

## **Therapeutic Approaches to Social Work in Residential Settings – SCTV Film**

[Opening Scene]

When you come in you can either have positive or negative feelings when you come in here so there's different things if you read through some of them there. There's positive sayings, there's negative sayings, there's different feelings sitting all throughout this table. So you might feel guilty that you've put your Mum and Dad or foster parents or different things under pressure when you've come in.

**Narration:** This psycho education session offers young people the chance to express their feelings. It's an example of one of the new therapeutic approaches to residential child care that have been introduced in all the health and social care trusts in Northern Ireland. Each trust has used a different model; three come from America: ARC – Attachment, Regulation and Competency, CARE – Children and Residential Experiences, and Sanctuary. One trust has introduced a model commonly used in Europe – Social Pedagogy and another has developed its own model based on attachment theory. All the approaches are working towards a common goal.

**Sean Holland:** When we talk about a therapeutic approach we're talking about being able to develop a relationship with these young people which helps them come to terms with the trauma they've experienced, understand it and find ways of moving on positively from it. I think sometimes when people use the word therapy it's a little bit like magic and it's a bit mystifying but it's not really, it's simply about being able to have a relationship which heals.

**Narration:** The Institute of Child Care Research in Belfast has evaluated the different approaches.

**Professor Geraldine MacDonald:** Quite a few of the children said that they had noticed some difference, they felt that staff – that relationships were better in the home. They felt that the atmosphere was calmer, that staff were less punitive in their response and there was less emphasis on sanctions and staff were more likely to try and take a problem solving approach and to understand what was happening and to work it through with the children. And some children felt that staff were more available to them.

**Narration:** Lakewood is a regional secure unit in Bangor with sixteen places for children and young people who are considered to be a risk to themselves or others. These are some of the most challenging youngsters in the care system. As part of the regional introduction of therapeutic models Lakewood began to change its approach three years ago.

**Alison Wilson:** We really felt that we needed to be doing more than managing behaviour that we really needed to be helping the young people deal with what was underlying the behaviour. Through a long process of maybe realising that we were missing something, an audit of the young people's life experiences and backgrounds, that highlighted that they all had experiences trauma and I suppose this was something that we already knew about but the audit also highlighted that we were actually directly dealing with it.

[Kitchen Scene]

**Young Girl:** And then do you put chocolate on them?

**Woman:** Yup.

**Narration:** At Lakewood the Sanctuary model was chosen.

**Andy Bridges:** It's an organisational change model, so it approaches the whole organisation and the whole environment for the young person; it focuses on trauma and what we've done through the training and the whole implementation is made staff more trauma-informed so they understand more how trauma impacts which then leads them to be more trauma sensitive. So hopefully they can interpret young people's behaviour with a different framework than perhaps they had before.

**Narration:** Sanctuary was introduced slowly over a period of time with every member of staff receiving training.

**Greer Wilson:** The initial response would have been some degree of cynicism or scepticism; there was that sense of there's this constant flow of change that runs through the agency and we can never get settled on one thing and embed it and do it properly.

**Narration:** One of the key elements of the sanctuary model is the community meeting held once a day when everyone, young people and staff, is asked three questions: how are you feeling, what are your goals for today and who will help you achieve them?

[Community Meeting Scene]

**Daryl:** How are you feeling today?

**Meeting member two:** I am good, yes; I'm feeling happy and positive today.

**Daryl:** Any goals for this afternoon?

**Meeting member two:** I do have goals just to have a pleasant afternoon and I've got some paperwork things that I need to do and, yeah, all good, just have a good day.

**Daryl:** Who's going to help you with that?

**Meeting member two:** Erm, Esther can help me, Michelle round the front and you guys and other staff on duty.

**Andy Bridges:** It's about emotional intelligence, it's helping young people and staff understand that the feelings they have aren't necessarily bad, it's how they act on those feelings.

[Community Meeting Scene]

**Meeting member three:** How are you today Daryl?

**Daryl:** A wee bit annoyed but I'll be alright.

**Meeting member three:** Have you got any goals that you wish to achieve today?

**Daryl:** Go out with my ma later on.

**Meeting member three:** Good goal, good goal. And who can help you with that Daryl?

**Daryl:** The staff at the centre.

**Meeting member three:** Very good, thanks very much.

**Daryl:** No problem.

**Narration:** The scepticism that some staff had felt did eventually disappear.

**Greer Wilson:** I think we felt that over time as we began to see tangible benefits of the model.

**Narration:** One of the striking aspects of the Sanctuary Model was the way in which everyone, even the kitchen staff, was involved in the training.

**Ann Crossland:** When the Sanctuary Model was brought in it was very calming for people to learn how to deal and how to cope with different issues which beforehand you didn't really know what to do beforehand. But it was nice to be able to read different ways from the module of how to deal with it.

[Classroom Scene]

A desert island, ok, you're marooned on a desert island, you're ship's sinking, ok, and you can only bring one thing with you. Daryl?

**Darryl:** A girl, to give me comfort, and if I get comfort and I'm bored of comfort, to keep me warm.

**Narration:** All the models that have been introduced across Northern Ireland seem to be working well. The young people interviewed by the evaluation team say that relationships with staff are good and they are learning to talk to them about their feelings.

**Daryl:** It's hard, but at the same time it's easy if you get on with a staff member. If you like them, if you like her, you can talk to them about stuff. You can trust them.

**Migle:** Helped me deal with things better. Talk about things and all rather than kicking off all the time, going nuts.

**Daryl:** I didn't want to come here, but I had to come here. So it made me angry coming here. Then I got on with a lot of people in here, so it made me feel a bit better about the place. Then it has its ups and downs.

**Migle:** Whenever young people have had bad things experienced in their life, it's hard to open up and all. So, like, wee bits, you know...talking about trauma and all, and definitely people sharing their stories. It can help you and all to build your confidence. To open up more and talk about things rather than closing everything down. Just kicking off about it and people not knowing why you are kicking off.

**Narration:** Another important aspect of the Sanctuary Model is the safety plan which everyone wears. It indicates how they can be helped to manage their feelings.

**Greer Wilson:** People felt daft going round with a piece of plastic clipped to them until we realised the benefit of them and we could see the actual practical benefit of our young people having a list of strategies whenever they're reaching outburst that we can say "look, why don't we go and play a game of pool".

**Narration:** Staff in all the trusts who spoke to the evaluation team reported that relationships with the young people were much better as a result of the introduction of the new models.

**Andy Bridges:** Relationships have improved between young people and staff. Staff understand behaviour, there's less use of sanctions, the environment is better, it's more therapeutic, more healing both for the young people and staff. There's less of the them and us culture.

**Professor Geraldine MacDonald:** The experience of staff implementing these approaches was that it made an immense difference to how they felt about their job. They were able to think differently about the children they worked with, to take a

calmer, more considered approach. The models focussed staff's attention on the children's previous experiences before they come into care. The training in the models helps staff to understand how that impacts on children's lives and not only the maltreatment itself but the things which accompany it, really, like damaged attachment relationships, inability to regulate one's own emotions. So children in care are often very difficult to handle because they don't have good problem solving skills, they don't have good interpersonal skills.

**Narration:** The key to the successful implementation at Lakewood, and in the other homes too, has been careful planning, extensive training, a commitment from the top, but above all, the inclusion of all staff.

**Andy Bridges:** I think involving people has been the key and I wouldn't pretend that we are using Sanctuary to the hundred percent markers yet, but it has definitely engaged us in paying more respect, perhaps, to our staff, seeing the value in all our staff, and I believe it's given them a voice. So involving as many appropriate people as possible in the process, giving them degrees of rights and responsibilities has been extremely useful.

**Narration:** But training is expensive. So do the new approaches offer value for money?

**Sean Holland:** I think anything that improves the life outcomes for young people in the care system is almost inevitably good value for money. When we look at what happens to young people for whom the care experience hasn't worked, the cost to society is huge. Now, if we can invest in that care experience to make sure that it's a positive care experience, and reduce those likelihoods, it's going to be great value for money. But, much more importantly, it means people will have a better chance at leading a fulfilling life.