



**Behaviour Support Programmes**  
for  
**Looked After Children**

By

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## Introduction

This document is a commentary on what I observed and learnt as a Winston Churchill Memorial Trust Fellow. My journey started here in Leeds when I decided to make the initial application.

Leeds City Council vision is to be a Child Friendly City. The children and young people plan outlines 12 priorities of which 3 are obsessions; to reduce the number of looked after children, reduce the number of young people not in education, employment or training and to raise school attendance. We have 3 universal behaviours giving us the tools to focus and support the 3 obsessions, these are; outcome based accountability, children and young people's voice and influence and restorative practice.

Since leaving university in 2001, I have been working with vulnerable and challenging children and young people in many different settings. In 2011, I became a Training and Development Manager for Children Services Workforce Development Team. One of my responsibilities is to coordinate and deliver a behaviour support programme, for residential and foster care colleagues, called Therapeutic Crisis Intervention (TCI), designed by Cornell University in New York. Behaviour support is crucial when working with vulnerable and challenging children and young people.

Through the introduction of a dedicated Therapeutic Crisis Intervention team in 2006, Leeds residential care has significantly reduced the amount of physical interventions whilst still maintaining a safe environment. I wanted to explore models of good practice to support colleagues to further reduce aggressive incidents and to magnify staffs restorative practice behaviours. This good practice would also benefit me in my charity work. As an addition, I continue to manage a charity and work with vulnerable children and young people on a weekly basis. I wanted to ensure my practice is relevant in meeting the young people's needs.

I was awarded a Fellowship in 2014 to explore models of practice in behaviour support in New York and Connecticut. I visited 4 organisations that work within the welfare system. I attended Waterford Country School in Connecticut, NY Foundling, Learning Springs and Good Shepherd Services based in New York City.

This document follows a chronological journey to my study, noting my observations, discoveries and recommendations. It concludes by outlining my short and long term goals.





### Waterford Country School in Connecticut

[www.waterfordcountryschool.org](http://www.waterfordcountryschool.org)

Waterford Country School employs 250 staff within residential, foster care and school programmes. Waterford uses Therapeutic Crisis Intervention (<http://rccp.cornell.edu/index.html>) and supported Cornell University to pilot the CARE principle model. All programmes have their own team of care staff, social workers, nurse and clinical psychologists. All staff work from the homes where the children and young people live. I will explain the different programmes and then explain their holistic approach to behaviour support.

Waterford has numerous contracts with Connecticut State, each providing a particular service for each of the 5 regions.

Waterford programmes use internal trainers, supporting the organisational culture in learning and development. The internal trainers have a greater understanding of policy and procedures, operational systems and are present in the workplace.

### Waterford's Shelter programme

Shelter is a short term, 60 day assessment centre and sometimes used for short breaks. The state determines the length of stay and a common length is four months. Many young people are from detention centres, mental health hospitals and multiple placement foster care. Both the city and state audit provision annually.

The programme can host up to 18 young people, usually up to the age of 18yrs. (Adult services are involved after 18yrs). Usual intake is 11 young people. Shelter receives limited information from social services, however do receive information on any medication or if sexually active as this informs which bedroom the young person is allocated. The initial 30 day assessment recommends where young people would be best placed e.g. kinship care, foster care or residential. A scored treatment plan is reviewed fortnightly, evaluating if the young people are reaching their goals. The



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boys and girls live at opposite ends of the building. Most young people share rooms. There is some single occupancy. All bathrooms are shared. Young people do chores in the living space, bathrooms and bedrooms to receive \$5 a week pocket money. The surrounding area is very rural with limited public transport. Like the rest of the community, the young people rely on staff for transport. Shelter tries to keep young people in their home town school, travelling up to an hour each way. This encourages consistent supportive relationships and networks such as friendships and teachers. Connecticut is a large state so where travelling is too far to attend their home town school, the young people attend Waterford school.

Staff Ratio is; daytime 2 staff: 6 kids and night time 3 staff: 6 kids. The minimum qualification for staff is a high school diploma. BA is becoming more of a requirement. Supervisors and management must have BA, many have MA. Staff must complete training in; CPR (1<sup>st</sup> Aid), Therapeutic Crisis Intervention, CARE principles and meds certified (distributing medication) which is a 5day course, renewed annually.

Therapeutic Crisis Intervention - Individual Crisis Management Plans (ICMP's) are documents that explain what the individual young person's behaviours look like and what de-escalation techniques should be considered. Shelter have colour coded ICMP's which highlights risky behaviour and if physical restraints can be used. Restraint ICMP's are reviewed every fortnight. Young people help to complete their ICMP. Connecticut state law prohibits the use of the prone restraint and therefore will not be considered as part of the individual plan.

Shelter has good post crisis response (PCR). After an incident, staff will debrief to explore the incident in detail. Staff will consider what behaviour support techniques work well, what could be done differently and for ICMP's to be update. The CARE principles will be discussed as part of a debrief.

### Waterford's Safe homes programme

The programme is to stabilise and assess children age 3-12yrs when they first come into care. Contracted by the state to stay 30 days, however they usually stay between 45 - 60 days. The programme has had over 1300 children in 14 years. The provision has 28 beds; two 10 bed cottages and one 8 bed cottage. Staff ratio- 1 staff: 3 children. Many children came from families living in poverty and returned home when the family stabilised. Some children were referred due to abuse and neglect and would move into foster care. Siblings are always kept together and so sometimes children under 3yrs and over 12yrs lived in the home. This provision costs \$299 per day.



Recently there has been a political change in Connecticut. The new regulations re-directed the welfare focus which has seen a reduction of the amount of safe homes; from 16 to 5 safe homes contracted until 2016.

In 2013, Waterford designed S-Fit for a similar client group. The Department of children and families (DCF) will refer families who are in crisis to try and prevent a family breakdown. A family team meeting is organised where the family can bring anyone to support them e.g. extended family members, friends and/or religious leader to discuss the issues and the long term goals. It's a voluntary programme and identifies strengths for the child and family. The child can stay up to 2 weeks at safe homes to stabilise and live in a therapeutic milieu, participating in the arts, camp activities and using the farm provision. The clinician will work with the child and offer 6 family sessions. It will address the identified crisis and restore equilibrium. The programme has supported 40 families. All children have remained in the family home.

### Waterford's Residential care programme

Recently, the state aims to keep children and young people with biological family members or refer to foster care, therefore Waterford noted the state are referring young people who are demonstrating more challenging behaviour. The programme receives more young people from detention centres and mental health establishments. The State employs a regulation body- PMI who audit (including building inspection) the programme every 3 months. If there are several audit concerns, the administration have the power to shut the programme down.

There are 18 young people living in 3 homes all situated on the same site. Waterford can accommodate 36 young people as they can share bedrooms and bathrooms. Young people do not receive weekly pocket money. They receive \$150 every 3 months for clothes and must go shopping with staff. Haircuts and all toiletries are provided by Waterford. Young people may have mobile phones if provided and paid by biological parents/families.

Each home has a dedicated team, staff ratio: 1 staff: 3 young people, social workers, nurse and clinical staff. The clinical psychologist helps the child in every perspective; living in the home, relationships, medical and education. There is a consistent message across the whole staff team. Each clinician is responsible for 6 young people. There are weekly clinical sessions, however the clinician sees their young people every day as they are based in the homes. It helps to have quick informal discussions and build relationships. The young people can ask to talk to their clinician at any time through

the day and they spend quality time going to the onsite farm or 1-1 activity. The clinician leads on family sessions fortnightly, building positive relationships as part of long term plans. The clinician also leads on home/group therapy. Topics include; first impressions, self- esteem, coping skills, mindfulness and last 30-40mins. Clinicians train staff in attention deficit hyperactivity disorder, bipolar disorder, autism and anorexia.

Behaviour support is identified in the young people's care plan. This is reviewed in a monthly meeting attended by clinical staff, all care officers, manager, state representative (usually a social worker) and the young person. The meeting starts with a circle stating what they like about the young person, focusing on the young person's goals and progression made. Medication is discussed as part of their behaviour management, any issues and concerns are discussed reviewing the Individual Crisis Management Plan. I attended a meeting and I felt the young person did well to stay in the room as it was challenging to hear all the comments even said positively.

There are 3 house meetings a day aiming to neutralise feelings from school, clarify the days schedule and to gauge the young people's emotional state. Activities are timetabled throughout the day, evening and weekends. Staff plan activities to meet individual therapeutic objectives. Young people must be in their rooms on shift change over. The CARE principles articulate; rules are created for safety and therefore all routines are expectations that can be negotiated, changed or dropped, consequences are natural or logical. Staff assess if the young person is willing and able to complete a task increasing the chances of a positive outcome. Since the implementation of CARE, there are less triggering events and incidents. The organisation will contact the police for stealing or assault. The police follow their procedures and will charge and convict.

### Children and Residential Experiences (CARE) programme

Therapeutic Crisis Intervention programme was designed by Cornell University Family Life Development Centre. In the 1970's they were initially commissioned by the New York state to study allegations of abuse within the welfare system. Their investigation highlighted the majority of cases were due to staff dealing with children's challenging behaviour. From this study, Cornell developed a behaviour support programme intending to reduce the amount of allegations. Today, the Therapeutic Crisis Intervention is a restraint reduction system and is delivered internationally. It identifies a number of strategies to de-escalate crisis behaviour reducing the number of restraints. The Family Life Development Centre invests time



and resources to ensure the programme stays current. It is researched informed and pools good practice from their international colleagues.

The Family Life Development Centre believes an evidence based framework is essential for good practice. They have developed a framework, CARE, to increase opportunities throughout the day in routines, staff-child interactions and recreational activities to support developmental growth. CARE uses a set of principles to marry a holistic approach;

- developmentally focused
- family involved
- relationship based
- competence centred
- trauma informed
- ecologically orientated

A framework supports the organisational culture to shape a set of principles that staff can understand and work from. Organisation structure; supervision, documentation, training and development, routines and boundaries are designed through the lens of the CARE principles. I attended CARE training for one day and worked operationally under the principles. Staff knew the difference between the organisation values and their personal values. E.g. returning to the residential home at a certain time is about *safety*. Going to sleep is an *expectation* and therefore can be *negotiated*. Being *trauma informed* reminds staff that traumatised young people may find night time difficult.

The CARE principle model examines the organisation's values. Some staff have found this difficult as it has identified differences between professional and personal viewpoints e.g. when to use consequences. Some staff struggled with the CARE model as it required individual staff to use different 'parenting' strategies. Staff received training to remove any danger of misinterpreting the principles. I believe this gave the staff a greater understanding and permission to respond to individual need rather than sticking to overarching rules that in my experience can cause conflict and aggressive incidents. The young people still pushed boundaries; however I saw few aggressive outbursts and much more negotiation.

### Key recommendations

- To research the CARE principle base model further as a way to compliment a behaviour support programme reducing aggressive incidents.



- To share good practice with similar programmes e.g. Shelter and Leeds assessment provision. Safe Homes S-Fit programme restabilising families preventing family breakdown and children coming into care.
- To feedback organisation staffing structure which includes clinician staff based on-sight.
- Activities for young people are designed through a therapeutic lens.



## LearningSpring School

A place for children on the autism spectrum to learn, to grow and to belong

### Learning Springs school for autistic children

<http://learningspring.org>

The school is a non-public service for all 5 boroughs of New York City. It has a contract with the city funding student places for those that have an IEP- individual education plan. The school is contracted to teach 50% academic subjects and 50% social skills. The building is purpose built, all lights have dimmers, reflective glass for windows, sensory rooms and gym. There are 108 students, aged 5- 13yrs. The lower school has 8 students in a class and the higher school has 12 students in a class with 1 teacher and 2 assistants. There are 4 speech therapists, 4 occupational therapists, 2 psychologists, 2 social workers and a nurse at the school. Students receive 30 min sessions with specialised staff 3-4 times a week. Occupational therapists facilitate group work sessions with the students. Most of the students are on medication to their support behaviour. Many families at the school have nannies to support respite which we in Leeds now call Short Breaks. Staff weren't aware of a service who solely offer a short break service. If they're eligible to access funding for short breaks, most families would hire a person. Applications are based on the students IQ, developmental and life skills functionality which school can offer data from the Individual Education Plan. It is the family's responsibility to complete an application.

Each student has a functional behavioural assessment - FBA, which is a behaviour plan to increase positive behaviour. Weekly child study meetings discuss any needs. Teacher, social worker, psychologist, speech therapist and occupational therapist will attend the meetings. The school conducts a point system tailored to student capabilities. E.g. can take timeout to talk to staff if they are attention seeking. Each student has a goal sheet and reward chart. Parents are informed of their progress or if it's been a difficult day. Consequences are not attached to goal sheets.



There are check in's before each period starts and each student has a memory diary explaining the day activities as well as schedule tabs on desks as prompts. The school uses a problem meter 1-5 highlighting each problem differentiating issues that can have different levels of emotional response.

There are 5 Therapeutic Crisis Intervention trainers and they are called to support any incidents in the school. De-escalation behaviour is a big philosophy. The organisation concentrates on promoting and using behaviour support techniques, using Therapeutic Crisis Intervention skills pyramid; self-awareness, crisis co regulation and Life Space Interview. There were 4 restraints in 2014 academic year. Learning Springs do not train all staff in restraints and believe this reduces the amount of restraints used. The school struggle to train staff due to the initial 5 day course. Individual Crisis Management Plans are reviewed annually.

The school has a break room on every floor. The room is the size of a school book/resource cupboard, has padded walls and a timer. Students will be asked to go into the room if they're physically aggressive. Staff must remain in the room with the student. They can leave the room but most students don't. This is not recognised as a Therapeutic Crisis Intervention technique and Leeds Therapeutic Crisis Intervention team would require physical intervention documentation to be completed. Leeds Therapeutic Crisis Intervention would not recommend this as good practice.

This ended up being a shorter visit than originally arranged. The social workers and clinical staff were onsite providing intensive support to the students. The purpose built building made managing the environment within behaviour support much easier, giving more options to work with young people with different sensory requirements. Due to the short visit, my observation was limited and most of my time was spent in meetings with adults only.

I have observed good practice in Leeds when working with autistic young people; the settings do not have break rooms as part of their behaviour management.

### Key recommendations

- To feedback organisation staffing structure which includes clinician and social work staff based on-sight.
- To recommend practical behaviour support techniques to staff.
- To highlight and celebrate Leeds successes within behaviour support.



## Camp Felix

<https://www.nyfoundling.org/program/camp-felix/>

Camp Felix is a partnership between NY Foundling and Felix Foundation. It is to offer welfare children who access NY Foundling services an opportunity to experience a camp and consistently continue to support developmental skills. The main purpose is that children and young people are given an opportunity to engage with activities they would find challenging such as swimming and climbing, have fun, feel a part of a group, create positive memories and continue to tackle their post-traumatic stress.

Staff received training for a week before camp starts, including 2.5 days on Therapeutic Crisis Intervention. Many counsellors were camp members and work for Haven, NY Foundling School with 330 students in the Bronx. They also encourage young people age 13yrs plus to be 'counsellors in training'.

Camp Felix runs for 4 weeks in the summer and targets children aged 8-15 yrs. Children attend between 1-2weeks, however some stay for 3weeks. 60% of the children and young people are diagnosed with attention deficit hyperactivity disorder and are on medication. The camp leader, a social worker and I discussed misdiagnoses of attention deficit hyperactivity disorder which can exhibit similar behaviours to post traumatic stress symptoms. We also discussed that for some children, medication provides time for the child and professional to explore their mental health whilst for other children it stunts personality, masking the real underlying issues.

Each cabin consists of 18 children and young people and 3 staff; counsellors (aged 16-25yrs). The camp has strong routines and boundaries with each group participating in



3 activities a day between meal times. Chores are done by the children and young people.

The children, young people and staff replicate a high positive energy vibe. The day starts with a morning shout out, very similar to restorative practice circles. They are a mixture of greetings, high fives, positive comments to each other, reflecting on activities and feelings on forthcoming events. Music accompanies all activities including meal times controlling energy and mood. Dancing and singing is encouraged within transition periods. I discussed with Camp Felix staff the idea of creating a high energy, activity led day in terms of managing behaviours. Within post-traumatic stress and attachment disorder children and young people have a tendency to create their own 'chaos'; usually negative, noisy, hectic and busy surroundings. By creating a positive and high energy environment using music, cabin chants and a full schedule, it gives the familiar sense (feeling comforting and safe) whilst maintaining structure. Staff are constantly with the children and young people, listening, developing relationships and being positive role models. There are camp chants/songs that staff or children and young people can lead. It brings camaraderie, relieves any boredom and contain empowering messages e.g. sisterhood and being proud of oneself.

Camp Felix has strong setting conditions. Staff stay with their group, all activities are visually time-tabled, staff focus on positive behaviours and ignore the negative such as not wanting to participate. The camp organises activities the children and young people were interested in such as DJ session. They learnt to use decks and had a dance off. It was TJ Mizell who delivered the workshops giving credibility amongst the children and young people.

Whilst at the camp, two separate fights occurred between the boys. On both occasions staff physically picked up a boy to separate them. Once apart, staff and the boy would walk and talk until they calmed down. I saw no documentation completed. The boys received no punishments or consequence and were encouraged to get straight back into routine. A little later staff encouraged the boys to talk to mend their relationship with each other.

### Key recommendations

- To further research post-traumatic stress disorder to devise appropriate provision.
- To explore how staff and foster carers can develop an environment throughout the day that meets the needs of the children and young people such as a high energy, activity led timetable.

- To continue using Restorative Practice, relating the overlapping theories to practice; such as attachment, child development, behaviour support and neurobiology.



Good Shepherd Services

<http://www.goodshepherds.org/>

Good Shepherd Services was founded in 1847 by a Good Shepherd nun in France to support children who were homeless. At present it offers 88 programmes in New York City with over 1000 staff. Good Shepherd Services support programmes within foster care, residential and non-secure settings. Each programme has a separate contract with the city or state. To be consistent, Good Shepherd Services uses Therapeutic Crisis Intervention and Sanctuary. Some programmes will also marry models of good practice due to contractual arrangements or legal requirements.

Good Shepherd Services invest in developing internal trainers as they believe it reduces incidents. Internal trainers have a greater knowledge of policy and procedures and are a stable support within the organisation offering assistance where needed.

Through Good Shepherd's trauma assessments, they found girls were more violent and pro-active and boys were more avoidant, introverted, disengaged and depressed. As an organisation they comply with New York State who prohibits the use of the prone restraint. Good Shepherd Services strongly believes in taking every step to de-escalate the situation before physically intervening. Like Leeds, staff will manage the environment, verbally encouraging a young person to calm down. Staff need to role model good behaviour for a child to learn new coping strategies with a goal to prevent re-traumatisation. Looked after children in New York are assigned a lawyer as part of

their looked after status. Good Shepherd Services staff may phone the police in a violent situation to avoid the risk of prosecution. Police will follow their charging procedures if involved and do not consider reducing criminalising young people.

### Sanctuary principle model

<http://www.sanctuaryweb.com/sanctuary-model.php>

Good Shepherd Services adopted the Sanctuary principle base model and is implemented across the whole organisation. There are four pillars to Sanctuary:

- 1) Being trauma informed allows staff to assess behaviour, preventing crisis incidents. Good Shepherd Services delivers 6 hours of neurobiology training, looking at brain development, post- traumatic stress, attachment and loss. Its purpose is for staff to engage with children and young people recognising their loss. One director explained;

“If a child had the flu would you send them to play sports? No, you’d nurse them to health. We are therapeutically doing the same with pain based behaviours”. “We need to support them through developing relationships opposite from what they've had before.” “Children and young people already have survival kits, they need emotional management”.

- 2) There are 7 commitments; nonviolence, emotional intelligence, social learning, shared governance, open communication, social responsibility, growth and change. Each principle is fully explored within staff training. Staff engage the young people through art, group work and the incentive programme. Young people are encouraged to own the principles, reflecting where they can be used in their lives exploring their rights and responsibilities.
- 3) SELF - Safety, Emotional, Loss and Future. Young people and staff concentrate on the four components acknowledging and recognising the impact of historical events as well as focussing on the future. They explore what does **safety** (physically, emotionally and psychologically) mean and what areas of safety needs improving. Young people will explore increasing their **emotional** intelligence and developing self- regulation skills. The young people create lifeline posters and essays to understand personal patterns of behaviour and coping strategies. They explore what **loss** means to them and are the losses a factor in recent behaviours. Young people will explore their **future** thinking of things to look forward to and realistic short/long term goals.

4) The Sanctuary tools used consistently across all the programmes are;

- Safety Plan. All staff and young people have a keycard with 5 bullet point 'plans'. They are created by the individual and are used when feeling stressed or angry. They are realistic coping strategies that can be used anywhere to de-escalate negative emotions. The plan encourages self - regulation strategies.
- Young people are rewarded using an achievement system. All privileges, curfews, allowances are attached to the Sanctuary achievement system. There are four levels; Leader, achiever, striver and orientation level. Each level has a points system allowing young people to achieve top of their level in two weeks. Points are earned for respecting staff, making their bed, doing chores, going to school on time and attending all activities e.g. circles three times a day. No points are deducted and can only be earned. To put this in perspective, for residential care home, an 18yrs old who attends activities, school, does their chores and is polite will have a 1am curfew on weekends and 10pm on a weekday. Curfew for 16-18yrs is 10pm on weekends and 8pm on weekdays.
- Reflection phase is for young people and last up to 7 days. It is a reduction in activities and privileges to reflect on unique struggles to get back on track
- Red flag meetings are attended by the young person, social worker, care worker, clinical staff and manager to discuss the risky behaviour and a way forward.

Sanctuary and Therapeutic Crisis Intervention complement each other very well; building relationships, looking underneath pain based behaviours and teaching new coping strategies. Good Shepherd Services discussed their challenges to embed Sanctuary and Therapeutic Crisis Intervention. The majority of the difficulties were staffs ability to clearly understand young people's trauma based behaviours. Staff would challenge through our society formula; rules base conformity meaning consequences to actions and therefore couldn't differentiate to meet the needs of traumatised young people. Children and young people are placed into care usually without their agreement and therefore mostly do not want to engage with the programme. It is the duty of the staff to encourage young people, recognising their progression whilst dealing with their loss and thank the young people for their cooperation.

### Good Shepherd's Marian hall

Marian Hall is a long term residential home (apartment block) based in central Manhattan. There are 30 girls on 2 apartment floors, aged 15-19yrs. staff ratio; day - 1 staff : 3 young people. night - 1 staff: 6 young people. Each floor has social workers, clinical psychologist and share an art therapist. Sanctuary workshops are facilitated by the social worker and art therapist to explore the principles.

Young people receive \$140 for clothes and \$50 for toiletries every 2 months. They can earn an additional \$25 fortnightly as part of the Sanctuary achievement system. They have many visual prompts on the walls, usually made by the young people with the art therapist. These include; weekly timetable and house mission statement supporting the Sanctuary principles. They have a cook who encourages the girls to cook. They have two TV rooms to accommodate Spanish and English speaking young people and can be on from 3pm until bedtime. There are no TV's in bedrooms. The computer room can be accessed after 3pm for an hour and must be booked. Young people can pay for mobile phones from their allowance. Facebook is monitored by staff. They can have their mobile phones in their bedroom, however if misused they don't receive reward points. House meetings (restorative circles) are 2-3 times a day. Visitors are allowed in the foyer for an hour and staff must know in advance. No visitors are allowed upstairs or stay for meals to ensure safety. Young people must save half of any additional allowance. All young people travel to school by themselves on public transport. Any safety rules can come with a financial fine e.g. \$20 fine if a young person doesn't leave the building when the fire alarm goes off.

### Good Shepherd's Euphrasion Hall

Euphrasion is based in same building as Marion Hall on a different floor. It is a short term assessment centre contracted for 30 days. The young people have stayed up to 6-8months depending on the court decision and finding a suitable placement. Staff ratio; day - 1 staff : 3 young people. night - 1 staff: 6 young people The young people must be accompanied by staff when leaving the building. Their school is on the floor below in the same building. The school is called 're-start academy', each room will have 6 young people, a teacher and a counsellor. Residential staff wait on the corridor to be called for support if needed.

There used to be 3-5 restraints a day between Marian and Euphrasion hall. There have been no restraints in either programme for 4 years. Staff and management believe this is due to Sanctuary principles changing staff value base expectations and Therapeutic Crisis Intervention techniques to de-escalate any situations.





### Good Shepherd's Treatment team meeting

Treatment meetings are weekly to discuss young people's progress, struggles, successes and achievements. The home manager, psychologist, residential staff, social worker, care planner (works with family, school, residential staff and is responsible for care plan) attend the meetings. Most meetings will acknowledge young people's losses, emotional state and reflect on the sanctuary principles for young people and staff. Every meeting is opened with a community meeting (restorative circle); "I'm feeling"...."my goal for meeting"... "I need help from".... If ask for help, staff respond- "I got ya"

Good Shepherd Service feels it is important to invest in their workforce supporting and encouraging self- care. A study within trauma was undertaken with 17,421 adult participants in Adverse Childhood Experiences - ACE. The study looked at how early childhood trauma can affect the child. Within the study, some interesting statistical data highlighted social care staff childhood experiences;

37% social care staff experienced emotional abuse as a child (compared to 11% from ACE population)

35% social care staff reported emotional neglect (compared to 15% from ACE population)

40% social care staff reported growing up in a home with an adult misusing a substance (compared to 27% from ACE population)

This data highlights the importance of supporting staff. Vicarious trauma will have an impact on how staff responds in crisis situations and therefore it is highly important they have a toolkit of agreed principles and de-escalation techniques to use.

### Good Shepherd's Non Secure Detention

New York City has 3 tiers within detention; non - secure, limited secure and secure. They implemented the initiative quickly due to political pressure so there are many difficulties such as inappropriate placements.

Non secure detention is an intensive therapeutic provision for young people and their families. The judge will create a placement order for a year. An average stay is 7months in a non- secure unit and 5 months after care at the family home with community support. Under this remit, New York City created 'Close to home' initiative, ensuring non secure detentions were physically located in the 5 boroughs allowing families more chance to visit their children and for the young people to continue to be a part of the New York City community. The limited secure unit are



not operating at the moment and therefore non secure detention centres have had an increase in violent young people who would have been sentenced to limited secure units.

There are 12 agencies that provide non secure units, averaging 6-12 beds. The Criminal Justice department expect agencies to use youth development model and safe crisis management (de-escalation and emergency safety physical intervention). Good Shepherd Services include Sanctuary and elements of Missouri Development Model within their programmes. The programme is based on group work, cohesion and a collective responsibility.

Youth development workers are operational staff and must have a high school diploma. There are 2 supervisors and 1 case planner BA qualified. 1 director - MA qualified. 2 social workers, 2 nurses, a psychiatrist, an education specialist, a recreation specialist and an art therapist shared across Good Shepherd Service. Youth Development staff ratio; day - 1 staff : 3 young people. night - 1 staff: 6 young people (12beds). Social workers work with young people and their families to prepare their return, introducing Sanctuary tools such as commitments and safety plan to the whole family.

3 community meetings are held a day and are compulsory for all staff and young people, they last between 5-30mins. Community meetings can be a reminder for what is on their safety plan, affirmations, focus on strengths or discuss any house issues.

There are no mobile phones, face-book or computers allowed. Each young person will have a weekly research project which they can access a computer with staff supervision.

Sanctuary achievement system is in place. Young people earn points for privileges including speaking and seeing family, bedtimes and more freedom around the building. To gain a higher level and therefore more privileges, the young person will need to present their progress to staff and managers, reflecting on their achievements. Prior to the presentation meeting, the young person needs to complete a phase petition form. The form includes staff, supervisor and peers comments supporting their application to progress to the next level. The presentations start with a check in circle. The young person chairs the meeting. It can be a discussion or a presentation using pictures. The young person will demonstrate what they have struggled with, what they have learnt and how this can be applied in the future. Before I attended the programme I wondered how Good Shepherd Services engaged very challenging young people to participate in Sanctuary. After speaking to 3 girls, they informed me

the initial engagement was to ensure they gained privileges. As time moved on they soon discovered they felt better about themselves, building positive relationships and a sense of achievement. After 3 months the girls wanted to progress, exploring personal issues building self-esteem and self-worth. Staff keep Sanctuary alive and constantly prompt each other and the young people. There are visual and auditory prompts. The director notes once the Sanctuary model is embedded in the organisation, the young people peer educate giving themselves a voice.

### Key recommendations

- To feedback organisation staffing structure which includes clinician staff based on-sight.
- To further research Sanctuary principle base model as a way to compliment a behaviour support programme reducing aggressive incidents.
- To empower young people to take responsibility for their actions and achievements through a set of principles
- To introduce SELF care for staff reducing the impact of vicarious trauma.
- To highlight how restorative practice tools such as circles can be used in social care meetings.

### Conclusions

I found Waterford Country School and Good Shepherd Services highly beneficial due to the principle base models that can be further explored in my field of work. Camp Felix highlighted a programme designed for vulnerable, post traumatic stressed children and young people can support a reduction of negative responses. Using lots of music, dancing, high energy, playing, constant activities receiving a lot of attention is hard work for anyone, however surely far more attractive for children, young people and staff than the alternative negative, cyclic behaviour patterns we often see.

I was encouraged seeing some very vulnerable and challenging young people who were trying to make positive changes in their lives through using the principle model tools. I saw the instant benefits and I'm even more excited about the potential long term benefits. The young people will return to their communities and it will be very hard to continue using principles that is alien to the rest of the community. From a working class, deprived community myself, I see an opportunity of planting principle seeds to see how they internally grow.

I believe progress into being evidence based, trauma and neurobiology informed, using self-care, having a consistent value base structure will empower staff, children and



young people to make informed decisions, further reducing young people's aggressive incidents. I am well aware as part of child development, we need to experience stress and triggering events (feeling annoyed or agitated) so we can learn coping strategies. My intention is not to eradicate these completely. We need to find a balance to teach skills and emotional intelligence so children and young people can self - regulate a lot quicker and more often reducing the numerous low level incidents, increasing positive experiences within foster care and residential homes.

I was delighted to see practical tools in Restorative Practice used much more efficiently such as circles 3 times a day. I believe using circles methodically builds new positive coping strategies and behaviour patterns.

I was envious in all the programmes I visited because the clinical psychologists were a part of the core team. They worked a lot more closely with care staff, children, young people and their families. As they are based in the same buildings, it extended numerous opportunities to shape stronger relationships and consistently action care plans which felt a deeper and faster strategic approach to meet the needs of the child.

Upon reflection, I want to continue tackling Children Leeds 3 obsessions. I propose to develop alongside social care colleagues a set of principles that underpin and compliment Therapeutic Crisis Intervention and Restorative Practice. The principles will marry existing models and programmes we use in Leeds.

Over the next 12 months I will;

- Present my research and recommendations to Children's Services leadership team, residential and foster care management team.
- Design with colleagues a principle based approach that synchronises Therapeutic Crisis Intervention and restorative practice methodology. E.g. Relationship based, Safety, Competency, Trauma informed, Communication
- To pilot the principles in a residential and foster care setting. My role will be advisory and as the trainer.
- To continue designing learning and development opportunities and events which meet the needs of services incorporating the set of principles

Over the next 24 months I will;

- Evaluate pilot phase and plan to embed said principles across the service
- To marry practical behaviour support strategies and principles within residential and foster care settings
- To trial self-care for staff to assess if it reduces vicarious trauma and increases staff interactions with the organisation, children and young people.
- To be research led, studying subjects such as post-traumatic stress, attachment disorder and neurobiology.

Finally I want to thank **Winston Churchill Memorial Trust, Cornell University Family Life Development Centre** and **Children Leeds Workforce Development team** who supported me throughout. As part of my trip I also was able to spend time with many local communities, visit numerous historical and famous sites such as Niagara Falls, Roosevelt home and Yale University art gallery gaining an insight to a vibrant culture. It has been courageous to visit a country by oneself immersing in their culture and every experience has expanded my own world view and I feel honoured to continue as a Churchill Fellow.

