



Extending the boundaries of therapeutic care, education and knowledge

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Oracle School open to day pupils

Oracle School was originally set up to cater specifically for the community placed at Oracle Care. The school allows young people with complex needs to access education. It provides them with a bespoke educational package, designed to educate as well as modify behaviour.

The topic of day placements at Oracle School came up when we were looking for a suitable mainstream placement for a young person at Oracle. The head teacher at the school we were visiting asked whether we provided day placements, as she had recently had to exclude a pupil because of behavioural difficulties. After much thought and discussion at Oracle, we decided to offer our first day placement. Since that first one, we have admitted two further placements in Region 2. All have been extremely successful and beneficial to both the day pupils and our current school community.

Discussions between care, education and therapy professionals about offering day placements highlighted the following benefits:

- Increasing the school population benefits delivery of the curriculum; subjects like drama and social skills have an improved impact with higher numbers. E.g. a discussion around bullying is more interactive, broad and in many cases less intimidating with eight rather than three pupils.
- Offering day places allows a healthy population to be maintained in Oracle Schools when post-16 residents are attending further education.
- We can be selective about the pupils we offer placements to, benefiting the whole community — both day pupils and the resident population.
- Many of the residents at Oracle have issues around social skills and interaction. Exposure to more peers is beneficial in terms of group dynamics.
- Historically, young people in care have found it difficult to connect with others of their own age group in the wider community. Day pupils can help to bridge that gap and potentially assist in the formation of positive, appropriate relationships outside of Oracle Care.

- Young people with complex needs who are able to remain at home or in family placements can receive education with the benefit of our specialised support.
- Therapy can be offered alongside the education, with the aim of facilitating the reintegration of day pupils back into mainstream school as and when appropriate.

Steve Bromley, Head Teacher

Oracle Care's mission to go paperless continues:

In January 2010, Oracle's policies and procedures went online with Tri.X (www.tri-x-childcare.co.uk). This new addition synergises with the existing electronic recording system already in place via Clearcare at Oracle (www.clearcaresolutions.co.uk). Staff are able to access policies and procedures on line for reference and guidance during the course of their admin work, updating young people's files on a secure server on a daily basis. Social workers and other relevant professionals can be given individual remote access to specific homes and records on their young person. In addition to receiving regular reports, social workers can keep up to date with achievements and significant events in young people's lives in between statutory visits and LAC Reviews.

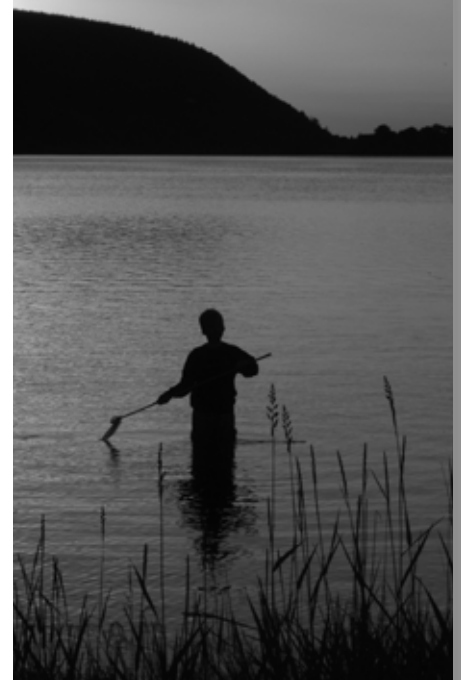
At the recent Open Day at Oracle School in Region 1, a visitor commented:

"During the visit [we] were both impressed with the level of service that appeared to be on offer. It was also nice to see young people in a learning environment and have the opportunity to speak to some of them ... It is quite groundbreaking that you have an e-system in place that lets [the social worker] review [their] young person's information while in placement with Oracle."

To arrange to visit Oracle or discover more about our e-systems please contact Alison Trainor on **07809 195335** or email alisontrainor@oraclecare.com.

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Restorative justice in children's residential care

Introduction

There are many reasons why those people working in children's residential care should be concerned with Restorative Justice: 27% of the prison population — and half of those who are under 25 — have had a history in care¹. This over-representation of looked after children in the criminal justice system, particularly for offences that would be unlikely to attract police attention if committed in a non-care setting has inspired some Local Authorities to appoint ROLACs, workers whose remit is to reduce offending of looked after children and specialists in Restorative Justice.

Definition

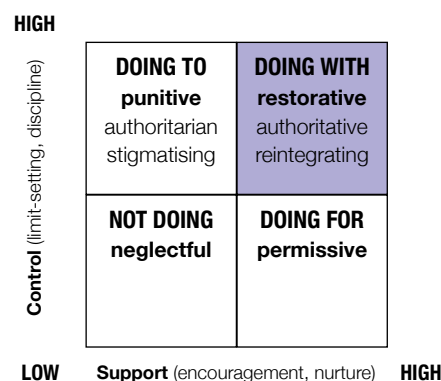
A good definition of Restorative Justice is: "...a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future".²

The restorative enquiry is concerned with enlisting whoever has been affected in the process of repairing harm and moving forward. By contrast, the punitive approach tries to find out who is to blame by fact-finding and gathering witness statements, in order to deter and punish the culprits so there is no repeat.

Principles and Values

Restorative Justice (RJ) is needed to avoid criminalisation of children's misbehaviour. Restorative approaches, drawing on the philosophy and principles of RJ, are needed more widely in residential care, to prevent the misbehaviour in the first place, by creating a climate of understanding, learning and healing rather than blame and punishment. Such approaches seek to deal with bullying, resolve conflict, defuse challenging behaviour and, by improving communication, reduce the stress that can exist in residential settings. Figure 1 shows a model of a restorative approach which demonstrates the importance of balancing boundary-setting and control with support and nurture³.

Figure 1: Social Discipline Window



We want our staff to function in the quadrant that is coloured blue, as this is most likely to produce restorative outcomes.

Restorative Approaches in Practice

Once all sides involved in a conflict are ready to engage the following structure informs the mediation process:

- 1 Stage 1 — acknowledgement of the courage to choose to try and resolve the problem together; explanation of the process and discussion about key ground rules
- 2 Stage 2 — inviting all sides to tell their stories, express their thoughts and their feelings when the situation occurred and now
- 3 Stage 3 — invitation to all involved to express their needs to feel better and move on. Repair of harm caused.
- 4 Stage 4 — problem solving: how can all the needs expressed be met?
- 5 Stage 5 — drawing up a written or verbal contract and agreeing to review things in a day or so

Case Study

Following an instance of sexually problematic behaviour of a young male resident towards a female carer, the carer requested a meeting to clear the air for the future and to convey the harm to the young person who is moderately learning disabled.

I met with Tim* to propose and prepare him for the meeting which would then occur shortly afterwards. Initially he was reluctant and was dismissive of the two staff members who had been on duty on the day of the incident. During this pre-meeting I explained that the process would give both him and the carer a chance to say what happened, what they were thinking and how they were feeling, what impact upon them the events have had, and finally, what each of them needed in order to move on. As Tim's mind went back to the events, his verbal aggression was directed less at the victim of his harmful behaviour and more at his description of the other carer, a male worker, I judged that it would be safe to proceed. Because Tim was a little agitated, I asked his Residential Manager to enter the room and sit beside him to offer him support through the process. Since there had been a delay of some 10–15 minutes from when the meeting was planned to start the carer was by now quite nervous and I was honest with her about Tim's ambivalent/reluctant attitude to the meeting. I warned her that there was a chance Tim might storm off as she described her version of events. She was willing to take that risk; with her feelings of nerves acknowledged and a quick reminder of the need to keep words and sentences short, so Tim would understand, we entered the room.

I did a brief introduction about why we were there and what format the meeting would take. We reflected on how Oracle normally has good, friendly relations between people but like any group or 'family' there are sometimes 'upsets' and the best way to learn and move

on from them so as to reduce the chances of it happening again is to meet and talk. The carer gave her account to Tim, describing how she felt uncomfortable with him coming into her personal space, putting his arm around her waist, rubbing himself against her and grabbing her wrists. She made a clear request that Tim respect her personal space. Tim was then given a chance to recount his version of events and his account of the build up mostly concurred with the carer, but when he got as far as the sexual elements he then said he did not want to say any more. He was asked whether he wanted to give an apology and he refused. He started to complain about carers from other houses coming to look after children at his home. His Registered Manager pointed out the reasons for staff covering their colleagues' shifts; he reminded Tim how much he normally liked this carer; and also how much Tim likes going to visit other houses. The Registered Manager also acknowledged Tim might feel embarrassed by hearing the description of what he had done and suggested that an apology might come from Tim in the days following this meeting. All the adults praised Tim for being willing to remain in the room while the carer described some events that must give him difficult feelings. I asked the carer what she needed to be able to move on from this event and she said it would be nice to receive an apology, but what she really would like is some reassurance that this would not happen to her again. I asked Tim if he would be willing to give this reassurance, and he agreed. By giving this assurance, Tim was tacitly admitting that he knew he had transgressed the boundaries and, as importantly, he showed some empathy. During debrief immediately after the meeting with her line manager, the carer was praised for her brave and worthwhile intervention; also she was able to express how really satisfied she was that the meeting had gone well. Later in the day she saw Tim in the corridor and he said, "Sorry", to her. To help Tim come down from such an intense input he played sport outside for half an hour.

Conclusion and Future Ideas

Not all restorative interventions need to be as intense as this case study. Indeed, many incidents in residential care flare up quickly and need immediate attention, thus requiring less formal training. In fact this can lead to a cultural shift in the way staff and young people interact on a day to day basis: one idea is to introduce regular circle meetings whereby staff and residents sit in a circle, and contributions are made around the circle in turn by whoever is holding a talking piece, with no interruptions. Equally, staff can use regular circles at the beginning and end of each day to check in and check out with how they are emotionally and share what they may need from colleagues that day in terms of understanding or support. Given the integrated approach at Oracle between education⁴, care⁵ and therapy, there is ample opportunity to develop the very fruitful approach of restorative justice.

Rowland Coombes, Senior Therapist, Oracle Care

1 Social Exclusion Unit, *Reducing re-offending by ex-prisoners*, 2002.

2 T. Marshall, *Restorative Justice: An overview*. London: Home Office, 1999.

3 B. Hopkins, *Restorative Approaches in Residential Child Care*, NCERCC, 2007.

* Names have been changed

4 B. Hopkins, *Just Schools. A Whole School Approach to Restorative Justice*, 2003

5 B. Hopkins, *Just Care. Restorative Justice Approaches to Working with Children in Public Care*, 2009

Case study: Behaviour monitoring scales in practice

Introduction

An article in our last Newsletter described a joint project between Oracle's Education and Clinical teams to improve the way Oracle School monitors and targets behaviours shown by pupils which are barriers to their engagement in education. The outcome of the project was the development and introduction of our in-house 'Behaviour Monitoring Scales'; a simple, observational rating scale of behaviours across 5 domains (D1: disruption; D2: verbal & physical aggression; D3: engagement; D4: attention & concentration; D5: sexualised behaviours). The Behaviour Monitoring Scales are now key tools that help our teaching teams focus their strategies for reducing behavioural barriers to learning amongst Oracle School pupils. Here we outline how the Behaviour Monitoring Scales are applied in practice.

Stage 1: Initial Assessment

Brian has a statement of special educational needs, which include severe social, emotional and behavioural difficulties. Complex needs, alongside previous negative experiences, often culminate in presenting obstacles to learning and in Brian's case, his individual behaviour was the main barrier to learning on arrival at Oracle. In the 12 months before moving to Oracle, Brian was not attending education and the escalation in his aggressive behaviour towards those in authority resulted in a final warning from the police, and an array of continuous placement breakdowns. Initial assessment using the Behaviour Monitoring Scale indicated that on entry to Oracle School Brian's learning was primarily affected by behaviour within dimensions D2 (Verbal and physical aggression) and D3 (Failure or refusal to engage). For example, he would consistently miss lessons due to aggression towards care staff in the morning, which led to initial high scores in D3, and during lessons Brian would become verbally and physically aggressive, banging tables, swearing at staff, arguing with peers and eating his written work. Individual Education Plan (IEP) targets were set for Brian which related directly to these areas: to avoid physical aggression towards peers, staff and school property (D2); to increase attendance in lessons (D3).

Stage 2: Monitoring

Once the formative assessment was complete, monitoring of Brian's progress became a continuous process. The Behaviour Monitoring Scales were used to review Brian's behaviour at school on a weekly basis, with the teaching team collaboratively rating his behaviour against each of the 5 dimensions. Brian's individual targets were reviewed three times annually (at the end of each school term, following the eight week initial assessment period) and amended to reflect the changes that were seen in those behaviours that were causing problems with his ability to engage in his education programme. Personal intervention strategies (rewards system, positive reinforcement incentives, Therapeutic Crisis Intervention including

Life Space Interviews and 'Time Out') were identified and deployed consistently allowing Brian to modify his behaviour. The level and occurrence of behaviours that affected his learning reduced from completely impairing his learning (refusal to engage and frequent aggression) to manageable (occasional incidents and lesser level of aggression) by the end of his first term at Oracle School. New targets were then implemented informed by observational changes recorded in the Behaviour Monitoring Scales, remaining focussed on D3 (engagement in class), which was subsequently met in the following term.

Stage 3: Measuring

The introduction of the Behaviour Monitoring Scales has been fundamental in tracking progress of behavioural targets and informing practice at Oracle School through a cyclical process (Figure 1). The monitoring data it provides, represented in the graphs below (Figures 2 and 3) also contributes to planning for Brian across all aspects of his care programme at Oracle.

Figure 1: Assessment cycle



Oracle's 'tripartite' approach, where the leads for care, education and therapy for each young person routinely meet to review progress and develop joint intervention plans, enables a holistic representation of quantitative data analysis. Qualitative interpretations of the results from multi-professional perspectives inform the construction of bespoke intervention packages that cater specifically for the young person's needs; in this case providing Brian with the opportunity to meet his full potential.

Stage 4: Reporting

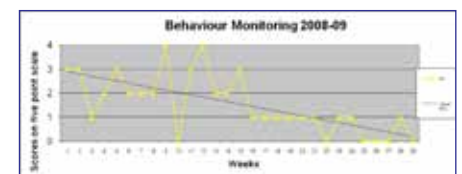
Over the school year, Brian successfully met all IEP targets relating to dimensions D2 and D3 and, through engaging in intervention programmes, those behaviours that were barriers to his engagement in education showed a steady reduction to manageable levels. As the graphs below (Figures 2 and 3)

indicate, the level of behaviours in both of these dimensions on the Behaviour Monitoring Scale have reduced from scores of 4 and 3, indicating high occurrence/severity and significant impairment to learning, to scores of mostly 0 or 1, indicating no occurrence or very limited occurrence/severity and minimal impairment of learning.

Figure 2: Dimension 2 Data – linear line shows a strong reduction in Brian's aggressive behaviours following the implementation of IEP targets since the initial assessment period (Wk 8); target met end of Term 1 (Wk 14).



Figure 3: Dimension 3 – linear line shows a strong reduction in disengagement behaviour from Brian signifying improved engagement following the implementation of IEP since initial assessment period (Wk 8), reviewed end of Term 1 (Wk 14); target met end of Term 2 (Wk 24)



Stage 5: Self-evaluation

The next development phase involves engaging Brian in managing his own behaviour through the implementation of a behaviour contract, where he will self-evaluate personalised targets daily. This will enable Brian not only to recognise behaviours but also to deploy the skills developed over the last year in order to develop an internal locus of control that he can sustain to maximise his future development.

Conclusion

The Behaviour Monitoring Scales were used successfully by the teaching team to identify behavioural problems which were barriers to Brian's learning, and to develop strategies to help Brian to access his education programme more effectively. Furthermore due to the success Brian has accomplished in diminishing his barriers to learning, he was able to move on to access a college programme as well as continuing with his studies at Oracle School, optimising his future life chances.

Joanne Ingram (Lead Teacher, Region 1)



Oracle's 5th year of operation — development update

Oracle has recently celebrated its fourth complete year as a service for young people. As we embark on our fifth year of operation, we maintain our original cultural values and vision despite looking after sixteen young people and a multi-disciplinary team of over eighty.

The development of Oracle in two regional areas has taken time and patience to enable the behavioural 'norms, expectations and boundaries' to establish the core foundation. Our regional configuration ensures we retain familiarity and regularity within our relationships.

We are now at a phase where our standards are producing outcomes that can be measured by tangible change or indeed a movement into independent living, family (or substitute family) rehabilitation, employment or further education.

Sharing in this process over a period of time develops a history with young people engendering a sense of achievement, identity and belonging. I do not see a time when our service will rest on its laurels and be satisfied with its levels of attainment. Aspiration drives motivation. Our young people are encouraged to assume a perspective that 'there is no such thing as can't'. The development of an internal locus of control enables the individual to construct a belief system that they have control of their destiny. The enhancement of skills and in vivo learning opportunities consolidates this process.

During this phase of formation, we have widened our field of specialism to meet a broader spectrum of need. Moreover, we have increased our clinical team to four therapists. In line with this progression we can provide an increasing facility for Local Authorities who wish to have us undertake community-based risk assessment and risk reduction interventions. Over the last three years, through Oracle Clinical Consultancy, we have been commissioned to engage in nearly forty risk-related cases. In addition to this service we have offered a broad range of bespoke training initiatives for social workers, commissioners, teachers and psychologists.

Throughout this period of time we have developed a system of case formulation that enables multi-disciplinary organisations to prioritise case need and risk status, enabling the clarification of role and task. Feedback from commissioning Local Authorities suggests an improvement of coordinated practice, time and costs.

Due to extensive interest in our two school provisions (as a result of their impressive educational achievement and extensive curriculum), we have recently begun to admit a limited number of day pupils to our schools. This has been an interesting venture, integrating a therapeutic approach to our pupils, enhancing their skills, knowledge and pro-social behaviours.

Such progression has resulted from the refinement of our 'integrated' methodology in which social care, social work, education and therapy achieve systemic change and personal development.

Over the next year we will strive for greater refinement of our practice, aiming to appraise our outcomes through rigorous longitudinal multi-variant data analyses. It is our intention to be able to articulate the 'Oracle way' as a form of methodology and disseminate its use to other practitioners and learning institutions.

Four years on, the greatest satisfaction has derived from having supported and enriched the lives of over twenty young people whilst simultaneously contributing to creating safer communities.

Steve Gray, CEO



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