

# SIRCCULAR

Informing the Residential Child Care Sector



**Healthy Settings**

**Outcomes**

**Mental Health**

**Risk Aversion**

**LAAC Nurses**

Plus

**Conferences**

**News**

**Events**

**Health**

**&**

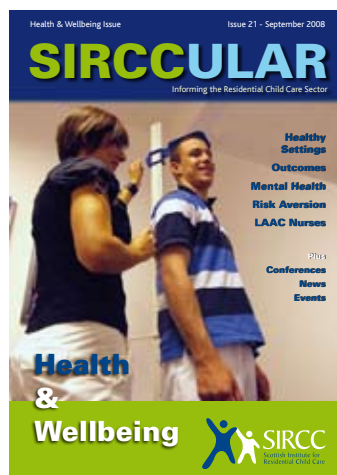
**Wellbeing**



**SIRCC**

Scottish Institute for Residential Child Care

## In this issue...



### What is SIRCC?

The Scottish Institute for Residential Child Care (SIRCC) is funded by the Scottish Executive and is a partnership of the University of Strathclyde, The Robert Gordon University, Who Cares? Scotland and Langside College. SIRCC was established in 2000 with the aim of ensuring that residential child care staff have access to the skills and knowledge they require to meet the needs of the children and young people in their care.

The theme for the next issue is **Participation**.

Have you got an idea, story or photo for SIRCCULAR? Great! Please contact the SIRCC National Office  
Tel: 0141-950 3683  
or e-mail:

[sirccevents@strath.ac.uk](mailto:sirccevents@strath.ac.uk)

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**Steven Paterson,  
Acting Director, SIRCC**

### Welcome

This edition of SIRCCULAR has a special focus on health. There are many sources which highlight the complexity of issues surrounding the health of children and young people in residential care. To tackle these issues successfully we need to work in partnership to ensure that children and young people have access to the full range of services which will meet their health needs and that they are supported to access these services. There are various key developments and initiatives considering the health and well-being of children and young people in residential child care and it is important that we all take responsibility, within our roles, to promote improvement in these areas. We hope that the articles in this health edition of SIRCCULAR are informative and practical. We welcome your feedback on SIRCC and the services we offer. Please let us know how we can continue to contribute to equipping the sector to deliver high quality residential child care services.

SIRCC National Office,  
Jordanhill Campus, University of Strathclyde, Glasgow, G13 1PP  
Tel: 0141 950 3683

[www.sircc.strath.ac.uk](http://www.sircc.strath.ac.uk)

General e-mail enquiries: [sircc@strath.ac.uk](mailto:sircc@strath.ac.uk)

Items published do not necessarily reflect a specific SIRCC point of view and should not be seen as an endorsement of particular organisations.

# A Healthy Settings Approach to Health Improvement in Residential Child Care

**Steven McCluskey,**  
Senior Health  
Development Officer  
(child/youth)  
NHS Greater Glasgow &  
Clyde

Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.

## The Ottawa Charter 1986



Despite the fact that looked after children are identified as having a range of complex and unmet health needs, the evidence suggests that these young people are further disadvantaged in accessing universal and specialist health services. Health risk behaviours and the effects of neglect and abuse in childhood are often related to poor health outcomes and patterns of disease and illness in later life.

It is now broadly accepted that a medical model of health that is concerned with the absence of disease and illness is too narrow an approach in which to meet the varied and often complex health and social care needs of looked after children, and that more holistic, integrated and child-centred approaches to promoting health are required.

A 'Settings' approach to health promotion is one such approach that has been designed as a broad-based and holistic framework for supporting varied and integrated actions to promote health.

The World Health Organisation defines a setting as 'The place or social context in which people engage in daily activities in which environmental, organisational, and personal factors interact to affect health and wellbeing' (1998).

This definition would suggest that whole systems thinking is required in order to support an inclusive approach which recognises the contribution stakeholders can make in the planning and delivery of health promoting activities and actions. The Healthy Settings Development Unit at the University of Central Lancashire suggests that the aim of this approach should be to 'integrate a commitment to health into the fabric of settings - within their cultures, structures, processes and routine life.' One of the most widespread

and effective examples of the healthy settings approach relates to Schools. This healthy setting approach is commonly referred to as the 'Health Promoting Schools' model and is characterised by a framework and methodology that takes a broad view of health and which encourages a broad, joined-up, integrated and participatory approach to the promotion of children and young people's health and well-being within the schools setting.

The health promoting schools framework exists as a useful model and health planning tool for taking a broad and holistic view of health within residential childcare settings as positive contexts for learning and development and the promotion of children and young people's health & well-being. The schools settings framework advocates joined-up actions for promoting health across key elements of the whole system and acknowledges the role of all stakeholders in the planning and delivery of health promoting activities and actions.

Key areas that would be applicable to residential childcare would include: leadership and management; ethos and culture; health and welfare of staff; links with parents, families and communities; role of specialist services and partnership working; environment, resources and facilities and opportunities for young people's learning and personal and social education and development.

Consideration of similar key areas as part of a 'health promoting special residential schools' and 'health promoting residential homes' approach would provide a valuable framework for health planning and monitoring for the promotion of children and young people's health and well-being in residential care.



# 'We Can and M

This article is edited from a presentation made at the launch of the Caring about Health resource pack by Caroline Selkirk, Chair of the Being Emotionally, Mentally and Physically Healthy Working Group, The Scottish Government.

Across the Scottish Government, action is being taken forward to improve the life outcomes of young people under Looked After Children and Young People: We Can and Must Do Better. There are five key themes: being emotionally, mentally and physically healthy; working together; becoming effective lifelong learners; developing into a successful and responsible adults; and feeling safe and nurtured in a home environment.

The health of Scotland's looked after children and young people remains poor when compared to their peers. The Scottish Government want more to be done by us all, to improve the life outcomes of our most vulnerable young people.

Scottish Ministers are also clear that when talking about looked after children they mean all looked after children – both those who are subject to supervision and live with family members and those looked after and accommodated children who live with foster carers or in residential schools or care homes. Figures are given below.

In terms of health the Scottish Government's vision is that Scotland's looked after children and young people will benefit from access to a range of appropriate services designed to meet their emotional, mental and physical needs. Professionals, foster carers, residential workers, teaching staff and parents will be trained to understand the importance and value of meeting these needs. All of our looked after children and young people should grow to be emotionally, mentally and physically healthy.



At present reports for this group show:

- High levels of alcohol use
- Significant use of drugs
- Gaps in access to information on sexual health
- Mental health issues that are greater than their peers in the community
- Concern about suicide and self harm
- Neglected oral health
- Risk of poorer than average current and future health and wellbeing

There were 14,000 looked after children in Scotland as at 31<sup>st</sup> March 2007

- 58% were looked after at home and 41% looked after and accommodated
- Only 52% of care leavers achieve at least one qualification at SCQF level 3 or above with only 34% achieving both english and maths
- School attendance levels were significantly below those of children who were not looked after

The 'Being Emotionally, Mentally and Physically Healthy' working group is tasked with overseeing delivery of the health action points from We can and Must Do Better. These are:

#### Action 15

Each NHS Board will assess the physical, mental and emotional health needs of all looked after children and young people

# ust Do Better'

for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to looked after and accommodated children and young people, and to those in the transition from care to independence.

## Action 16

We have agreed with the Care Commission that they will review the health of looked after children and young people. They also have responsibility for dealing with a variety of issues including:

- defining the role of the existing LAAC nurses
- the development of a LAAC nurses competency framework
- encouraging joint assessment and planning for looked after children and young people and demonstrating how this links into the Getting It Right for Every Child agenda
- delivery of a two-year programme of support for Continued Personal Development on sex and relationships education

- development of a programme of work to support the delivery of drug/alcohol/tobacco education in schools and inspection by the Care Commission of physical health, mental health and well being and nutritional standards.

We will know we are making real progress with these tasks when Health Boards know who their looked after children (both those accommodated and looked after at home) are and have processes and pathways in place to ensure that these children and young people are able to access both universal and specialist services as appropriate.

Although there is no legislative definition of 'Corporate Parent' We Can and Must Do Better makes it clear that the Scottish Government expects all local authority departments and services, and associated agencies, to work in partnership to meet the needs of looked after children and young people. This includes schools and health boards and social workers.

The Caring about Health: An A-Z health resource pack is a useful resource in improving the health of looked after and accommodated children and young people and can be accessed at [www.healthscotland.com](http://www.healthscotland.com)



## The Latest Blockbuster for the Beach!

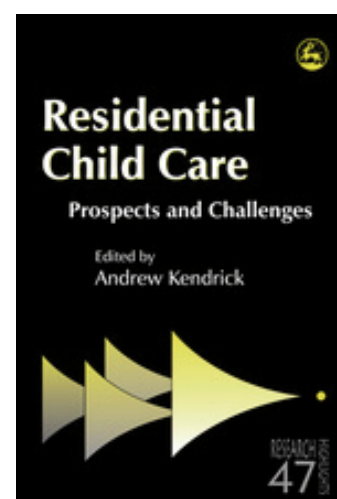
### Residential Child Care: Prospects and Challenges

Edited by Andy Kendrick of SIRCC, this latest collection in the Research Highlights series covers crucial aspects of residential child care including promoting health and well-being; addressing issues of discrimination; conflict and response; and context and culture.

All sixteen concise chapters relate to residential child care and also consider other attention-grabbing aspects of education, rights, staff matters and so much more. Contributors, names you know and love, include:

*Aileen Barclay; Christine Barter; Michael van Beinum; Janet Boddy; Roger Bullock; Claire Cameron; Brigid Daniel; Jo Dixon; Ruth Emond; Joe Francis; Judy Furnivall; Malcolm Hill; Lynne Hunter; Teresa O'Neill; Jane Scott; Kirsten Stalker; Laura Steckley; Irene Stevens and Harriet Ward*

**Residential Child Care: Prospects and Challenges** 2008, ISBN 978 1 84310 526 8 pb £18.99 is available from Jessica Kingsley Publishers – [www.jkp.com](http://www.jkp.com)



## From the SIRCC Library

**Adolescence and health** begins by examining topics such as sexuality, eating disorders and the use and abuse of substances, and then moves on to wider discussions including the best way to promote health or provide clinical services to a group who are neither fully adult nor children.

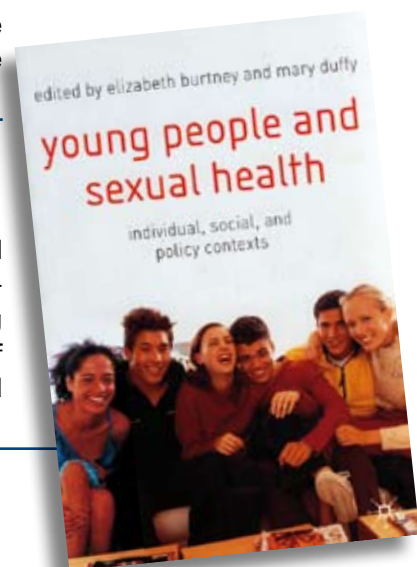
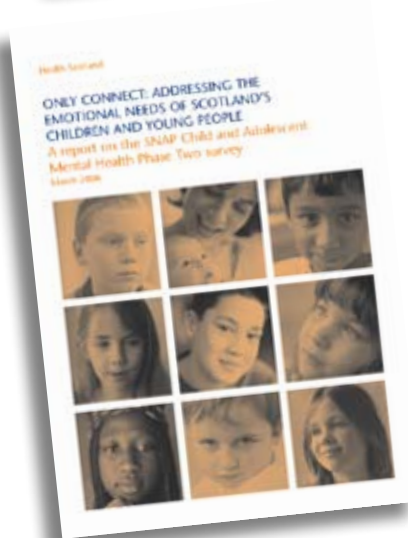
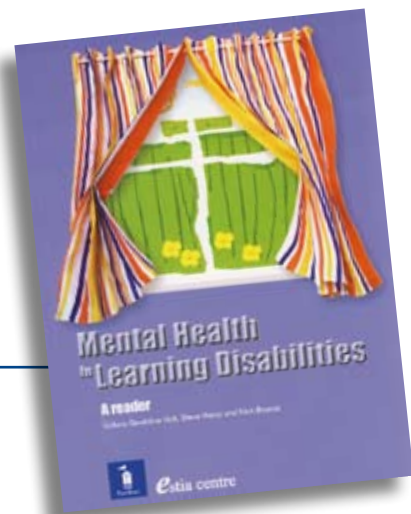
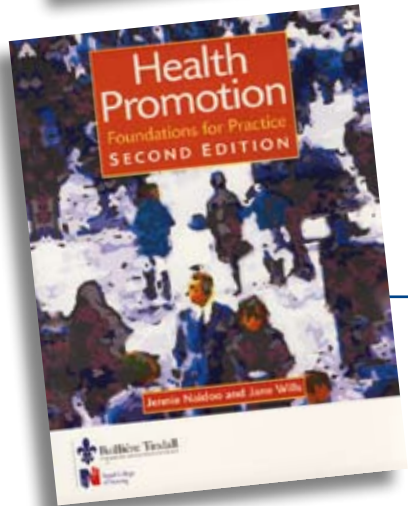
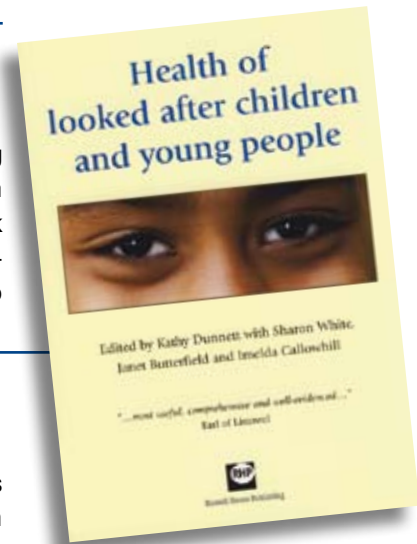
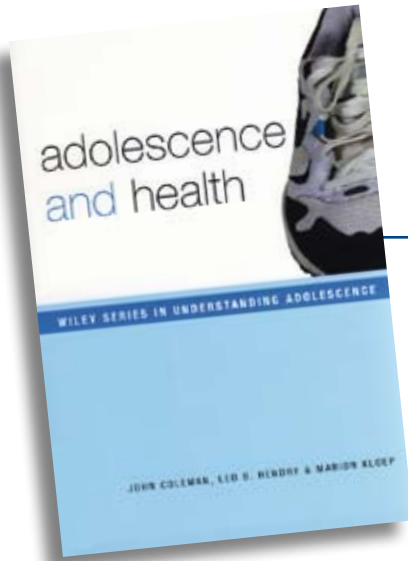
The **Health of looked after children and young people** is everyone's responsibility, and there is an urgent need for us all to be working together. This book crosses the boundaries between the various professionals providing support, advice and help and aims to clarify some of the problems they face.

**Health promotion: foundations for practice.** This book aims to provide the theoretical framework which is vital if health promoters are to be clear about their intentions and desired outcomes when they embark on interventions designed to promote health.

**Mental health in learning disabilities** aims to provide up-to-date information about mental health problems in people with learning disabilities and associated issues. It reflects the latest developments in services and treatment.

**Only connect: addressing the emotional needs of Scotland's children and young people** is a report on the SNAP child and adolescent mental health phase two survey. The specific problem areas described by the respondents are analysed quantitatively.

**Young people and sexual health: individual, social and policy contexts.** This challenging, thought-provoking book presents a holistic view of young people's sexuality and sexual health from a range of perspectives, including social policy, sociology, and education.





# The Challenges of Mental Health

**Allyson McCollam, Chief Executive, Scottish Development Centre for Mental Health**

There can be no doubt about it, the mental health outcomes for children who are looked after and accommodated tend to be poor and affect adulthood. The factors that can lead to a child becoming looked after, combined with the experience of being looked after, have major implications for a child's mental health and wellbeing. This reinforces the case for identifying steps that can be taken to



scottishdevelopmentcentre  
for mental health

address the causes as well as the consequences of poor mental health among this group of children. It includes, but goes beyond, providing

treatment and care for the mental health problems that children present.

In a recent project commissioned by the Scottish Government, Support for Change, the Scottish Development Centre for Mental Health has been reviewing approaches and models of services to address mental health needs. This focused on infant mental health; primary mental health work; out-of-hours and emergency services; and the

mental health of looked after and accommodated children. Local services that are most effective for LAAC mental health include the following elements:

- Raising awareness of mental health needs of LAAC children
- Building capacity within care settings to respond to needs and provide a mental health promoting care environment
- Providing a bridge into specialist CAMH (child and adolescent mental health) services
- Enabling clear communication and information sharing among service providers
- Feeding into strategic planning and development

Support for Change clarifies the increasing awareness of the inequalities in mental health associated with being looked after and accommodated. Although considerable developments are being made to improve service responses, there remains a considerable distance to travel.

The report of this work will be available from the Scottish Development Centre later in 2008. For further information contact: [sdcmh@sdcmh.org.uk](mailto:sdcmh@sdcmh.org.uk).

[www.sdcmh.org.uk](http://www.sdcmh.org.uk)

## Transitions Seminar

**Discussing the recommendations of the SCCYP report 'Sweet 16?'**

**Looking at changes in policy and practice**

Details available from SIRCC National Office

**Apply Now**

Venue: Campanile Hotel, Glasgow

Date: Friday 31<sup>st</sup> October 2008



# More Healthy, Hearty ...

'... a better definition (of at risk youth) is youth who are at risk of being failed by one or more adults or adult-driven systems or institutions'.

(Tumbleson, H, 2001)



**Maxwell Smart**  
**Assistant Residential**  
**Services Manager**  
**Lothian Villa Resource**  
**Centre**  
**East Lothian Council**

This article follows a presentation on Confident Care Practice: challenging risk-averse practice in residential child-care, which was part of SIRCC national conference 2008. It focuses on some of the themes that restrict opportunities for young people in care and considers how confident practice can promote the health and well being of looked after young people.

## **Health and well being**

Children and young people in care have invariably suffered many difficulties in their lives. They come into care, as Austin and Halpin (2002) astutely observed, '... because they come from being out of

care'. Consequently this group of young people usually have significant gaps in their physical and emotional development, have problems with relationships with adults and others (for entirely understandable reasons such as safety and survival), and have problems in giving trust to adults.

I would assert that the task of 'care' is to tackle these developmental issues with our young people, and the main tool at our disposal is to do this is via work that concentrates on connection with young people, and through the creation of belonging, i.e. the relational aspect of our care. This requires caring adults to



# and Less Risk Averse



take some calculated risks with young people in order to connect to and subsequently to create relationship with young people.

### Connecting opportunities

Opportunities to do connection work can happen frequently in care settings. It can be on a bike ride with young people, on a game of football or on a visit to the beach on a unit holiday. It can happen in everyday life events, in a task as simple as making a cup of tea or helping a young person to make their bed, when '.... two can join in mutual interaction that is positive and relationship building' (Maier, 2003).

Garfat (2008) advises that connection should be purposeful; it should seek to 'strengthen natural abilities to relate to others and gain positive support'. Residential workers must endeavour to create connection with young people as it is an active ingredient in promoting resilience and essential for good emotional and physical health. Although this may appear obvious, many care regimes are reluctant to engage in this work because they are anxious that they could get the blame for being negligent if particular activities go wrong.

### Pinning Colours to the Mast – the 'Why?' of risk averse practice

I would speculate that residential child care workers often feel blamed for many of the ills of our society, whether through the media or politics. Managers and workers often feel caught in the

middle of apparently contradictory policy requirements. They are expected to deal effectively with care and protection and to manage-out risk in the process. Consequently, out of a fear of falling foul of the rules, policy and practice can become restrictive and defensive. Residential

childcare can exacerbate problems for young people if it is not willing to push out of the procedural boxes it has been placed in.

### Thinking out of the box

To break out of these boxes requires courage and confidence, and residential managers and workers need to acquire this confidence. Remember we ask young people to take some of the biggest risks of their lives when we ask them to connect with us. They have many reasons to avoid the attentions of adults, even well-intentioned ones. So our systems must be open to taking these relational chances when they occur, creating opportunities as part of our day-to-day living with young people. In a now more health-conscious society, doing activity work with young people actively promotes a healthier lifestyle and important ingredients for better mental health.

Wheway (2007) noted that '... research and long experience have shown that it is not the general public ... who are risk averse but more those responsible for management who tend to be risk averse and reach overcautious interpretations of guidance or worse still overcautious interpretation of myths about guidance' (p.2). Residential managers and workers need to become clear what the rules and guidance for care actually are in order to promote relational connection with young people.

Often conflict arises out of defensive interpretations of the rules that become established myths about what we cannot do, and prevent connectational work with young people.

If young people's emotional health and well being is to be taken seriously we need to be more confident and more cognisant with the guidance or rules in order to take some of the calculated risks that promote good emotional well-being, and strong and healthy relationships. So, as illustrated in the photographs, create the opportunities to take calculated risks with young people. The benefits of doing so can be liberating and life-changing.



# The Role of LAAC/LA

An interview with Elaine Greaves. Helen is a LAC nurse working in East Renfrewshire CHCP. She also sees children with a disability and often complex health needs who are living in residential and respite care, ensuring all their health needs are met.

**Is there a difference in the titles LAAC Nurse and LAC Nurse?**

LAAC means Looked After and Accommodated Children and LAC means Looked After Children. The titles are essentially the same. Most of these registered nurses have additional qualifications such as a public health nursing degree, midwifery, mental health/psychiatric nursing or children's nursing, and have often undertaken other specialist courses.

**What would you consider to be some of the health issues for children and young people in residential care in Scotland?**

Many have emotional, behavioural and mental health problems. With some, underage smoking, alcohol or drug use and poor diet and nutrition have been a problem prior to placement in residential care. Previous lack of information on relationships and sexual health can result in young people being at risk of contracting sexually transmitted infections and pregnancy. Often childhood developmental screening, management of chronic conditions, dental health, and immunisation have been neglected. Records are frequently inadequate.

**How many specialist LAC/LAAC nurses are currently working on behalf of looked after children in Scotland to address these issues?**

Most local authorities in Scotland now have links with us as well as some community paediatricians. We also have links to leaving care and there are specialist mental health nurses. Check the LAAC Nurse

directory for more information on: [www.shcn.org.uk](http://www.shcn.org.uk)

**How are these nurses working to improve young people's health and well-being?**

The nurses adopt public health approaches, putting in place individual Health Action Plans. Most carry out holistic health assessments and health reviews and identify previously unmet health needs. They are involved in health education and health promotion, tracking children as they move placement, attending LAC reviews and ensuring carers and young people have knowledge about health issues. They also provide advice, awareness raising or training for carers, social workers and others involved in young people's care.

**What is happening about long term funding and commitment to LAC/LAAC nurses?**

Most LAAC/LAC nurses now have permanent funding for their posts. The Government's 'Better Health, Better Care' and more recent 'Equally Well' reports, as well as the NHS Education Scotland's (NES) framework have enabled LAAC/LAC nurses to develop their roles. A LAC nurse has been seconded to NHS Scotland to assist with recommending how Health Boards can improve the way the health of the LAC population is monitored and improved.

**What would a typical day consist of for a nurse?**

Most nurses will say they never have a 'typical day'; however, there can be common elements;

Much of the time is spent communicating with professionals, searching for health and social background information prior to seeing a young person for a Comprehensive Health Assessment or a health review. This then has to be followed up.

Many nurses attend LAC reviews or Throughcare meetings, especially if there is an identified health need.



# C Nurses in Scotland

Some nurses are members of strategic Children's Services Planning Groups for LAC or other development groups, so may have a multi-agency meeting to attend.

Contacting carers to discuss various health related matters usually happens on a daily basis. These conversations can vary from a notification about a small baby moving to a foster carer, to a concern from a key-worker about a new admission who is self harming.

## What are some of the main challenges?

One of the main challenges is being able to engage with a young person who can at first be mistrustful of any professional. Health and wellbeing has to be on everyone's agenda. It's not only the role of the health professional. NHS Health Scotland has recently produced 'Caring about Health, an A-Z health resource

pack' and every child's residential establishment and foster carer will receive a copy.

## Tell us about the importance of the role of residential staff and carers in relation to health and well-being.

Staff and carers as role models are central in supporting young people to begin to take responsibility for their own health. They are often crucial in assisting and ensuring that young people attend health and dental appointments. The health promoting ethos of a children's unit and the caring commitment of a young person's key-worker can encourage healthier lifestyle choices and behaviours in our vulnerable children and young people.

**Elaine, thank you very much for your time and for agreeing to talk to SIRCCULAR.**

## The Care Commission considers Mental Health and Well-Being

During 2007/08, Care Commission inspections of residential services for children and young people (including residential special schools and secure services) specifically looked at how services addressed the mental health and well being needs of young people. They intend to report on their findings in the Autumn. In 2008/09, they will look at how physical health and well being needs are met and intend to report on this towards the end of 2009.

## The Care Commission Needs You !

The Care Commission registers and monitors care services in Scotland. It is looking to recruit more lay assessors to help with inspections.

Lay assessors work alongside Care Commission officers during inspection visits. They concentrate on speaking and listening to service users and gathering their views. They can be there for all or part of an inspection visit, as well as being involved in announced and unannounced inspections. While the lay assessors will not need to have any legal or technical expertise, they should have had experience of care themselves.

You may know of some young people who would be interested in becoming a lay assessor. It doesn't matter where they come from as lay assessors are needed

all over Scotland. The Care Commission believe that involving lay assessors will help the process to focus on the quality and reality of care from the point of view of young people who currently use or have previously used the service.

Lay assessors are volunteers so they don't get paid but their expenses will be covered. They will also be provided with training to help them in their role. If you know of a young person who might be interested,

they should contact Jo Phillips. Contact her by e-mail at:

[jo.phillips@carecommission.com](mailto:jo.phillips@carecommission.com)

or telephone: 0845 6030890 (lo-cost call), or 07920 595496 (mobile).





# The SIRCC National Conference 2008

## Sustaining Relationships : A v

The SIRCC National Conference in June of this year welcomed over 400 people as delegates, speakers, staff and exhibitors to Crieff Hydro in Perthshire to explore the theme of 'Sustaining Relationships: A vital residential child care task'. Most delegates stayed for two days and appreciated hearing from keynote speakers, David McCorkle, Jaimala Gupta, Tony Morrison and Holly van Gulden. The speakers, workshops and networking opportunities provided delegates with perspectives not just of national but of international significance.

David McCorkle, Senior Faculty and Site Consultant for the Sanctuary Institute at Andrus Children's Centre in New York, opened the conference with a Keynote presentation on the necessity of creating relationships that enable young people in care to work through the losses they have experienced. He also explored the importance of residential workers acting as 'hope keepers' for young people as a vital component of healing.

The role and importance of therapeutic caring relationships was stressed by Jaimala Gupta, the Chief Executive and Founder Secretary of Vatsalya in India, who brought to life real examples of positive effects of caring relationships.

On day two of the conference, Holly van Gulden, Director of the Adoptive



# vital residential child care task

Family Counselling Centre in Minneapolis, captured the imagination of the audience with a powerful presentation which focused on issues around attachment, permanency and constancy and presented practical techniques for assessing and addressing deficits in these areas.

Tony Morrison, an independent child welfare trainer and consultant, the final keynote speaker, examined the role of supervision, consultation and leadership relationships in creating an environment in which young people thrive.

Over the two days, delegates considered the ways in which relationships at all levels play a vital role in providing high quality residential child care services. Relating effectively to young people, their families, co-workers, organisations, ourselves and other professionals can contribute substantially to excellent residential child care and positive outcomes for children and

young people. With this in mind networking, workshops, parallel session and making new contacts were key to the whole event.

This year's exhibition was larger than ever, providing a great forum for delegates to learn about developments and activities in different parts of the sector, including providers of specialist furniture, IT programmes and books, care providers, support agencies and a special Fairtrade stand to support the work with street children in India.

People who are unable to come to the conference often ask 'Who attends?' About half of all those attending are residential workers. Local councils and the voluntary/independent sectors were fairly evenly represented with growing numbers attending from the private sector. Individuals also came from a range of other agencies, such as the Care Commission and providers of other serv-

ices. We were pleased to welcome more students this year, particularly two study tour groups from Canada and the USA, and as always there were a number of academics attending.

This year's conference was a great success which left delegates energised for the work ahead and aware that in the vital residential child care task of sustaining relationships, each of us can make a difference.

We are delighted the National Conference will be returning to Crieff Hydro on the 11-12th June 2009. Please contact us right away if you have any specific suggestions for next year. The call for papers, for workshops and parallel sessions, will be coming out in October.

**Pauline Boyce, Acting Assistant Director, Operations, SIRCC**  
**Wendy Cox, Events and Communications Manager, SIRCC**

[sirccevents@strath.ac.uk](mailto:sirccevents@strath.ac.uk)





# FICE Youth Congress, Finland, June 2008

Three young people with experience of being looked after and accommodated in Scotland, along with two members of Who Cares? Scotland staff travelled to Finland in June to take part in the 2008 FICE Youth Congress. This biennial six-day congress ran concurrently with the FICE International Congress for childcare professionals held in Helsinki entitled 'Better Future for Children Today'.

Youth work representatives from ten different European countries (plus South Africa – hosts of the next Youth Congress in 2010) accompanied young people with experience of care to the Congress. During the week the Finnish hosts introduced the young people to activities designed to foster positive interaction, discussion and understanding between them. A full programme included workshops centred on photography, nature, adventure and daily sessions of dance. David, a young person who came with us from Scotland also shares his experiences in this article.

At the official introductory session we split into groups and were given a slip of paper naming another country. We were asked to write down anything we knew about that country. It was quite surprising how much everyone knew about each others' countries, e.g. all Scotsmen are ginger haired, wear kilts

and drink whisky!

*During this the organisers broke the news to us that we had to dance as part of our presentation... Aaaaaaaaaah! So afterwards it was off to dance rehearsals, which would go on for three days. Although in defence it was a very enjoyable class and we had an amazing dance instructor.*

Any apprehensions the young people had about interacting effectively with each other and taking part in quite challenging activities were soon overcome. The energy, vibrancy and enthusiasm were fantastic. After four days of intensive work the young people had created a truly impressive and creative dance routine. Each had selected a photograph of themselves from their photography workshop, which they felt best represented them as individuals.

*We had been broken into three groups which we stayed in for the next couple of days. In our groups we took part in different workshops; nature, photography and adventure .... Of course this only happened after dance rehearsals!!*

The main idea behind the workshops was to encourage team building and to help young people to challenge comfort barriers in preparation for life.

*There was one workshop that I particularly liked; it was empowering photography. It was based around a project created to help young girls within the welfare system feel more confident. The name of the project was 'The Most Beautiful Girl in the World'*

On day five, the young people and workers were





transported to the Finnish capital of Helsinki and the impressive Finlandia Hall to present their dance and photographs to the professional FICE Congress. The young people enraptured the hall with a loud, energetic and powerful dance routine and a moving presentation of their photographs on a big screen. Some young people (including the Scots) also said a few words about their experiences to the congress, leaving the hall to a resounding ovation.



*On the Thursday afternoon we arrived at Finlandia Hall in Helsinki to do the presentation, in front of 300 adults, it went really good. There was lots of dancing; clapping and I even did the Highland fling in front of the whole room, so I feel the presentation was a success!!*

Both congresses got together for the Gala dinner and the next day went for the closing ceremony. The final day was spent having fun, looking around Helsinki and the young people saying their fond farewells to each other. The very last gathering of the young people together involved a thirty person communal hug and the shed-

ding of many tears.

*At one point we had the chance to mingle with the adults at the Gala dinner, where there was more dancing, lots of eating and everyone enjoyed themselves.*

This was a great event for young people on many different levels. For many it was their first trip abroad, their first experience of an aeroplane, their first interaction with people from other countries, their

first insight into perspectives and experiences of care in other countries and for all, their first visit to Finland. The Finnish hosts were exceptional in ensuring that everyone had a positive experience. The Scottish delegates will cherish their memories of the 2008 Finnish Youth Congress for a very long time.

I believe the conference was a success, on a personal note, I now feel more confident and I have made quite a few new friends... I hope the conference keeps running in order for other young people to benefit in the way that I did.

**Grant Gilroy and David, Who Cares? Scotland**



## NEWS

### Seminar: Arts and Activities

Venue: Jordanhill, Glasgow

Date: Thursday 5th Feb 2009

Please let us know if you have something to say or to contribute to this exciting event. It will focus on arts, fun and interesting, indoor activities that you can use in a wide range of residential child care settings. Your contributions will help to make this event. Please make early contact:

[sirccevents@strath.ac.uk](mailto:sirccevents@strath.ac.uk)

### Associate Lecturers in Mental Health and/or Self Harm

required to teach on short courses in various parts of Scotland.

Qualified candidates with relevant residential child care experience can obtain more information about the requirements and application procedures from SIRCC

e-mail:

[mhairi.karagiozis@strath.ac.uk](mailto:mhairi.karagiozis@strath.ac.uk)

**Tel: 0141 960 3683**

### Scottish Journal of Residential Child Care 2009 Special Issue - Health

#### Call for Papers

In recent years, there has been increasing focus on the physical and mental health of looked after children. This special issue invites papers which focus on all aspects of the health and well-being of children and young people in residential care.

We particularly welcome papers which present the perspective of children and young people. If you have an idea for a paper which highlights good practice or policy, or presents new research findings, please contact Irene Stevens at the SIRCC National Office or email: [irene.c.stevens@strath.ac.uk](mailto:irene.c.stevens@strath.ac.uk)





# Healthy Care Matters

## The Scottish Healthy Care Network Conference and AGM

Thursday 25th September 2008

The Beardmore Hotel and Conference Centre  
Clydebank, Glasgow



For more information e-mail:  
[sirccevents@strath.ac.uk](mailto:sirccevents@strath.ac.uk) or  
telephone: **0141-950 3683**

Further details available on the SIRCC web site: [www.sircc.strath.ac.uk](http://www.sircc.strath.ac.uk) or [www.schn.org.uk](http://www.schn.org.uk)

## CARING ABOUT SUCCESS: YOUNG PEOPLE SHARING THEIR STORIES



**30 years on - breaking down barriers,  
challenging stigma and championing  
the rights of children and young  
people**

**20<sup>th</sup> November 2008  
Glynhill Hotel, Renfrew**

A conference in  
partnership with the  
**Scottish Institute for  
Residential Child Care**



Who Cares? Scotland marks its 30<sup>th</sup> anniversary of working with children and young people looked after and accommodated. A year of activities on the theme of Celebrating Success and Challenging Stigma will end with a conference on International Children's Right's Day. Hear a range of perspectives on encouraging success and challenging stigma, in particular what success means to children and young people and what they tell us are the barriers to success.

If interested in attending, please contact Michelle Lamont at SIRCC on 0141 950 3683  
or email [michelle.lamont@strath.ac.uk](mailto:michelle.lamont@strath.ac.uk)