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Implementing therapeutic approaches to residential child care in Northern Ireland: report of interviews with children and young people



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Implementing therapeutic approaches to residential child care in Northern Ireland:

Report of interviews with children and young
people

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Contents

1	Introduction.....	1
2	Methodology	2
3	The young people	3
4	What young people understood about the model used in their home	4
5	Experiences of living in residential care.....	5
6	Perceptions of care staff	7
7	Perceived changes in the home	9
8	Positive and negative aspects of residential living	12
9	Suggestions for improvement	14
10	Conclusions	16
	Appendices.....	17
A1	Format and content of the phase 2 interviews with children and young people 17	
1	Introduction	17
2	About where you live	17
3	About the staff	17
4	Ask these questions where relevant (homes where changes are clear or recent)	17
5	Future.....	18
A 2	Proposed arrangements/format/content of interviews with young people, including consent and achieving best evidence	19
	Process for securing consent/assent	19
	Approach and process/achieving best evidence.....	21

1 Introduction

Providing more effective care to children and young people is at the heart of the rationale for introducing therapeutic approaches within the residential care setting. These children and young people are among the most vulnerable in the care system and in society more generally. It was important, therefore, to explore their experiences of what staff regarded as a major change and improvement in their lives in care.

This document reports the findings of 29 interviews with young people in residential child care across the five health and social care trusts in Northern Ireland. At the outset of the study, we had hoped to interview young people who had lived through the introduction of a therapeutic approach, and to explore what differences they had seen, for example in the way the home was run, how staff behaved and so on. However, by the time the interviews took place in the first half of 2011, most young people would only have known the home under its new regime, so there were few opportunities to compare young people's experiences before and after the introduction of a therapeutic model.

We did ask young people about their awareness of any particular model or approach being used within the home, but the main focus of the interview was on their experiences of living in the home more generally. We asked about their perceptions of staff, what they liked and didn't like about the home and what they would like to change. The rationale for this approach was to explore the extent to which young people's experiences in these areas were in keeping with a therapeutic approach and with how staff described the changes this had brought about. A copy of the interview schedule can be found in Appendix A1.

2 Methodology

Given the sensitive nature of the study, we first sought the consent of each home manager followed by that of each child's social worker. Both the head of home and the social worker were asked to assess the child's capacity to provide informed consent and – where they judge it appropriate – to seek parental consent. Only then did we seek consent directly from those young people who were resident in the participating homes, to invite them to participate.

The children and young people for whom consent was secured from staff and parents were given an information sheet outlining the purpose and nature of the research, what it involved, and an assurance on issues such as confidentiality, consent and right to withdraw at any time, up to the time of any report being published. The information was provided in age-appropriate language and was available in more accessible formats, although these were not needed. A detailed outline of the procedure that was followed can be found in Appendix A2.

The purpose of introducing a therapeutic approach is to enhance the knowledge and skills of residential care staff in ways that enable them better to establish therapeutically effective relationships with young people. Used appropriately and effectively, children and young people may not necessarily realise that staff are working to a model, although the exception to this might be the Sanctuary model, where the model comes inextricably bound with a shared language that both staff and young people are expected to use.

3 The young people

Twenty-nine young people agreed to be interviewed, of whom 10 were male. They ranged in age from 13 to 18 years, with a mean age of 16 years. Their experience of residential care ranged from 11 months to 72 months, with the mean duration in residential care being 30 months. Participants were drawn from across the five health and social care trusts as follows:

- Belfast Health and Social Care Trust 6
- Northern Health and Social Care Trust 6
- South Eastern Health and Social Care Trust 10
- Southern Health and Social Care Trust 3
- Western Health and Social Care Trust 4

We had aimed to secure a more even distribution of interviews across trusts, but often found that young people were reluctant to participate. When a young person *did* agree to be interviewed, it was not unusual for another young person in the same home to say that they would like to be interviewed, and we took advantage of this spontaneous engagement.

4 What young people understood about the model used in their home

Only respondents from the Belfast Health and Social Care Trust (social pedagogy) and the South Eastern Health and Social Care Trust (Sanctuary model) had any inkling that a named therapeutic approach was being used in their home.

In the South Eastern Health and Social Care Trust, of those interviewed ($n=10$), nine were either living in the Lakewood Regional Secure Care Centre or in the Intensive Support Unit, which is situated within the same campus. Most of these young people had heard the term 'Sanctuary' but knew little or nothing about it. One young person was, however, able to provide a brief description.

'Yeah, like about the SELF model – and safety, emotions, loss or future –and how like, it's like to help young people with things that have happened to talk and how you have got like a safety plan to keep you safe whenever you're angry or whatever and psycho ed and that.' (female, 16 years)

A possible explanation as to why those living in the Lakewood Regional Secure Care Centre were familiar with the name of the therapeutic model being implemented was that they were living in a contained and more structured environment in which the model influenced a lot of their daily activities. The one young person who was interviewed from the South Eastern Health and Social Care Trust outside of the Lakewood campus had heard of the term 'Sanctuary' but was unfamiliar with any of its components.

Psycho-education was the most commonly identified component of the Sanctuary model; however, one young person's response suggested that this terminology could have negative connotations.

'Psycho-education is a stupid word for it because we aren't "psycho" if you know what I mean.' (female, 16 years)

Psycho-education is the term used within the Sanctuary model to describe a group-based curriculum designed to familiarise young people – and staff – with the psychobiological effects of serious, recurrent and chronic stress. The rationale is that by understanding these processes, one can become more aware of how things impact on behaviour, including one's own, and can therefore better understand and deal with it. This has clearly not been wholly successful for the young person quoted above, for whom the term 'psycho' carried a different, highly stigmatised meaning.

None of the young people interviewed in residential settings within the remaining trusts had heard of the therapeutic models being implemented within their home apart from a few respondents within the Belfast Health and Social Care Trust who also had only heard of the term but did not know what it meant.

5 Experiences of living in residential care

There was a mix of young people's initial impressions of residential care, but these did not vary significantly according to gender or age. Around half of the young people reported their experience of first arriving at their current residential care home to be positive. Factors contributing to a positive experience included having had day visits to the children's home before moving in and having previously lived in another residential unit.

'I thought it looked really nice outside, an improvement on 'secure' [unit]. I had day visits before I moved in which helped I think....' (female, 17 years)

Around half of the young people interviewed said that they initially felt frightened and apprehensive about living in residential care. They attributed this largely to not knowing any of the other residents within the home and not having been in a residential setting before. On average, respondents said that it took approximately one month for them to settle into their new surroundings and around two-thirds were now satisfied with where they were living.

'It was really scary ... I didn't know anybody whenever I first moved in here as I just moved from three different foster placements, so it was pretty scary coming in ... it took me about three months to settle in.... I just sat up in my room and didn't come out because I didn't know anybody.' (female, 14 years)

'It looked like it was an old people's home, with this furniture. But it was a bit scary, the size of the pillars. And then you drive in here and the state of the painting and all that sort of, what am I getting into sort of thing.... It was a bit scary because everyone knew each other and then I was coming in on my own. I knew one of the girls because one of them I was at school with, but that was it. But she had her wee circle of friends that I didn't really get along with. So it was hard.' (female, 17 years)

All those interviewed from the secure units recalled feeling scared when arriving at secure accommodation for the first time. However, for the majority, this was not their first time in secure accommodation, and most described feeling more at ease and satisfied with their experience this time round. In fact, a significant number wanted to stay instead of moving back to their previous residential setting – a common explanation for this was that they felt safe there.

'No one likes being locked up ... like them windows only open a certain amount, do you know what I mean. Them doors are mahogany, you can't kick them through. There is nothing to throw apart from a china cup. And everywhere is locked. 10 o'clock is lockdown ... it's not good like but ... I love it, I don't want to leave ... I like

having boundaries, like stuff you can do and stuff you can't do. I'm going to come back. I'm going to get out soon, come back in January, get out in June, come back in January, get out in June ... I love it here ... I suppose yeah it's because I feel safe here....' (female, 14 years)

Almost all of the young people said that they would recommend their current residential home to someone who could not live with their parents for a particular reason.

6 Perceptions of care staff

All of the young people in all five trusts said that, in general, they got on well with staff who they found helpful when discussing issues.

'You can talk to them about anything, like I had a big argument with my boyfriend last night and [staff member] could tell that I was upset and she took me in here and sat me down and she said, phone him, and I did and we sorted things out like, and she helped me and gave me advice ... like I would never have trusted anybody but when you move in here you do start to build trust up. It might take a long time but you are still doing it.' (female, 17 years)

'They come and they would talk to you, because staff know when I am upset, because of like the way my feelings go and I don't talk to anybody. If I found out something or say my mum slabbers to me they would know when my mum or anything has happened because I don't speak to them, I just go straight up to my room, so some of them would come up and maybe like "are you okay?" and I wouldn't talk to them at all and then they would worry about me. So yeah they are okay.' (female, 14 years)

'They helped me with my past and they help me with all my plans for the future.' (male 16 years)

A small number specifically described how they found the staff approachable and easy to talk to.

'They are friendly and they just come in and they don't have that, I don't know the way to put it, stuck up social workers if you know what I mean.... You know, they are human beings, they are civil like that way and I wouldn't like someone coming in and being like a robot, do you know that sort of way?' (male, 18 years)

'See in secure – they aren't those kind of social workers that read things off a book – most of them has had experiences. You can tell like if someone's had experience or not just by the way they get on with you – they have open thoughts.' (male, 15 years)

In particular, the young people enjoyed spending time with staff, with one young person from the Southern Health and Social Care Trust describing their relationship with workers greatly enhanced their living experience within the home.

While most felt that they got on better with some members of staff more than others, a small number had issues with particular members of staff and felt that they could be more helpful.

'Sometimes they're not there when you need them, they'll say "oh I'm doing this", "I'm doing that" or "can you leave the office, I need to ring this person" ... like they are too busy talking to someone else or something like, you know, whenever I went home and I go in, I say stuff really stupid like, they wouldn't say nothing. You know what I mean, they wouldn't listen that much. Sometimes they did and sometimes they didn't.' (male, 17 years)

A few described how at times they felt that staff persisted in having a conversation with them when they would rather have had some time alone:

'They have a tendency to like ask you about everything, like they need every detail, that's annoying ... because like there's some things you don't want to tell and just want to be by yourself.' (male, 16 years)

One young person described feeling frustrated when staff ignored him when he was angry:

'See when you are getting angry and they ignore you, it's so frustrating that it just makes you more angry they just completely ignore you, it is so annoying because you can't even speak to them. They should just tell me to wise up and talk to me if I calm down, they can only do that but they just ignore you.'
(female, 14 years)

In general, young people felt that the best way to build and maintain a relationship with staff was to spend one-to-one time with workers particularly after first moving in, in order to build trust and get to know one another better. It was felt that one-to-one interaction with staff was much more productive than socialising as a group as a significant number did not feel comfortable in groups.

'I'm not really good in a group. I would be the paranoid one in the group. I would be, we are all paranoid but I'm more paranoid. It's good one to one though.'
(female, 14 years)

While only a comment made by one young person, it does highlight the issue of not everyone liking group situations. Those homes in which group meetings are explicitly part of the therapeutic process might need to consider how best to present this to potential residents, so that they can decide whether or not it is 'for them'. This also has implications for placement panels and other decision makers, and raises the more general issue about how explicit should staff be about the approach taken to the care of young people, and how much say young people should have in decisions about placement.

7 Perceived changes in the home

Around half of the young people interviewed had noticed no changes in the running of their home but, as indicated above, this was largely because most had been in their current residential setting for less than one year. Those who had been in the same home for more than a year mostly said that they felt that staff were more relaxed and that they had noticed a general improvement in the atmosphere.

‘Staff members seem more friendly or something now, they can have a bit of craic with us now, which improves the mood of the house in general....’ (male, 17 years)

A small number in both the Northern and Western Health and Social Care Trusts noted that planned admissions were another change for the better as residents were able to get to know the new person and vice versa before they moved in.

‘I think there was a bit of change because the way that the admissions, the new admissions had been brought in [previously], they were brought in straight away but now if staff ... are aware that they are moving in, they’ll go out and see how they are then and gradually bring them in ... before it used to unsettle things because we didn’t know who they were. Now they would get over night and stuff to see how they got on. It’s much better because really people in here anyhow really treat each other like family, do you know, that sort of way, but then there is some people that come into the home and just destroy the atmosphere and then everything just goes out in the yard, do you know what I mean.’ (male, 18 years)

One young person observed that the length of time someone was removed from the group because of bad behaviour had reduced.

‘You don’t get kept out of the groups as long for doing something wrong. We only get kept out of the group for, like, an hour – just to calm us down – then back in again.’ (female, 15 years)

One young person from the a secure unit in South Eastern Health and Social Care Trust explained that the existence and frequency of community meetings (which are a component of the Sanctuary model) were a big change, as these can be held up to three times daily.

‘Sometimes it’s really boring like.... We do it three times a day, Jesus.... We do it like in the morning, and like afternoon like after lunch and then do it again just before night. Sometimes like, it wouldn’t be like all the time ... but if nobody wants to do it then they can go and talk to the staff after.’ (male, 17 years)

The same young person also explained that there was now a points system in place within the secure unit (which implements Sanctuary model), whereby staff mark young people around the clock and award points according to behaviour and achievements. These are awarded on a weekly basis and determine, among other things, what time a young person’s bedtime is.

'Like our bedtimes and all have changed, and staff sometimes have changed a wee bit like in the way they get on – and just stuff like that.... The first time it was more, a wee bit more stricter than the second time ... my bedtime is 20 to 10. Jeess, 15 years of age and going to bed at 20 to ten ... I got that last Thursday ... it's all about points ... it's out of the whole week....' (female, 14 years)

Throughout most of the trusts, a large number of respondents said that there was less emphasis on sanctions, with the majority agreeing that the new approach was more effective.

'You don't really get punished in here, you just get asked why you did it, but if you keep doing it then you get told you can't go to activities or something. ... They had a sanction book at the start, but now we have an expectation book.... It's better now because then you know what you have to do because they have five expectations for you, and if you just stay within expectations you are sweet and don't get into trouble, and then if you do something you get punished then ... you just know what you are allowed to and what you are not allowed to do.' (male, 16 years)

'The sanction book, that's changed, and then the times of coming in is changed, the atmosphere is changed too, everybody seems to be more calmer than they did before. And now that the sanction book is away, some people they would take the piss out of it and then some people don't ... but I think the new way is definitely better.... Instead, you feel bad for doing it and staff like they don't punish you for it....' (female, 14 years)

When asked, almost all of the young people said that they did not think that sanctions stopped them from repeating the same behaviour again.

'It never stops me.... When I was in [residential setting] I used to always get grounded so I just walked out as it made me feel even more raging!' (male, 17 years)

A small number of young people also reported some undesirable changes. For example, one young person within the Northern Health and Social Care Trust felt that, as a whole, the residents were unfairly treated within the home.

'Most of them don't go to school, but if they go to school they'll get top-ups, they'll get this, they'll get that, but yet the ones that go to school don't get anything for it. Like [young person within the care home] goes to school every day and doesn't get anything. She couldn't even get a £10 top-up for her dongle to do her course work, but yet there's people getting phone top-ups, like going out for meals and getting their nails done and that, just for going to school because they refuse to go ... like in my other care home people aren't allowed electric appliances in their room unless they go to school.... So basically the people that are lying in to whatever time they want, getting up, getting ready, blasting their music until whatever time they want and going out and then maybe they'll come back like late on at night or not come back at all but then they don't get punished. Like there was girls in here that ran away for four days and came back and went out the next night.... With staff

Implementing therapeutic approaches to residential child care in Northern Ireland: report of interviews with children and young people

like as a treat, it was like well maybe I'll run away for four days and see what I get.... But we wouldn't get anything so.' (female, 17 years)

It is a good behavioural principle to reinforce appropriate behaviour rather than punishing inappropriate behaviour, and there is a sound evidence base to support it. However, for any system to succeed it needs to be fair and perceived to be fair. It is possible to arrange reinforcement systems so that individual young people are each reinforced (rewarded) for different things. However, young people need to be involved in designing and implementing the system. It may be that in the above case, the problem was a lack of understanding by this particular young person, but it might indicate a more fundamental issue that staff need to address.

8 Positive and negative aspects of residential living

As a whole, the young people considered the nicest thing about their care home experience to be the staff, who they said were approachable and easy to talk to. Overall, they felt that they could have fun with them.

‘It’s good craic, you can play pool and it helps you get along with staff members.’ (male, 15 years)

Almost all reported that their stay in their current residential setting had helped them to deal with their emotions and past issues.

‘From when I moved in here I didn’t trust anyone and didn’t know anybody and didn’t want anyone to know me or let anyone in and stuff but now I can trust everyone [staff] in here.’ (male, 17 years)

‘When I was in [previous residential home] I had no perspective of where my life was heading and just dwelled on the past and stuff, and couldn’t see the point of doing anything. My first couple of months in here I felt the same way, but like I wised up and didn’t see the point of dwelling on the past anymore as I didn’t do any of it and didn’t have any control over what was happening so it’s not my fault.’ (male, 16 years)

Apart from those in secure units, around half considered having freedom and independence to be a positive aspect of where they lived. Being allowed to go to most places whenever they wanted and having overnight stays with family members were particularly favoured, whilst one young person spoke of the benefits of living in a flat within the unit.

‘You are allowed to go out and like I am allowed down to [town] four times a week because that’s where all my mates are.... So I am allowed down in [town] four days a week and then whatever days I have my counsel support worker, I have to go out with her. I go down to family contact sometimes, but it’s good that you are allowed to go out and whatever ... I get the train down.’ (female 14 years)

Having privacy was another important feature highlighted by one young person.

‘The staff also knock your door and wait for you to say come in and if you say you’re ok they will go away like....’ (female, 17 years)

A sense of belonging was another positive aspect. One young person described the others in his home to be like living with his family.

‘Ah ... because it was like living with my family, you know, my brothers and sisters and the staff were friendly enough.’ (male, 18 years)

This young person had recently left the home referred to, but had wanted to be interviewed. The majority of the young people felt that their stay in the home had helped them to become more settled.

Implementing therapeutic approaches to residential child care in Northern Ireland: report of interviews with children and young people

'I've settled down a wild lot, everybody tells me that. I used to party all through the week in the last residential home.' (female, 17 years)

Another young person described how it had helped him deal with his problems.

'In here has helped me to close the door on friends and Mum and all that there because that's how I used to live and it wasn't good.' (male, 16 years)

Life in residential care was not without its problems, though. A large number of respondents throughout all the trusts described intimidation and bullying by other young people within their living environment.

'Bitchiness.... It's like one week it will be everyone after me and then the next week it will be everyone after someone else and it's like a wee turntable in this place – who's after who. There has been fights upon fights and doors getting booted down and abuse getting text ... stupid stuff like. You don't know what's going to happen if you go out that door.... You speak to staff who speak to the young people and nothing happens.... The staff can't be with you 24/7.' (female, 17 years)

'You want to put up a big front to protect yourself and I understand all that, because you're in a new environment with rockets during the night. You have people in here who are absolute rockets and you need to find some kind of protection, so walking with your fists clenched and walking pure stiff, that's for protection.' (female, 14 years)

One young person did not like looked-after children reviews being held within the unit, as this was not conducive to creating a homely environment.

'I hate LAC [looked-after children] reviews being held here. Because people are just staring at you coming in and out and things like that, you know, I don't like that, to have a LAC review in the place where you are living doesn't really feel right, do you know what I mean, because you want the place to be a real, be your home.' (male, 18 years)

Another respondent highlighted the significant distance between their home town and the residential setting as a significant issue, and described often feeling lonely.

A small number admitted feeling ashamed of living in a children's home and did not wish to share this with their friends, which created difficulties for them.

'It's hard to tell your friends where you live and stuff. I feel embarrassed living here so I try to keep it to myself.' (male, 14 years)

A couple of older residents felt that their bedtimes were too early for their age but did not consider this to be a big problem as they could watch television in their bedrooms.

9 Suggestions for improvement

We asked young people what changes they would like to see, and respondents had a number of suggestions for what they regarded as improvements. Not surprisingly, the young person who had commented on what they perceived to be inconsistent treatment of young people by staff, said that all young people should be treated equally.

‘Everyone treated the same.... No matter what age or ability but if you’re just going to turn around and say “I’m not doing this for the craic” you should be punished.’ (female, 17 years)

A small number highlighted how frustrating it was for them to always have to ask to get a door unlocked and suggested that as many doors as possible should be left unlocked to make their environment feel more homely.

‘The doors would be allowed to be open.... See all them locked doors, I can’t.... It’s just having to wait until the staff open us all the doors and you’re like, oh Jesus Christ.... Really bores you like. Be better if staff like treated everybody the same because they do sometimes treat everybody really differently.’ (female, 15 years)

One older resident felt that there should be more emphasis on preparing young people for moving out.

‘More independence because I know if I went out now, I can make phone calls myself now, but when I first moved out. I wouldn’t have been able to, do you know what I mean ... I think they should get people ready for moving out of here, do you know that way.... More prepared to move out ... I think moving out is, definitely one of the big things, definitely. To prepare you to move out should be changed but I think there is a good changes happening like.’ (male, 18 years)

Within the Lakewood centre, the majority of the young people felt that sanctions should be done away with, and one young person suggested that if they misbehave, they should have a Life Space interview [LSI]¹ with a member of staff.

‘I think an LSI it would be better than getting sanctioned. Because then like I know myself whenever I get sanctioned it makes me angry. You are basically stuck in the house, it puts your head away. It didn’t stop me because I just wanted to abscond more because I was sanctioned and I couldn’t do nothing and if you don’t go to school you get sanctioned so it doesn’t really make you go. I think it’s pointless because you are just going to do it again anyway ... so that’s why I think it would be better if you did LSIs but you should only be allowed so many or whatever. Like if you didn’t go to school one day a week then have an LSI but if you kept doing it, and doing it every day then you

¹ The Life Space Interview was originally designed as a technique for educational settings, and is now included in the therapeutic crisis intervention system developed by Cornell University, which also franchises CARE. It has been described as ‘emotional first aid on the spot’ and is designed to help calm a young person and resolve a problem quickly.

Implementing therapeutic approaches to residential child care in Northern Ireland: report of interviews with children and young people

should be sanctioned.... Like sitting down with a staff member and talking about what it is, they are better....' (female, 16 years)

In addition, more than half of those interviewed within the secure units felt that a more gradual reintegration back into society would be more beneficial to them.

'It should be on levels so that in the end you go out on your own for a whole day so that you can do whatever you want within reason, where there's no staff or social workers.... Level 1 would be in and around the secure area ... level 10 – you get to go out into the community for a whole day on your own.... Because there's always people there and you don't want to do anything bad or go on the run so the court people don't have a proper idea of when you are ready to go back into the community unless you've done time in the community on your own.' (female, 16 years)

'It's better than ones gradually letting me out rather than when I do get out I'm going to be in the deep end, do you know what I mean ... because when you get out you just start drinking again.' (female, 14 years)

10 Conclusions

All in all, the young people were positive about their experiences in care. Of those who had been in other care homes, the vast majority favoured their present settings. Relationships with staff were clearly highly valued. Whether this was a result of maturity, or a consequence (direct or indirect) of the therapeutic approaches now in use, is not possible to judge. A significant number of young people appreciated the opportunity to be able to talk about problems and issues with members of staff. This was a positive finding as many workers described how their training in the therapeutic approaches equipped them with the sufficient knowledge and skills required to see behind behaviours and talk to the young people about any issues they might wish to discuss.

Some young people also seemed to value the more 'therapeutic' aspects of care, such as being able to get over their past, having more boundaries and a 'safe haven' away from family and friends whom they might associate with negative experiences. They did not seem to be seeing the home as just accommodation/a place to stay.

Many of their views resonated with those of staff, for example in relation to the use of sanctions and the general atmosphere in the home, and there was little in the interviews to suggest that the models were having a negative impact, with the exception of a sense of unfairness by one participant about the use of rewards in a home using the CARE model. Occasionally, respondents described some very poor practice in relation to how they were treated by staff, such as being ignored when requesting help, but it was not possible to tell whether this was because these staff had not been trained in the model or because they were not behaving as professionally as their colleagues. As evidenced in the last section, young people are particularly insightful about, and sensitive to, the challenges that lie ahead, and their concerns about leaving care reinforce the need for schemes such as the 'Going the Extra Mile' (GEM) scheme² and a systematic approach to care leavers. In so far as the therapeutic approaches introduced into residential care settings in Northern Ireland emphasise the development of competence and resilience, this is to be welcomed from the point of view of young people's self-identified needs.

² The 'Going the Extra Mile' (GEM) scheme is a social services scheme to provide continued care and support to young people by enabling them to stay with their foster carers when they reach the age of 18. It was set up in 2006 and is available to young people aged 18 to 21 years.

Appendices

A1 Format and content of the phase 2 interviews with children and young people

1 Introduction

- Greetings and establishing rapport
- Purpose of the interview; why/how selected; duration and structure of the interview
- Young person's rights as a participant
- Reminder that they can stop at any time, ask for questions to be explained or put differently, refuse to answer some questions and so on
- Certificates of Involvement and £10 vouchers
- Agreement to continue, thanks.

2 About where you live

- How long have you lived in [name of home]?
- What did you think when you first arrived?
- What is the nicest thing about living here?
- What things about [name of home] do you not like so much?
- Have there been any changes since you were here in how [name of home] is run?
- *(If 'yes', follow up with queries about nature of changes, impact of changes, young person's perception of changes and so on.)*

3 About the staff

- How well do you get on with the staff here generally?
- What is the most helpful thing about the staff here?
- What things don't you find helpful?
- In what ways has being here helped you? (if any?)

4 Ask these questions where relevant (homes where changes are clear or recent)

- Have you been told about/noticed any changes in the way [name of home] is run?

- [Name of home] uses a particular approach called (for example) [term used in the home]. What difference do you think this has made/makes to what it is like to live here? (*Prompt for impact on staff–resident relationships, child–child relationships and so on.*)
- What do you understand about this approach?
- Would you recommend this as somewhere that would be helpful to other children or young people who could not live with their parents, for whatever reason?

5 Future

- What changes would you like to see happen in where you live?
- What could be done differently within the home?
- Can you suggest any improvements?

A 2 Arrangements/format/content of interviews with young people, including consent and achieving best evidence

Process for securing consent/assent

The process for securing consent and assent from relevant parties in the study is outlined in the flow chart in Figure A1. The process for establishing whether or not a young person has the capacity to give informed consent and if so, how best to secure this, was set out in our submission to the Office for Research Ethics Committees Northern Ireland (ORECNI). Given the sensitive nature of the study the process was designed as follows:

Step 1: The research team liaised with the home manager (home managers) to ascertain whether, in their opinion, a young person had the capacity to give informed consent, using the same processes/guidelines normally used within the trust for that purpose.

Step 2: If the home manager thought that the young person had the capacity to give informed consent, they contacted the social worker to ascertain their view and secure their agreement that it was appropriate to involve the young person in the research.

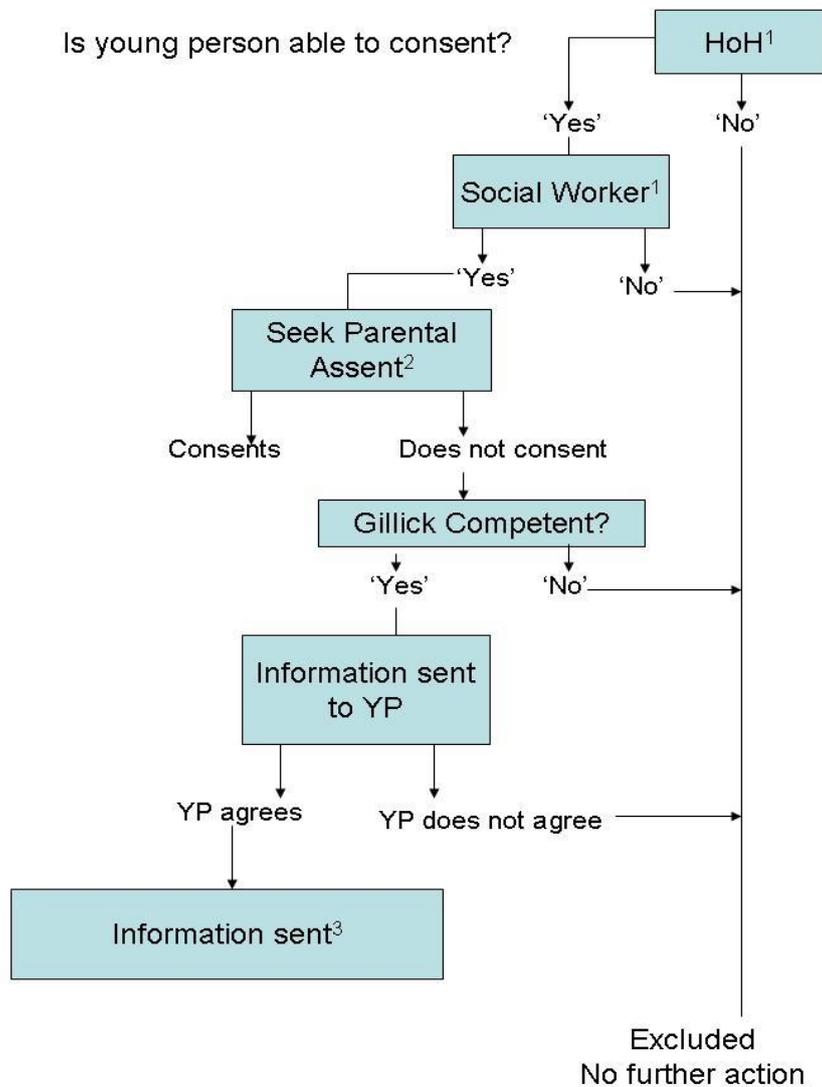
Step 3: The home manager and social worker then agreed who was best placed to talk to the parent to secure their consent/assent. We use the term 'assent' in the diagram to indicate only that we are not seeking written consent. However, so that there is a record of the discussion and a record of the parent's view, we asked the person who has liaised with the parent to write to them confirming the outcome of the parent's response.

Step 4: If the parent agreed OR, in the case of young people aged 16 or above, if the parent did not consent but the home manager and social worker felt that the young person was 'Gillick competent', then the young person received an invitation to take part in the study from the research team. We had a clear arrangement in relation to each child (with the home managers) as to who communicated parental assent to the research team.

Step 5: If the young person indicated a willingness to participate, a member of the research team arranged a time and date to meet with the young person to explain the purpose of the study and what would be involved. The researcher then gave the young person a week to consider whether or not they were prepared to participate in a semi-structured interview. At the end of the week the researcher contacted the young person to arrange a suitable time.

Information: The information sheet was available in an appropriate form and language, and outlined the purpose and nature of the research, what it involved, including any benefits or disadvantages to them taking part. The information sheet also clarified issues such as confidentiality, consent and right to withdraw at any time, up to the time of any report being published. The information was provided in age-appropriate language and accessible formats were available if required.

Figure A1: Consent process



Notes:

¹ See step 1 above. HoH = Head of Home, of Home Manager

² See steps 3 and 4 above.

³ The young person may withdraw at any time or decline to answer specific questions. The researcher will ensure that the young person is aware of this through the process, that is, consent is not a 'one-off' event.

Approach and process/achieving best evidence

Preamble: All Institute of Child Care Research (ICCR) staff, including those involved in the study, have the necessary experience to assess the competence of minors with regard to the Fraser Guidelines. All staff are trained in child protection and have been Access NI checked. They are used to considering their own conduct and personal behaviour as well as how they relate to and treat others during their research. They are committed to respecting the rights and dignity of all those involved and are committed to involving children meaningfully in research.

Basics: The research team knows that in seeking to interview young people in residential care they are seeking to interview vulnerable young people in their own home. They will therefore respect the context in which they are working. Unless the young person wishes otherwise, the researcher will seek to interview the young person in a place within the home that is deemed appropriate (in consultation with the head of home) and that affords privacy and a reasonably quiet place for the interview.

The interviewers are aware that young people will have very different feelings about where they are living depending on their history (distal and proximal) and recent events and issues that may be going on for them. If advisable and/or appropriate, we could build in checks with the home managers to ensure that it remains appropriate for the appointment to go ahead.

Settling the young person: The researcher will take time at the outset to ensure that the young person is comfortable and settled, and clear about what is going to happen and what their rights are (see above). The researcher will typically ask a few general questions that have nothing to do with the content of the interview, but that are not personal or likely to raise any personal issues for the young person before embarking even on the explanations described above.

Pacing the interview and taking stock: At each of the five sections of the interview, the researcher will say something like: 'I'm now going to ask you some questions about what it is like to live in [name of home] [if relevant: since the staff made the changes to the way things are done/run]. Remember, if you want to stop the interview you can at any time or if you don't want to answer a question, that's fine. OK?'

Taking responsibility: If the interviewer thinks that they haven't made a question clear, they will check this out with the young person, for example 'I'm not sure I put that very clearly, what I mean is...'. Interviewers are trained to leave enough space for children/young people to think and take their time to answer, but also to spot when this is becoming uncomfortable for them. They will not leave young people struggling or feeling that they are not 'delivering' or 'performing well'.

Managing distress: If a young person becomes distressed, for any reason, the interview will be terminated immediately and – normally with the young person's consent – the interviewer will inform a member of staff that the interview has been terminated due to the young person becoming upset. We will ensure that a worker in the children's home is available to debrief the young person, if necessary, after the interview.

Ending interviews: The researcher will end the interview by confirming the helpfulness of the interview to the study, the value they place on their contribution and an

appreciation of the time the young person has given and the information they have shared. They will give the young person the Certificate of Involvement and the voucher of their choice (or arrange for it to be sent later with a thank-you note). This will be given to all young people who participate, irrespective of the degree of their involvement. The researcher will also ask if the young person would be willing to take part in another two, much briefer interviews.

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Providing more effective care to children and young people is at the heart of the rationale for introducing therapeutic approaches within the residential care setting. These children and young people are among the most vulnerable in the care system and in society more generally. It was important, therefore, to explore their experiences of what staff regarded as a major change and improvement in their lives in care.

This document reports the findings of 29 interviews with young people in residential child care across the five health and social care trusts in Northern Ireland.

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