Interview Recording Quin 13:9:21

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**SUMMARY KEYWORDS**

people, kids, relationships, staff, create, support, erm, bit, guess, children, environment, values, team, difficult, terms, behaviour, work, challenging, trauma, staff members

00:01 - Interviewer

Okay, I'll let that go with it. Okay, so yeah, so that's the general question is what helps children recover from their difficult beginnings when they come to [org]? And so the first part, of this is discovery. So, the best of what has, what is or what has been for you. So is there anything any, any elements of [org], specific pieces or practice processes, staffing, anything at all? What do you think really works here at [org]?

00:32 - Interviewee

So I think the first thing and the most important thing is that relationships, I think a [org] has been on a bit of a journey with that. And I think when I first started at [org], it was very much based on rules and the rules created the safety. So it was about sort of consequences creating safety, as well. And so some of the practice was quite punitive. And I guess, I think what we've managed to work over the last seven or nine years or whatever it is, is kind of change in the way in which we do things to be much more focused on relationships. And I guess, when we change the way in which people were working, you had to kind of provide a framework for people to understand how to support children through the relationships and how still to create that safety and how to kind of do that in a way that is more about setting boundaries through relationships, rather than setting boundaries through consequences, which still happens at times people still slip in to that, but we're much better now at recognising the need for a strong relationship. So obviously, at that point, we invested in DDP, which was a about training all the staff team in that and I guess, initially, that was about providinga theory that would provide a bit of containment for the staff team as well and can help with some of the emotions they had running around about changes in practice and how they would be able to do that with their kids. So I think that's something that that is absolutely can our most important aspect of what we do at [ORG], the most important aspect to how children recover from trauma is through the relationships. And that framework just helps a staff members understand I guess, how to start to erm, I guess, is how to be that it's not so much a kind of practice as an attitude, then an approach that they do. So that is kind of provided them with that, that attitude, that they can come into each interaction with a child and how they can do that in a way that's been thoughtful about that trauma and understand them what that is. And

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I guess,

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through the relationships, being able to explore the trauma as well. So we don't avoid the difficult, which again, was something historically that would happen, it would be kind of, we know this has happened to the kids but we're just going to work with them right now, rather than be mindful of the past and needing to consider how we kind of support them to recover from that is to use that relationship to explore it with them. So I guess those are the bits that happen opportunistically, and those little moments of time, sometimes just at bedtime, or sometimes in an incident actually is an opportunity at the end of it, to be able to talk about, you know, whether it be difficult experiences or difficult relationships, so things that have happened. And I guess ultimately, then it's about us working together with the kids and kind of being in that space with them and being in this life space with them to be able to sort of unpick that and understand how that is affecting them, now. So did I think of [one of the children] being able to talk about the abuse she suffered from her dad and be able to understand that that's not okay. And being able to understand how her experience should look moving forward. And how adults should be kind of treating her. So, there's that bit about exploring it, but there's also the bit that sits alongside that about, within the lifespace it's just who the adults are with her as well. So through that relationship, being loving and caring and nurturing, I think she was on that there's a different way for that to be. And so I think that's true for all of our kids. I guess that's just the example that pops into mind because I was talking about last week. But there are situations like that across where some of it's about that kind of thing of exploring the previous trauma and some of it's about setting out new kind of. I guess we talk about creating new neural pathways for the kids to understand how life should be and I think these new experiences start to create some of those pathways for them. So like me being consistently nurturing and loving and caring with [one of the children] creates a new pathway that that is how relationships can be as opposed to how they have been aim. And

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I guess there's others

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that are other aspects as well. So there's this sort of... You were just talking to [Consultant D] there do this in the therapeutic services, which I often think of being the kind of added value cherry-on-the-cake type stuff that's about sometimes get into that kind of more deeply rooted stuff, some times, being able to explore it in just a different way. But ultimately, it all has to tie together with that other work that the staff members are doing every day. So I think in like the staff team here are doing the sort of seven days a week, 24 hour stuff. And then you've got these people who come in and do a couple hours here and there to kind of do that extra work just to kind of understand the trauma guess a bit better. So they can see it in play therapy, obviously, which I think for us has been really beneficial for any of the kids we've had do that, because it just seems that I don't know, it just seems to help provide that extra bit understanding of what has been going on for them for the child, but also for the staff team. So we've worked we can have other I guess that's why we decided to do things in house is because we've worked with other therapists and other psychologists and there's always been this sort of... 'This is our protected space and our protected area'. And we always felt a bit out of the loop, maybe some of that work that was taking place with the child. And so we decided to do that, I guess so that we would have a better kind of cross organisational understanding of the trauma and understanding of the work that's taking place, not just the work that takes place within the care on the Education team, the work that takes place within therapy as well... and I guess the other the other kind of bigger aspect I would say erm would be the kind of outdoor use outdoors. I think, and you'll have seen, there's a lot of time spent outdoors. Some of that is just so a unstructured play where the kids you know you've got the adults can, like you would in a park, just kind of watching the kids and then you've got other play that is used can outdoors to redirect kids from difficult moments and kind of use to kind of help support them, whether it be climbing up a tree and shouting abuse actually it's something that, just the use of the outdoors i think is such a huge aspect to [org] and then that goes right through to your kind of more organised bushcraft sessions and mountain biking and things like that, and even just kind of going hill walking and things. So I think they are probably a few of the bigger aspects to how we work to help children recover. And I think I don't know, the the some something just to be said about the outdoors for all children. Yeah, I think as a healing space, I don't think that it's just for children that have done or recovering from trauma, I think for any kids who are outside you tend to find they're more regulated tend to find, actually they engage better with the surroundings and with the adults around them. I think at times, it creates a reliance as well, on the adults, if you're in a slightly more uncomfortable space, because a lot of our kids, prior to coming to us, wouldn't have spent any time outside. So actually it helps with that kind of relationship building. And I guess for me, like it all kind of fits together that's all about... Sort of, like they're just a few of the aspects. There's other things as well and, kind of breaking it down but they are a few of the bigger aspects that certainly sit in my mind that we do as an organisation that are very much about that recovery, from trauma and very much about sort of a, I guess, creating positive experiences for the children. So I think all of them, although like the relationships being the key that holds it all together, but these other aspects that fit in around about it.

08:42 - Interviewer

Yeah, there's some big, big things in there so, I'm going to try and remember. There's some interesting things there. That's the thing about the relationship then. And you talked a bit about changing the model here, coming into DDP. And it seemed, it was interesting to me, the way you were talking about it was the model is is coming in is changing things for staff that is allowing them a kind of framework to to understand what they do in different ways is that a fair?

09:10 - Interviewee

Yeah, so I think when I first started at [org], the practice at that point, was probably not dissimilar to what you'd find in other settings. But I was coming in and I guess, [name removed] the previous CEO, had come in as well with a view that we need to move this into a new era of residential care and it can no longer be about compliance. And a lot of what do you know when added So remember, some of the conversations I had with people when I first came in where it was like, you know, erm we're just gonna keep the kid in the room all day today and or these two kids don't get on together, so they're only going to be out their rooms at hours around about one another and it was very much about controlling the environment. And like I say, like, we're not perfect. We don't always get these things right. But, but that was very much about, you know, kids would be in certain spaces at certain times, because erm, they couldn't cope around others, and that would be a daily occurrence. So they would spend a lot of time in the bedroom on their own. You know, you're not talking about a couple of minutes here. And there, we're talking about hours on end in a bedroom staring at four walls and a lot of kind of the stuff focused around that. And, and I guess the decision to use DDP had been taken prior to me coming in. But when I came in, it was just kind of starting and certainly felt that there was a need, because there was a real gap for the staff team, because what I mean, what I was coming in and saying to them was even at that point, and we've kind of upped it a level, again, around restraint, but if at that point, I was saying, you know, this should be a last resort, because I wasn't coming from another residential environment for... So for me, using restraint was something that for a child, you know, I could see why they had to do it for safety at times, but still felt very uncomfortable with. And I think they're had probably been a bit desensitising to that. And so there was a lot of restraint, unnecessary restraint that was about behaviour management, there's a lot of, like I say, kind of control and trying to create compliance amongst the children. That wasn't based on trying to help them recover from trauma it was based on, and I don't mean containment in terms of trying to contain the positive way and support their emotions, I mean, contain them in terms of the kind of more negative sense in that we just don't want to deal with it. So let's find that we contain things so that we don't have to do that. Yeah. And so,

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for me,

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there was a real kind of gap in terms of where the staff team were at and where their skill set needed to be at to be able to work in a different way. So I think, and now, we're still on that journey. But I think we've made a lot of progress. But there's, you know, you have to provide something that's going to fill in that gap, you have to provide something that's going to do No, no, even just the gap in terms of the skills, the gap in terms of you're saying, you're not allowed to use those things anymore. And actually, that leaves a big gap for people in terms of well, what am I supposed to do now? How am I supposed to work in a different way? How am I supposed to do things for kids and, and even like that is one we constantly have to battle with around consequences, the consequences are natural and not punitive? Because we all get brought up. And we all fall into it at times, even myself I fall into at times, we all get brought up with punitive consequences, generally in a household you do wrong, you get grounded. Yeah, yeah, you know, you are the something that doesn't necessarily marry up with what you've done. But it's about parents taking control of that situation, showing the kids that they are the parents. And actually what I guess what, what DDP really helped the staff to understand is that that's not going to work with these kids. They're not wired the same way. So I actually don't know what can you remove from a kid who's been sexually abused for the first five years of the life, that' going to have any real impact on them? Because actually, you're never going to get something that's going to be as horrible or horrific a consequence as what they've experienced than that. So it's about how do you help them understand when things haven't worked or, and things aren't going? Well, that's natural. So it's all about safety, and creating safety and talking about safety. And it's about trying to remove the idea of the child being a bad child and actually, it's just that it was an unsafe situation, and how do we create more safety around that, and it's not. And it's about, I guess, having that plan in place to support each of them around trauma, rather than just dealing with the symptoms of the trauma, because that was very much the case. When I first started, it was dealing with the behaviours all the time. So how do we deal with behaviours? How do we stop the behaviour? And now I think more of the focus is on what's behind the behaviour. And you hear that all the time. I think the conversations whereas before you wouldn't hear that, before it would be, you know, so and so was really bad last night. This is what's been done today to deal with that. Whereas now, I think what you're hearing more and more of, or I certainly hear more and more of is, you know, so and so had a really tough night last night, what do we think's caused that? Yeah, what do we think has been going on for them? And there's lots more dialogue, but when I first started that didn't exist, that dialogue around what's going on for them? What is it that's causing this, you know, was, it was just there was a behaviour and let's deal with that behaviour, and can I stamp it out? So I think, like, it's been a hard journey, actually doing it. Because going from one approach that in some ways is much simpler, because you're saying behaviour response whereas now, it's kind of behaviour and this whole journey hall, john neater working out why that's happening and it's more tired and at times Because it's not just a case where you're misbehaving, you're in your room the rest of the night, you're actually having to confront and deal with the symptoms of the trauma as well. And so it'd be in that moment. So we lost a lot of staff members as a result of that process as well and avoid, they can replace them and bring new people in and make sure we're getting the values even if people win the argument. And, and we've kind of managed to settle that down a bit. No, but I think, like, it's definitely no, it's definitely been a hard journey. And I think partly because you were removed, and I really kind of well oiled set of tools and replacing them with something that people were much more uncomfortable with. And so I think for us, like I think it was the right thing to do. And I think it probably, in retrospect could only ever be done that way. But it was one of those changes in one of those situations where you know, always people always want to be consultative, like you want to be consultative for staff teams. And that's when that function really well, unfortunately, with this process, and we're doing this, we have to do a lot more telling people, this is how it's gonna look and necessary, it's gonna work. There was a lot of having to push through tough periods and tough times where people were like, Well, why can't we just go back to what we were doing? That feel safer? Yeah, that feel what got the safer for as a team and safer for us as an approach. And we still have that was a that were, people still want to go back to something that feels a bit safer. And we have to try and create that safety for them, I guess. And we do a lot of that through the dialogue we create with a team around it. So yeah, hopefully that's making sense. But I think

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the teams

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have at times felt quite unsafe and changing approaches is what I'm trying to say, and we've had to up the amount of support that they get during that, to help them and sometimes the team want you to do it for them. And see that as the type of support that's required. But actually, for me, the support is about supporting them to be able to do it for themselves, rather than and I think that that's something that comes up at times around when things become difficult for a child. So like [one of the children]'s went through a really difficult period the now and the team are crying out and just saying. We just want somebody to take that away from us and kind of deal with it for it us so difficult. So challenging and then so kind of, anxiety-

16:46

provoking for them. Yeah, aim. But actually what we are trying to do, and they don't always

17:13

appreciate it at the time

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I don't think. But what we're trying to, and they don't always appreciate it at the time, but what we're trying to do is we're trying to support them to unpack it for themselves and be able to move it forward for themselves. So that there isn't this constant reliance on a manager coming in and doing it for them. But that, again, like I said, it's not it's not a journey, I wouldn't say it's a journey and kind of using a therapeutic approach that there's just like this, it's not just straight up. And it's not just a straight line. It's very kind of Rocky and there'll be periods. To know I think when we go through sort of higher levels of staff turnover, you tend to find you take quite a substantial dip, because actually you're having to then do a lot of work to kind of go through and help people and support them to understand the approach. We're using the framework we want to have in the sort of, attitude, that we want people to have, you have to have to do that again. And I think an all truth COVID kind of had a bit of a junt in that journey as well. So we saw a lot of the morale drop and and I think you kind of need to have quite high morale, when you're using that really brain intensive approach. It takes a lot of brain power for the staff team. And I think when they are so tired and flat and low, that's when it becomes more difficult. And I guess it's kind of a parallel process to what we see with the kids at times when they're more anxious when they're, you know, when they're tired when they're kind of struggling with things in their own lives a bit more, similar to when we see that with the kids, the staff team struggle to use their thinking brain more and it becomes more of a fight flight response, and things and we start to see that. So I guess, like the the point in this is that that we're still on our journey, and the journey is still movable and changeable. And that's about, I guess, keeping that agenda really kind of high up with the staff team. So keep on pushing on to help them understand that but definitely feel that we're in a better position now where the staff team feel more confident in what they're doing and feel safer in the approach. But it's taken us a while to get there.

19:33 - Interviewer

That's interesting. It sounds like there are layers, you know, almost a kind of Russian doll if you like. You want to create this environment where the staff have these relationships with children and create an environment for these children that is conducive to the recovery. But outside of that you're trying to create an environment where the staff feel like that as wel... is that a fair? Yeah?

19:56 - Interviewee

I think we try to we're trying to keep more layers of that actually, because we don't feel there's enough. And I think this is one of the toughest jobs you could do on the planet to be honest. I think in terms of the intensity, to not just tough in terms of the work that you're doing here, even in terms of the kind of boundaries around, like your personal life becomes part of your work. And actually, then it becomes more difficult to separate out some of that and you become more emotionally invested until just the nuts and bolts of the job. It's really hard. But we try to create as many layers around that. And I think we do kind of more regular supervision than a lot of services do to try and unpack things. And we do, certainly, this team meetings, we have the sessions with [Consultant A], which I think are really important. And I think, actually consultancy plays a really important role around the kind of embedding of any approach in because it's just that ongoing person who's coming in who doesn't have the same investment in the day to day running of the service, although she's been here for a long time. So it does have some Yeah, but can be slightly more objective as to the progress we're making and how we're working with that. But also the work she does with the team, our own group therapy sessions that are really important for keeping that approach going as well. And that attitude going, is about giving them that space to unpick it, erm. But, you know, we always need more, we always need to sort of, you know, we do these things. And we discuss the staff members every two weeks, as well as a management team. And we pick out areas where we think there's maybe more support needed, and we look at erm, trends and restraints, to look at where staff members who may be struggling, or you have more than needed more support. And we have an operational management team, again, where we look at it from slightly different angles across care and education and that relationship. And if there's any difficulties there or any breakdown, erm, and then finally, the senior leadership level, again, where we can unpack that further and look at kind of all the differences strategic workings of it. so we do have multiple layers of discussions Do we have the team meetings where we have those discussions, erm, we have sort of working groups where we can pull people together and look at how we support staff members, we're looking at a new kind of staff support forum. But But even with all that, because of the intensity of the job, it's never enough, yeah, that can always be more. So we're looking to now. And we're gonna trial am just about to undertake that. And that's probably what it will be interesting to speak to [Consultant D] him as we're looking to kind of trial her doing some support with individual staff members, and take that from a more therapeutic approach. So identifying people where maybe it's just been a bit more of a difficult period for them, maybe they've expressed themselves that they're going through a bit outwith work or in work. And I guess her real focus is about developing resilience, and thinking about how she develops that resilience on an individual level. But also, she's been doing a lot of work with the teams around the work they're doing with the kids, and how they build their resilience around that work. So a child's maybe going through so I guess, again, is that a lot of the stuff we do with the kids, we try and replicate with the adults of creating these spaces for them to have therapeutic support or creating. And that's over and above, again, it's kind of like that is again, just a parallel of what goes on. So we've got the care staff working with the kids. And then we have the therapeutic support that sits on top of that, as the added value stuff. And for the staff team, we've got the managers set alongside them and provide that everyday support. And then we're hopefully going to have that sort of therapeutic support that sets as the Connect added value. Can we be carried on through those more difficult times? So a lot of what we've tried to do for the children is the same as what we're trying to achieve for the adults in terms of support and recognising that, that they need that higher level of support. Yeah,

24:12 - Interviewer

it's Yeah. It is an interesting job, I suppose the only way you can only be that people look at things through their experience. I've worked in a lot of community services, and never done residential. And I've been very, very fond of service users and young people I work with in the past, but it's a different ball game here in terms of the intensity, the relationship or loving relationships here between children and staff, you know, and you were talking about that permeable boundary between the personal and Yeah. What I witness is, people invest a lot in themselves. Absolutely.

24:46 - interviewee

[In the job here] And I think that does make it a lot more difficult, because I think there's not a switch off in the same way. Yeah, because I think I think it goes both ways. I think because of the intensity of time spent with the children. It can be really loving, beautiful relationships, or it can be incredibly challenging. So pushing you to your absolute limit relationships in the same way that do know a parent who's got a child who's not coping particularly well and going through a lot, you know, when it affects them to the core. And I think the way in which relationships develop, it's the same thing. So I think that's why the support was so important is because you can be here and not invest part of yourself and think, do you even see that with [one of the workers]? Who was talking about moving on? And when he'd spoken to the children about it? Because of that emotional reaction? They had decided that actually, he can't do that. And usually, when you decide to leave a job. It's much simpler than that. Yeah, you know, it's, it's a case of moving on another job. And so that's what it is. But there is a bit where are these children become part of your life? And because the reality is, but for what the adults here to spend as much time with these kids as they are any other person in the lives? Yeah, so I think that's why the whole concept of love within residential care was one that always feel quite comfortable with me, because how can you spend so much time with people without developing some type of love for them, and developing genuine relationships with them. And if you develop genuine relationships, all these other emotions happen as a result of that. So you know, being pushed to your limit, and feeling on the edge of, you know, tears at times, probably for some of the staff team has is gonna happen, because you're spending so much time developing these relationships with them. And I think that's true of the kind of staff and, and children's relationships, but it's, but it's only two of the staff teams relationships, there's some interesting things that go on there as well, and some interesting things that happen, that have an impact on practice. But do you know, we're, again, because they're spending so much time together, and it's such an intimate environment, you're you're very close together as a house and a home, you're going to be sitting, doing things that you wouldn't necessarily be doing in many other environments - you're going to be eating together, you're going to be sitting on the couch, watching movies, cuddling in your kids together, you're going to be, you know, doing, say, first time experiences that children are having together, there's Holidaying, there's, there's all these things that I think it's a completely different dynamic to the work. And in some ways, it's makes the work so much better, and so much more useful in other ways, it makes it way more challenging. I don't think with with any other type of environment, these kids would have the same opportunity to recover from those early experiences, because I think that intimacy allows an opportunity to really explore that. But also, because of the safety we can create with a number of adults we have around that creates a difference, like most of our kids have have a lot of failed placements, for example. And then they come to us is that because we're able to create that mix of safety, but also try and replicate some of that intimacy, you'll get in a foster environment, and then I think that's what it was, I kind of recover from some of that. But also, like I said earlier, it creates way more challenged in terms of there's a closeness in that relationship that won't be experienced by a social worker, or won't be experienced by a therapist or do not, they won't get that. And I guess, you know, when you think about it, really, you know, the other environment, that children who are removed from the home can be in is, either kinship or foster care. And when you think foster kids and other professional type of environment, essentially what they're telling there is they're creating a family home. So essentially, what we are trying to replicate is some of that as well, but just a bit of a family home on steroids that can deal with some of the other challenges and can think about be more thoughtful about some of the sensory needs or some of the communication needs that the kids have, because we've got a bigger staff team that are kind of mixing out that

29:19 - Interviewer

yeah, it's interesting, somebody else had said, do you know, because sometimes, it can be challenging as you say, but having the ability here. One of the things I've been thinking about residential units always been in this position of last resort. But for some kids it’s the right, or it seems like it could be the right place, and this refreshing of the staff team as well and being able to, I keep thinking with these foster carers. Yeah, that have just got it and then it breaks down, and then another foster carer gets it, it breaks down, but actually, you seem here to be able to absorb a lot more pressure because it's the kind of load is spread. Sorry, that's just my own... add on.

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This is my soapbox, sorry, but I don't think Residential should be the last resort. And I think it has been treated like that through a lack of understanding of what happens in residential care now. And I don't think unless you come out and visit and I'm sure that there are other services that are doing similar things to we do. But I think we've also got, do we get social workers coming out all the time and saying we've never seen anything like this. And I've visited a number of services. So I think that investment, we've made in our approach and the investment we've made in people who work here and training them, and putting that time in for them does make a difference to how the whole service feels. But for me, sometimes residential should be the first resort. Yeah, exactly, I think then you've got a chance of a child, perhaps been able to experience living in a community in a way that most children do with a family, whether that be their own family, or, or a family foster placement, or kinship, placement, or whatever it may be whereas, I think often for our children, there's been so many burnt bridges for them. And I think that's one of the biggest challenges we have with kids in the first come to us they just don't trust adults. They don't trust, they don't trust that this is going to be something that will be longer term, because that's what they've experienced is when things become difficult for them. They react and respond in certain ways that then pushes the people away around them. And they've been used to it just failing at that point. So I think for them to come in here that an earlier stage and learn that actually adults aren't going to give up. And I think that's, that's a big part of it. That's probably one of the toughest bits for the adults is that bit of not giving up when they feel like some times

31:38 - Interviewer

[to just want to.] Yeah, yeah. And, you know, that's another thing that's come up for me quite a lot, is that, right from the beginning, actually, is this notion of being the right kind of person for this work, so there's two in, and also feeling right, when you're coming in here to work these days rightness, doing right, Being right and re feeling right kind of thing, yeah, that's coming up for me and in the data. And that's come up with a few things you've said. So, for example, when you brought in the the new model, that was the beginning what for some people that have some turnover, you had to change recruitment, because you wanted values to be right for folk coming in. And then you mentioned it as well. But you know, for this interplay between personal and professional life, if I've got stuff going on, it can be difficult for the rest came to work. Yeah. Because so I wonder if there's anything Then what is it? How is it that you attract this staff team that you get? Is it just is it purposeful that you get, staff that are this committed? How do you go about getting a staff team like this? Or can't just be chance that you happen to have so many good folk that speak to the children with [one of the workers], the example you gave, speak to the children and then think, like, actually, can? I actually I'll do whatever is going on for him. But that tells you something of

32:56 - Interviewee

value. Yes. Yeah. And yeah, I guess that's been a long process, as well, that has not been something that's changed. And so starting from kind of what we had here, some of that it's about turning up the temperature on people to necessarily want to walk in there making the decision for themselves to move on. And, and when that happens, it's really difficult because, like, whether whether or not you think the person has the right approach, or the best approach, and this is about a bit that the kind of intimacy of the environment, is that that the staff can create genuine, genuine friendships is real and genuine relationships that go deeper than your average friendship and relationship, just because they're working so closely together. So actually, there's a lot of loss that has to be felt as part of that process. And a lot of staff members feel a loss during that process, because there are people who moved on, either willingly or unwillingly,

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as a result of the changes that took place, but actually those that were left behind that was really difficult and challenging. So I guess some of that has been about helping people deal with some of the grief that is experienced because it's a loss like that almost, I think, you know because although they always intend to stay in touch, I think life sometimes gets in the way they're working on your job and it becomes more difficult so they feal a real loss of relationships that move on. And so some of that has been about having a support staff members who have been left and and can I recognise some of that experience they've had that that and kind of working through that. And then in terms of bringing new people in to change the whole system of interview we do a two-day interview, now, we do a few different elements to the interview, we actually to want to add another element to the interviews as well. And at the minute we do I kind of walk around with the kids. And then we spend some time trying to scare them, basically because I think that's one of the things we have to know, clearly early on is, can you deal with it? If it's the worst it will be? Can you deal with that kind of thing? And we always have drop-off from the walk arounds because people think for themselves, maybe not for me, but that's better for us. Because what you're already trying to do is try to, check on this sort of resilience of people, but make sure that they understand that this isn't, you don't want people coming for a few weeks, you don't want people come and meet the kids and then leave. And actually, we had a lot of that at one stage or people would come we would just do the interview, people would come. And then after the induction period be like, Nah, this is not for me. Really sorry. And actually, then it's a it's it's an impact on the kids, because they're seeing yet another adult coming in and out of their lives. And and it certainly impacts financially be honest with you, because your having to recruit for another member of staff again, in so that was the first bit that was really important for us was this walk around in and it's much more informal, it's much more relaxed. It's just seen around the service, which has been more difficult to do and COVID, obviously with the rules, but hoping to do it for their upcoming interviews. And so that was that was one aspect of it. And another aspect of the interview is that, so we changed our questions, and made them more focused around what do we actually want from a staff member at [ORG]. So our first question is, tell me about your attachment history? And kind of really quite a big? [Yeah.] So quite, quite, [anxious-avoidant for myself.] And you get like, you see that with people but but what we want to know is Do you understand attachment theory first of all? Because that's the kind of one of the core elements of of DDP. So that's what we are working with, we really can invest in the idea around attachment theory and recognising that kids can have difficulties with attachment. So what are your attachments? Like? Do you know? And I think you get some really interesting answers to that. And I think that allows people allows us to see as well, you know, is this something someone's dealt with already, if they've got some challenges in that the history, or is this something that's still very front and centre? Oh, and do there have been times during the interviews where it's always felt like it's descended into a bit of a therapy session for someone who's going to come in and actually, as much as it's really like, what we'd probably say in the feedback is we we think you should get more support. That's maybe isn't the right environment for you right now. But we think we should maybe seek some one to one support and exploring some of this stuff, and then maybe come back to us again in the future. So we can, but but then other people who have come in, and you just get a sense that they really get attachment theory. And secondly, they really understand how their own experiences has impacted their ability to the job because it does, like good or bad. And it's not that people come in and spilling their guts for all their bad experiences. Actually, some of the strongest ones are the people who will come and say, here's some of the positive experiences have led me to the point that I am here right now. Most people who come into residential care have got a story, and have got something that's going on in their own experience growing up that has led them to best point or led them to want to do less work. And it'll be good or bad, but most people have got a story to tell around it. So that for us is really important starting point, just to see this is kind of the baseline, this is where we want to be, this is the depth of what your job is gonna consist of, because you're gonna have to share some of yourself. So it's almost sort of setting that up even at that point. And then a lot of other questions, are play-based, do know there's stuff around. So resilience as well. So we just really cater our questions around that sort of stuff. And understanding how they'll kind of cope with that and thinking about how deeply with kids, how do you build relationships with kids through play. And so we like I say we changed a lot at that to kind of try and, improve how we understood the people, what I would say is there's no guarantees with an interview, no matter what you do, there's no guarantees. And we all when we we try and get the best out of people who give people the questions before the interview. So we give them to them, I think it's half

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an hour before the interview. So think about because we find that just get the best out of people. And I don't know, there's this funny thing in society where we feel like interviews should be really high pressure. [Yeah], but actually, you may be miss out on some of the best people as a result of that. And then finally, we do a written task, which is just giving people a bit more time again to think about and it's a case study. So it's, again, getting a sense of on, because I've got more time with that they've got an hour and kind of plan that out and think about so again, you get about more of you had different sense of their values, you get different sense through that of where that fits. So we can take all of the elements and put them together and then hopefully get a decent sense because the values of you You can teach a lot of things, you can't always teach values, that's something that we all bring a bit of our own values with us. And so I guess the interviews are really focused on getting to the bottom of people's values, understanding where the current core set of values are, and try a workout, whether they can fit within the team. And the other really important, bit is, are they really going to be resilient enough to do this job. That's kind of two of the big bits. And

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it's actually ended up it's interesting, because we were talking about how much in them yourself, you have to bring into this job, unlike other jobs, even social work, jobs and health jobs, or in the community have to bring about yourself or whatever else. But wonder if the people in the community can more easily separate their personal and professional values here? Yeah, do even less work? Maybe no, so possible to do that?

40:52 - Interviewee

I think because it's so much closer to home environment anyway. And I think, I think when it becomes more difficult is when you develop genuine relationships, I think your values then become part of, and I don't, I think and social workers, for example, there's still a real focus on being professional. And I think social work will gradually change to be more relational and less, like kind of focused on like, they've professionalised it in away that now we have that became much more caseload management, so a prioritisation and much less about the relationship she do genuinely. And I think, because this work is very focused on relationships in a way that I mean, what other jobs are you going to put a kid to bed and sit and cuddle with them in the read with them the bedtime story, I mean, that you don't get any more intimate experiences with a child than that type of experience like those, there's doesn't really exist out there. That's only parents usually who get to have that kind of closeness and a loving experience as something like that. And so I think it means that it's not just that we always say we work in the grey, we don't, there's no book, there's very little black and white residential care. And I think that's even in terms of personal professional boundaries. It's so grey. So grey, right. And I think that's why the values are so grey as well, this. And it's why we need to have people have to have a good set of core values themselves. Because it's going to have an impact on how the entire team functions if they don't. And it's, so yeah, we spend a lot of time at that interview phase to try to get a handle on that and try to understand those values. Aim, and you don't always get it right. But that hopefully we can get a sense. And I think, you know, we've ended up with a good team. And we've ended up other than kind of earlier this year, we had a few people moving on, we don't have a lot of turnover. So I think part of that is based on those values as well, where people feel like they're in a good place for the colleagues at home. And residential care typically has a high turnover. Usually, I think the average is about 25% a year or something like that. Most organisations, we sit around certainly four or 5%. I think it is. so we've got really low kind of turnover stuff. And I think that is because we do we do when we appoint people well in terms of values, or the first thing we do in a team is not functioning well, is come back to what's our values as a team. something's not working? Well. It's a bit and you might be doing that for weeks or months. But what is our values as a team? What are our values in terms of how we wanted the kids to experience us as adults? To know, what's our values around things like, you know, kids being challenging or kids, swearing a lot, or kids wanting to eat a pot noodle every day for dinner? Like these are the constant value stuff that comes up. But, interestingly, these are things that can be quite big issues. Do the other discussion, just this, we covered it last week about [one of the children] getting her hair died? And there were a different set of values within the team. But I think there has to be that constant effort even when things are functioning well, to come back to those values as a team and make sure that because sometimes the staff team as individuals are going to have to compromise their individual values for the group. Yeah, values. So there's this constant process that goes on around that, again,

44:34 - Interviewer

people bring their whole self to this work don't they? I'm just conscious of the time. There's another couple of things. Actually. You mentioned - we've not got by the first question, that's absolutely fine because it's all been really interesting into the this is the other thing you said was about the interplay between some of the consultants and specialist staff. Yeah, and the other team structures and reason about that and then there is nothing but the physical environment and getting outdoors, you know, there's anything else you'd like to see on any of those a things.

45:04 - Interviewer

Yeah. So I think in in terms of the consultancy from [Consultant A]. And I actually don't think we would have travelled as far as we had without that, because I think what tends to happen with training is everyone does the training and then It gets shelved somewhere. Yeah. So I think that work that she does with the team ongoing is really important to keep that fresh in their minds. But also, I do think there's an honesty that can be had within those sessions, that's different it's not that it's better, it's just different to what you would get within the supervision. team meeting, I think the way and it's, it's, you know, the way she's able to hold that space and hold their emotions in that space, is very different. And I think some of that's because, again, because she doesn't have that she's not going to daily investment. Yeah, so she's able to come in, and as it feels a bit safer to think of things for the staff team to, to kind of spew it all out and kind of get it out there and, and it's often very emotional for them. Even if things have been good, it's often very emotional for them. And I think it's good to kind of have these forums where staff members can come feel safe to express themselves in different ways. And if that's through tears or if that's through anger. If that's through happiness, then that is what can be done. But I think what's also good is, she's able to come in and kind of see that journey, as it kind of goes along. And I guess more recently, what we've been able to do, and it's been great, although very early stages is add these new people internally, providing some of that what we were getting externally, but doing it more regularly. And [Consultant D] has only been here for a few months. But it feels like she's already having an impact around... And again, it's just what I often say to people, she just looks at it through a different lens. She's here, when I'm looking at situations and when the managers are looking at situations, we're very much looking at them through a kind of manager or supportive kind of lens around that when she comes through and more of a therapeutic supportive lens than that kind of managerial so, for me that I can only improve the experience of staff members. And ultimately, if we improve the experience of staff members working here, that improves the experience, the children have of living here because the adults are the key they care workers on the absolute key people in all of this, because they are the ones that are being asked to provide this love care and support to the kids they are, they are the key kind of tool within the whole thing. They're the people who can do em. But these added roles I think just support them to be able to do their job so much better. So did all last week. [Consultant D] being able to spend two hours with [Bungalow 3] talking about [one of the children] and actually, for the first two, she did two sessions, the first session, she just sat and listened to them talk about and actually given them that space to talk about, but actually also showing them that I'm here to listen to you. And kind of learn from what you're saying here and maybe come back with some ideas, but then be able to come back a week later after having thought it through a lot information, a bit of an information dump. And then he would come back and just give him those little golden nuggets of things that they maybe hadn't thought about. or also just to come in as someone who's a bit safer and say you guys are doing an incredible job. Yeah, because I don't think we're good enough at probably taking credit for when we do a good job. Yeah. And so sometimes someone who's not as front facing and and is dealing with that can just come in and say and give people that wee bit a confidence of do you know what, I'm a clinical psychologist with that kind of background and training. And what I'm saying is you guys are doing everything you possibly can like it's just really tough. And sometimes just for the staff team, having that wee bit of recognition from them just makes a huge difference to the confidence to keep doing what they're doing and that's true for [Consultant A] as well where she's she's, she comes down and she just said I mean she always says how good a job people are doing but sometimes she says you know this is just can be really tough. Yeah, that says really tough and, and I think just almost gives the staff team a right to say, do you know what, it is really tough but we are doing everything we can Yeah, we were really pushing

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out or giving them those golden nuggets hadn't thought about and we can ideas that they can change things

49:33 - Interviewer

up. Yeah. So interesting. I think actually maybe in the midst of this kind of work because it is so full on at times that people don't recognise some some of the stuff that they're doing. Even I've fed back to a few folk, you know, there have been say, No, I'm struggling with my relationship. You know, with this child or that child and I'm like that, really because I've got my field notes how comfortable that child is with you. I've seen them when they're just sitting with their arms round you at times and blah blah blah and they're like alright,

50:01 - Interviewee

I think we have a tendency to remember the 5%, or the lower than 5%. That tends to be the thing that sits with us. I don't know if it's a cultural thing in Scotland where things go wrong. So the 5% of the time, you have seen that the majority of the time things are great, it's great. There's so much play. But the bit that people would remember is that small percent, because that's the bit that's really pushed them emotionally and pushed them.. [Yeah, yeah.] And the bits that make them feel anxious, when they're coming in to their work, and the bits that make them feel that bit more uncomfortable so. And we at, Like I say, I think there's probably a cultural aspect to it as well. We're not very good at singing our praises, you're pretty good at seeing how good a job we did or how we all got through something or how good a job it was. Even without having to get through some of that it was just a really good night. And I think some things are staff Team just take that for granted as well, I was in [Bungalow 3], and they've come through like when you were first to see things were really challenged and things aren't sure. So again,

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update. When I was first here, I've been in some of the bungalows, I was thinking, oh [Bungalow 3] sounds like oh, my God, it's really tough. Yeah,

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but I don't even know if they've tracked that progress they've made in their own minds of... actually, you're not seeing three and four kids out running about. Yeah, that houses every night from [bungalow 3]. It's not constant restraints and things in there. So that, but I think that's what we constantly saying to the managers. Like, let's keep telling them how good they're doing. Like they keep telling them the fact that [one of the children] has gone from, you know, I think she went from something ridiculous, like 15, or 19 restraints, in one month, and now we've got it down to two, and two transports for 20 seconds. So the lowest impact you can have and that doesn't happen. That's because of the amount of work they're putting into that relationship. And but I guess what, what you see happening is the staff team during that period, they were really flat. So the kids were really flat. So it's constantly that kind of parallel process to say what's going on with the kids and what's going on with the adults. Yeah. And so for you, if we pick the adults up and the kids start to come up as well, [because relationships are effective - it's lovely. It's a lovely bungalow, the kids are great], yeah, [I really enjoy Yeah, yeah, actually], I do see like, the staff to me are in a completely different place to what they were even six months ago. So no, they were all really low and really struggling with it. And actually, last few months, we've just managed to, and I guess there's there's a difficulty there was the managers don't always get the credit for that. Yeah. So they put in a lot of work, and a lot of time to do. And then they'll still get hit with someone's saying I don't get enough support.

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Yeah. [And that's a tough one. But I think that's just people's go to.] Yeah, yeah, it's much easier, the externalise if things aren't working for you then look within as a human thing. We do we do that? Yes. It's a defence mechanism almost - it's you that's causing this problem. Rather than something that I can change because change is difficult. Yeah. Any final word in the physical environment? I've got more interviews in the physical environment here and being outside [Yeah]. Which I really enjoy here. But you mentioned that in the start has been a therapeutic environment.

53:18 - Interviewee

I think the physical environment is great. I think in you know, as soon as kids arrive, I think the fact we're just this little community for one is really safe for the kids. So I think do what he what you do things that you might not be able to do if we were right in a housing scheme. [Yeah, yeah. So mindful of your neighbour?] Yeah, yeah. So I think there's kids, in our environment that haven't been safe in the community that we can say, actually, we can afford to take some risks for them here. I think that in itself is quite therapeutic, the fact that they've been given the opportunity to be kids and run and play and climb trees and do these things that potentially they've not been able to do on to this point. And I think we've created a lot of regulating spaces as well around the environment. So I think you've got that big tree is one of the best regulators in the whole of [org] and, and a lot of places, do we also staff members who come and say? Why don't you just cut that down? You know, stop them from being able to climb up on it. And we always say, you'll see why? Because actually, it's much better than been up there and not coping then the skelping someone or running off, [yeah, because you have to hang on] to much better, and you know, verbals. One of the best things we deal with here if it's challenging behaviour, so let's deal with that. And but you know was the reason we've got like the mountain bike track, there's little areas around here that if a kid's not having a great time of it, they can go to one of those spaces and be away from some of the adults and that's one of the things with [one of the children] that we've kind of started to get the staff members that heads around more and more and more still got a bit of work to do around because we're really pushing hard on restrain the now and trying to reduce it as As much as we possibly can, but with [one of the children] saying to it saying to the staff team that actually her bedroom triggers her, when she is not in a good space. So I actually having them thinking about, right, where to we need to be with [one of the children] when she's not coping, can it be outside, Can it be in a different bit of the bungalow, but actually that really triggers her out. So recognising within the environment areas that will trigger and on areas that will be more therapeutic for a child in terms of calming them down. in same way, [one of the children], like he's another one who actually he's not in a great space given him away, but his space to be down in the woods or something like that often works well for him. And I think that it's just so safe for the kids to be either in a good or a bad place in this environment. And I think we see [one of the children] never has an issue when she's on outdoor education stuff. See when she's out doing activities with [a worker] never a problem. Yeah, because she just, so we see it physically we know all the research of it. All outdoors has been therapeutic. But I so we see it here, we see that and place we see kids who haven't been able to have, it's so interesting in terms of like, kids who haven't been able to have friends or friendships in their lives. Suddenly, when you initially started off, were a bit more structured time. But structured activities and the outdoors, when they're able to spend time when it's you know, adult-led around that I ended up for the kind of play essentially in the outdoors, they're suddenly able to safely start to create friendships. And then you have situations as time goes on where you've got [one of the children] and play note saver, minimal adult support with two other kids at the same time and coping with that. To me, that's not possible. Without the outdoor space we've got and without the opportunities, we can create in our environment for the kids like it's, it's not as safe for some reason. I don't know whether that is because a temperature is probably part of it as well, that being in a warm, enclosed spaces more stressful for people generally. Yeah. As opposed to being outside. Yeah,

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I was thinking about that a bit, then, you know, there you go five kids in that. in this one bungalow and then the staff that I need is reality. And actually, I was in the woods and that. It's one of the things I was reflecting on in the field note, like, there was still the wee snipes here and there but there was enough space between them. They're just kind of crazy. And other things to look at and just look at the size of that slug. Yeah, yeah, you know, when there's a there's too much going on? Yeah, as an interest.

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And I think, like we we and you've seen that, like when things are difficult. We've never come to kids in the house at the same time if that's the case, because we find that it's the relatively big houses, but quite a small space for five children who developmentally are toddlers and are going to respond like toddlers. And that's going to be difficult in any size the house to be honest with him. So it just seems to be simplified by that. And in I think

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what we do is initially, we try and divide to build the relationships back up again, then the kind of

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off the outdoor space and getting them out for activity, tire them out, burn off some of that excess energy and and then gradually start to build it back up. So now [bungalow 3] can be in the bungalow at the same time. Whereas three or four months ago, they couldn't be here to assess, can I and I guess there's lots of different factors that caused this. But there's this constant kind of changes in flux. So there's changes in behaviours for kids, they have things that go on for them generally, you know, [one of the children] had that thing when her mum didn't want to see her, and that caused a little difficulty for her, we're a, we have lots of different factors that add into it, so we see that we need this, the other environmental space beyond the house, to manage to provide some sort of to be able to support the kids effectively. We just had them in the house, which is what they used to do in [org], the kids demo at all. Between Monday and Friday. They were in the house is Monday, Friday night. And I think that's why it was more control based because So for us, we don't feel like any other option if we want to work with them this way other than to have them outside

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can't have them all. No. So yeah, good to have that. Yeah, yeah. So as I said the around the time because I know you're busy and I'll stop