powers. He led the Hillsborough Independent Panel's research team and was principal author of its ground-breaking 2012 Report, Hillsborough. In 2016 he published a revised edition of Hillsborough: The Truth. Seconded to the families' legal teams throughout the 2014-2016 inquests, he was consultant on, and contributor to, the 2017 BAFTA winning ESPN/BBC documentary Hillsborough. He holds a Leverhulme Research Fellowship. Most recently, he was principal author of The Report of the Independent Panel of Inquiry into the Circumstances of the H-Block and Armagh Prison Protests 1976-1981 (Coiste, 2021), Deaths in Contested Circumstances and Coroners' Inquests (ICCL, 2021), and Truth, Acknowledgement and Accountability: Mother and Baby Institutions, Magdalene Laundries, and Workhouses (NI Executive, 2021). His new book, with Deena Haydon, Childhood, Transition and Justice, will be published by Routledge in 2024. He was awarded the Freedom of the City of Liverpool in recognition of his Hillsborough research, and he refused an OBE.



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## Conference

# Response to the 21st Kilbrandon Lecture

**Shumela Ahmed**

**Abstract:**

Shumela Ahmed's response to the 21<sup>st</sup> Kilbrandon Lecture presented by Phil Scraton: Resisting the Marginalisation, Regulation, and Criminalisation of Children and Young People.

## Response

I'd like to begin by acknowledging what a special venue this is tonight [the Barony Hall at the University of Strathclyde]. It is a great privilege to both speak here this evening and to follow such an authentic and very meaningful, but also particularly heartfelt lecture from Phil Scraton.

This evening's lecture was about the marginalisation and criminalisation of children and young people in this country. But I want to talk to you about another '-isation' - the traumatising of children and young people in this country, which will often be at the hands of the state.

I was one of those children and as a young person, I was often described as disruptive. It was often written down about me or said directly to me by teachers, social workers, and the police- because I was disruptive, very disruptive.

And that's because I was reacting and responding to the complex trauma, the poverty, and the other adversities that I was living. It was chronic, it was cumulative, and it was interpersonal. My reaction to that trauma, to that adversity, was really, very normal. It was a normal, natural response, and it was just my life. Unfortunately, there wasn't someone like Phil Scraton on the sidelines saying: 'That is trauma, that is adversity'. 'They' are going to marginalise you for this in the future. 'They' may even lock you up for it. It was just the life I lived. And that's exactly what is happening, and has continued to happen, to our children and young people in Scotland. They're reacting to the adverse, traumatic and at times absolutely horrendous and devastating circumstances they experience. But it's just 'their life'. Yet we continue to - and as Neil



[Hunter]<sup>17</sup> mentioned, it's on the rise -marginalise, criminalise, and even institutionalise our children and young people for it.

I know this story only too well. And so instead, I think what we should be doing, rather than criminalise, marginalise, and institutionalise is actually realise the widespread prevalence and impact of complex trauma in this country. In Scotland, one in five adults in this country have lived experience of complex trauma in childhood. (NES, 2018). And that childhood complex trauma is either physical or sexual abuse.

We should be responding in new ways that are recognising that there is a different way to do this, as has been mentioned by Phil and Neil this evening and by [CYCJ](#), as I often like to say, are a beacon of light in showing us how to do good research and policy working alongside children and young people who are in conflict with the law. We all just need to get better at implementing that research and policy through the full system, and not just the criminal justice system- all systems. And absolutely through a trauma lens.

And we should, at all costs be resisting the re-traumatisation of children and young people whenever they come into contact with the system, all systems, and all parts of those systems.

Lastly, I would like to finish with a message of hope.

As I mentioned earlier, I was often labelled as a disruptive young person. Yet now in adulthood with two degrees under my belt, six years at university, and a successful lived experience led organisation, I'm often called a 'disruptor' by other people. 'Oh, you disrupt leadership thinking Shumela, you disrupt how we think about organisations and systems when you come in and deliver training in the way that you do'.

Yet as a child that label of disruptive was what got me marginalised. It was ultimately what got me criminalised and what absolutely re-traumatised me time and time again- often at the hands of the system. What kind of message does that send to our young people? How very confusing. And not just for a young person: I still get quite confused by it to this day.

So rather than marginalise, rather than criminalise or traumatise children and young people, let's humanise them - or re-humanise them, actually, in many cases. Let's ask not what's wrong with this child, what's wrong with these young people, but what happened to this child? What happened to these young people. Those children we can often be so quick to label as disruptive. Let's help them understand now, and I mean right now! - as we walk alongside them, and their families, and their communities, let them know that, in fact, they are the disruptors that we need in our future.

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<sup>17</sup> Neil Hunter is CEO of the Scottish Children's Reporter Administration <https://www.scra.gov.uk> and also spoke at the Kilbrandon Lecture.



Every one of those kids has the potential to stand here on this stage and respond, just as I have tonight. And we need to make sure that they know that. We cannot just hold on to that hope in our minds and hope that it happens for them. They need to know and feel that hope, too.

I want to thank Phil Scraton for his wonderful lecture this evening and Neil Hunter for his response, CYCJ for the opportunity to be here tonight and talk to you all and CELCIS for hosting. Thanks so much for listening. I hope you all have a wonderful night.

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## About the responder

Shumela Ahmed is the co-founder and managing director of the Resilience Learning Partnership. She has a background in community education. Shumela directs the work of a lived experience led organisation and her ambition is to see lived experience as the central force within public policy design and implementation within public and third sector services. Resilience Learning Partnership is an education and training provider which supports the health, social care, education, housing & criminal justice sectors in trauma-informed practice.



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**Keywords:**

Social work, care experience.

**DOI:**

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## Book Review

# Insiders Outsiders: Hidden Narratives of Care Experienced Social Workers

**By Mary Carter and Siobhan Maclean (eds.)**

Publisher: Kirwin Maclean Associates

ISBN: 978-1912130528

Year of Publication: 2022

**Reviewed by: Dr Ruth Emond**

Professor of Social Work, University of Stirling,  
hre1@stir.ac.uk

This powerful and moving collection brings together reflective accounts, extended essays, and poetry, written by social workers with care experience. As I write this first sentence, I am struck by how often the phrase 'powerful and moving' is used, and, as a result, how diminished its meaning has become. However, this book has genuine power. The accounts presented hit the reader with an unavoidable force. I found it impossible to put down or walk away from. Power features heavily throughout the book; the misuse of power by adults over children, moments of powerlessness as children and as practitioners, the reclaiming of power through education and action, the power of relationships with people who really care, and how these enrich, alter, and lift up the lives of others.

The writing contained in this book is incredibly moving. I felt as if I was being given special access to a very intimate space in each of the authors' worlds. The sharing of memories leading up to their coming into care as well as their experiences whilst in care were a striking reminder of the, often overwhelming, feelings that result, as well as the confusion and complexity concerning how decisions are made and how their impact unfolds. These stories serve to remind us of the inner child that all of us carry as adults into our social work practice.

Many of the contributors described the complex motivations behind becoming a social worker. For some, like David Grimm, there was a drive to 'be a better social worker than the ones I was given'. Whilst for others the ambition was to become like the social workers who had made such a difference to them; 'Those small things they did and said had the biggest impact on my life, they empowered me, and because of that, I never lost hope' (Laura Bye).

Whilst not the focus of the book, through the accounts given by contributors, key elements of 'good practice' are highlighted. Given that this is done through narratives of real experiences this takes on added weight. The book reminds us of





the importance of recognising intersectionality (Rebecca Olayinka), the experience of shame (Marie and Richard Devine), the essential value of good record keeping (Jo Thompson), and the central role that key people play in anchoring children and young people and giving them a sense of their potential and hope for the future (Naz). Many of the stories include examples of cruel and traumatic care experiences, both in relation to the actions of 'care' givers and within the wider social work system. Sharing how badly the profession has got it wrong in the past further adds to the moving accounts of when people and systems get it right.

Being a social worker with care experience is accounted for in a range of ways. For some, their care experience is described as one of many aspects of their practice and professional identity, whilst for others, it holds a far more central and defining role. Many of the writers share examples of struggling to decide whether and how to share their care experience with colleagues, managers, children, and adults. The legacy of shame often associated with the label 'care experienced' lingers on through adulthood and into professional practice.

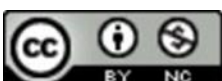
This important book brings the complex thoughts and feelings attached to being a care experienced social worker into the light. In so doing, it exposes the tensions and discomfort inherent in the practice of social work and reminds the reader of the power social workers yield in the lives of others. It speaks of the life changing importance of relationships and the difference that genuine, compassionate people can make. There is no singular 'care experienced' social worker, and the contributors' many and varied experiences of both their care experience and their professional journeys are testament to that. As one of the contributors, Karin Herber, states: '... do not reduce people to simply a result of their past experiences because it is not that simple and multiple factors are at play. See them for who they are'.

## About the reviewer

Ruth Emond works part time as a professor of social work at the University of Stirling. The other half of her week she is a social worker and play therapist at Family Change, a service for children and young people run by Perth and Kinross Council.

## Acknowledgement

The publisher, Kirwin Maclean Associates, supplied a copy of this book for review.



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**Keywords:**

Scottish Child Abuse Inquiry, social work, social care, Scotland.

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## Book Review

# Development of Children's Care Services in Scotland: Report for the Scottish Child Abuse Inquiry

**By Kendrick, A., Lux, E., McGregor, S., and Withington, R.**

<https://www.childabuseinquiry.scot/evidence/development-care-services-scotland-report>

Publisher: University of Strathclyde

Year of Publication: 2021

**Reviewed by: Kirstie Maclean**

The idea of reading an 800-page report is fairly daunting for researchers, let alone for over-stretched residential workers and social workers. Nevertheless, I would urge you to read this report as it simply and very comprehensively provides the history, development, successes, downsides, and crises of the children's care services in which we are involved. Whilst mainly covering the years 1900 – 2014, it also delves further back into the past, providing a real understanding of how and why services developed, and exploring some of the distinctive aspects of Scottish services. Although it particularly describes children's services in Scotland, comparisons are made with practice in England and Wales, and it is likely that some of the practice will also be recognised elsewhere.

There are a number of striking features in the history, which is laid out chronologically and can thus be read straight through or dipped into. For instance, until after the Second World War, it was seen as acceptable for children to live in local authority poor houses alongside adults, some of whom had mental health issues or were alcoholic. Children were often 'boarded out' (fostered) on crofts and farms hundreds of miles from their city homes because they could provide farm labour; the quality of care they might receive came a poor second. A more recent striking feature has been the plethora of regulations, reports, reviews, guidance, and recommendations we have experienced in Scotland, particularly over the last 30 years. Quite frequently, there was little opportunity to implement policies or recommendations before the next ones



came out. My own reflection on these processes is that they had benign intentions, were usually helpful, and were often initiated because of harmful events happening to children. However, insufficient resources (financial, training, consultancy, staffing, etc.) were provided for workers and carers to fully embrace and successfully implement the recommended changes. Also, thorough and sustained follow-up to see that changes were working over years rather than months did not always occur. Having worked in social work and social care organisations since the 1970s, I am fully aware that change processes can get diluted or derailed as we deal with more pressing crises or cuts in resources. We need to take regular opportunities to stand back and review our practice to ensure best practice is consistently achieved.

The report has a very comprehensive bibliography which should inspire further reading. If I have one criticism it is that it doesn't have an index, but I can understand the pressure to get this thoroughly researched report finished, given that it was commissioned by the Scottish Child Abuse Inquiry. While it was written with a particular purpose, it could and should have a much wider readership. For those like me who have been in the field for many decades, it serves as a reminder of where we have come from and what we are still hoping to achieve. I found myself saying, "Oh, I'd forgotten about that" and "Goodness, was that what we were supposed to be doing?" For those who are newer to the field, it will hopefully provide guidance on what to emulate and what to avoid.

I consider this report should be used to guide current and future policy and practice, both nationally and locally. Scottish government, social work and social care organisations should consider the best ways to do this so that staff and carers can consistently achieve best practice. In order to know where we are going, it is extremely helpful to know where we have come from. This report firmly reminds us of that.

## About the reviewer

Kirstie Maclean is a retired social work consultant. A worker, manager, inspector, and consultant in a wide range of children and family services in England and Scotland from 1972-2018, she was the first director of the Scottish Institute of Residential Child Care (SIRCC) from 2000 to 2003. Kirstie is currently undertaking research into the history of the Dean and Cauvin Young People's Trust which was founded in Edinburgh in 1733.



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**Keywords:**

Residential care,  
group care, youth  
care.

**DOI:**

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## Book Review

# Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges

**By Whittaker, J. K., Holmes, L., Del Valle, J.F., and James, S. (eds)**

Publisher: Oxford University Press

ISBN: 9780197644300

Year of Publication: 2022

**Reviewed by: Leon Fulcher**

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Whittaker, Holmes, Del Valle, and James are to be commended for this latest scholarly effort that builds from more than a decade of focus group consultations with established experts, and publication of core debates operating in the field whenever residential care is considered. The editors have been careful to narrow the focus of their efforts to Anglo-American exemplars (England, Scotland, Canada, USA, and Ireland) and Continental European exemplars of planful uses of residential group living with young people (Spain, Netherlands, Germany, Denmark, Italy, Portugal, Finland, and France). Exemplars were also provided for illustrative purposes from Argentina, Australia, and Israel, even though this latter example – which includes early military training for nearly two-thirds of the youthful population – is not illustrative of residential care operating in the Middle East. Residential care and education in contemporary Israel is closely aligned with Anglo-American exemplars, with boarding schools closely aligned with Continental European exemplars.

Of special note is the qualitative methodology developed by Sigrid James, which was employed across each of the 16 country examples using a Matrix framework that supports continuous comparative analyses of structural features of planful environments for care and education. Postgraduate students contemplating research into residential care and its impact on young people and their families would be wise to read this book very early in their studies. Those engaged in the supervision of postgraduate students are also encouraged to make this volume a core reference around which supervision of research into any aspect of residential care can be framed.



The editors clearly set out the positive and negative histories that have surrounded the use of residential care as placement option and debates about the use of such placements. Harriet Ward offers an important historical overview of changing patterns in the use of residential care in the UK and Europe before Sigrid James identifies key elements of the Matrix that guided contributors of the 16 country-focused chapters. In so doing, the origins and trajectory of 'global deinstitutionalisation efforts' are highlighted as important social policy initiatives. Similar arguments surround 'best interests of the child' debates, without reference to the absence of research evidence that underpins such debates (Islam & Fulcher, 2016, 2017, 2018, 2021).

The editors explain that they sought residential care services built upon the following principles (Whittaker et al., 2016, pp.96–98):

- Safety first!** We are acutely mindful that the first principle undergirding Therapeutic Residential Care must be *primum non nocere*: to first, do no harm. Thus, our strong consensus is that "safety first" be the guiding principle in the design and implementation of all Therapeutic Residential Care programs.
- Partnership with families:** Our vision of Therapeutic Residential Care is integrally linked with the spirit of partnership between the families we seek to serve and our total staff complement—whether as social pedagogues, child or youth care workers, family teachers, or mental health professionals. Thus, a hallmark of Therapeutic Residential Care programs—in whatever particular cultural expression they assume—is to strive constantly to forge and maintain strong and vital family linkages.
- Contextually grounded:** Our view of Therapeutic Residential Care is one in which services are fully anchored in the communities, cultures, and web of social relationships that define and inform the children and families we serve. We view Therapeutic Residential Care programs not as isolated and self-contained islands, but in every sense as contextually grounded.
- A culture of learning through living:** We view Therapeutic Residential Care as something more than simply a platform for collecting evidence-based interventions or promising techniques or strategies. Therapeutic Residential Care is at its core informed by a culture that stresses learning through living and where the heart of teaching occurs in a series of deeply personal, human relationships.
- A continuing search for evidence:** We view an ultimate epistemological goal for Therapeutic Residential Care as the identification of a group of evidence-based models or strategies for practice that are effective in achieving desired outcomes for youth and families, replicable from one site to another, and scalable (i.e., sufficiently clear in procedures, structures, and protocols to provide for full access to service in a given locality, region, or jurisdiction).



Each chapter facilitates cross-country comparisons around conceptually meaningful dimensions for residential care. James' Matrix provides an account of what residential care services look like in their target country. The comparative methodology is a major strength of this volume as it offers important reference points from which to target continuing research efforts. Research students should find this aspect of the volume of particular interest.

Key points and takeaways were highlighted in the summaries provided for each of the 16 country exemplars. Promising innovations and research advances were summarised at the end of each chapter with important national learnings noted. Without reservation, I wholeheartedly recommend this volume for use with Anglo-American and Continental European university postgraduate students pursuing research into any facets of residential care. This includes both graduate and postgraduate research in this field.

Greater caution is recommended for university research supervisors supporting postgraduate students from Africa and Asia studying in the UK. Direct comparisons between the 16 countries included in this Whittaker et al. volume cannot be drawn with the very different residential childcare contexts in African and Asian countries. Students researching in these countries may nevertheless find James' Matrix useful in carrying out early exploratory research in the residential care field.

Overall, I cannot recommend more highly that *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* be made accessible to all students enrolled on courses in child and youth care (Scotland, Canada, and South Africa) and social work (UK, USA, Australia). Postgraduate students should strongly consider whether this volume might be purchased as a print-copy or e-book copy for use throughout their career in this field. I thank the editors for their collective efforts in making this volume available to a new generation of child and youth care graduates, as well as social work graduates who pursue careers around caring.

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## About the reviewer

Leon Fulcher, MSW, PhD is a retired professor of social work with half a century of experience in the child and youth care field – in the North America and Europe, Middle East and Africa, and Asia Pacific regions – as a practitioner, manager, educator, researcher, and scholar. For a decade he chaired the board of governors for The International Child and Youth Care Network at [www.cyc-net.org](http://www.cyc-net.org) and continues as an Asia-Pacific representative.

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