Higher National Unit Specification

General information for centres

Unit title: Supporting and Managing Provision in Secure Care Settings

Unit code: DM0G 35

Unit purpose: To enable candidates to understand some of the underpinning theoretical perspectives which inform provision in secure care and to enable staff in supervisory positions to support and manage that provision. It will look at the use of programmes which should help secure placements to meet their stated goals, and will encourage an exploration of the factors that influence staff effectiveness while working in secure care settings.

On completion of the Unit the candidate should be able to:

♦ Examine theoretical perspectives informing provision in secure care
♦ Understand the supervisor`s role in relation to supporting provision in secure care
♦ Understand and analyse sources of stress and anxiety for staff and young people in secure care

Credit points and level: 1 HN Credit at SCQF level 8: (8 SCQF credit points at SCQF level 8*)

SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.

Recommended prior knowledge and skills: Candidates should have at least two years experience at practitioner level in the secure care sector. They should currently hold a promoted post which involves supervision of staff, or they should be aspiring to this role in the near future. Ideally they should also be qualified in HNC in Social Care, Health Care or Child Care and Education at SCQF Level 7 or SVQ4 in Care at SCQF Level 8. Candidates without these qualifications would be required to demonstrate substantial care experience at a similar level of operation as may be carried out by candidates with these qualifications. Candidates should have good communication skills which should be evidenced by an appropriate national recognised qualification such as Higher English, or the completion of a pre course interview, part of which should include an assessment of the candidate's communication skills, both oral and written. It is also strongly recommended that the candidate undertakes the HN unit *Caring for Young People in Secure Care Settings*

Core skills: There may be opportunities to gather evidence towards core skills in this Unit, although there is no automatic certification of core skills or core skills components.

Assessment of this unit will assume the development of such core skills as would be necessary in the performance of work tasks at this level. So, for example, assessments will include the use of appropriate information technology and demonstration of skills required to undertake presentations.

General information for centres (cont)

Candidates will have the opportunity to develop the following core skills:

Communication (all outcomes):
Written communications will be developed through candidates producing written work in a variety of formats.

Working with Others (all outcomes):
Will be developed as candidates are required to work collaboratively with colleagues

Information Technology (all outcomes):
Candidates will develop basic skills in the use of IT skills for research and written presentations.

Problem Solving (all outcomes)
Critical thinking that encourages candidates to apply an understanding of theories in practice.

Context for delivery: If this Unit is delivered as part of a group award, it is recommended that it should be taught and assessed within the subject area of the group award to which it contributes.

This unit may be undertaken on its own or as part of the HNC in Social Care. It also has a particular value as part of an ongoing professional development programme for candidates in supervisory roles, or for those candidates aspiring to such roles.

Assessment: In order to achieve this unit, candidates are required to present sufficient evidence that they have met all the knowledge and skill requirements for each outcome. Details of these requirements are given for each outcome. An integrative approach to assessment is encouraged.

An understanding of both theory and its relation to practice are required for all outcomes. Hence assessment must include both the requirement to discuss various issues and the opportunity to relate these to practice. Where candidates are already working in supervisory roles, it is asked that they write about real work situations. In exceptional circumstances where this is not the case, a college based hypothetical assessment can be used.

Higher National Unit specification: statement of standards

Unit title: Supporting and Managing Provision in Secure Care Settings

Unit code: DM0G 35

The sections of the Unit stating the Outcomes, knowledge and/or skills, and evidence requirements are mandatory.

(If you think holistic assessment is the best assessment strategy for the Unit and you wish to state *Knowledge and/or Skills* and *Evidence requirements* for the Unit as a whole, please add the following statement here: 'Please refer to *Knowledge and/or skills for the Unit* and *Evidence requirements for the Unit* after the Outcomes.')

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the knowledge and/or skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Examine theoretical perspectives informing provision in secure care

Knowledge and/or skills

♦ Understanding and using the lifespace in secure care
♦ Promoting the therapeutic use of activities
♦ Examining the role of pro-social modelling
♦ Understanding cognitive-behavioural interventions

Evidence requirements

Candidates will need to provide evidence to demonstrate their knowledge and/or skills by showing that they can:

♦ explain the importance of relationships and groups within secure care, and how these contribute to meeting the needs of young people who require a secure placement, with reference to at least one theorist
♦ select at least two activities and show how these can be used therapeutically within the secure unit. The rationale for the selection and use of the activities should be discussed with reference to a model of resilience
♦ explain the theoretical underpinnings and rationale for at least one cognitive-behavioural approach, and to critically evaluate this
♦ explain pro-social modelling and how they would promote this in the unit

Assessment guidelines

Outcome 1 of this unit may be assessed by an essay which explores the effectiveness of working in the lifespace to promote change, the underpinnings of cognitive-behavioural work, and a critical evaluation of working from these perspectives. The essay should be no more than 2,000 words.

Higher National Unit specification: statement of standards (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

Outcome 2

Understand the supervisor`s role in relation to supporting provision in secure care

Knowledge and/or skills

♦ The role of supervision in providing an effective secure care service
♦ Understand the concept of leadership in secure care
♦ The importance of teamwork
♦ Enabling effective collaboration

Evidence requirements

Candidates will need to provide evidence to demonstrate their knowledge and/or skills by showing that they can:

♦ explain the concepts of supervision, leadership, teamwork and collaboration
♦ provide a critical analysis of at least one of the above concepts in relation to a practice situation in secure care

Assessment guidelines

To be assessed together with outcome three. For guidance on the assessment of both outcomes, see under assessment guidelines for Outcome 3.

Outcome 3

Understand and analyse sources of stress and anxiety for staff and young people in secure care

Knowledge and/or skills

♦ Public and professional assumptions about young people in secure care
♦ Tensions and conflicts inherent in defining the primary task of secure care
♦ Key sources of stress and anxiety for young people and staff
♦ Legislative and policy considerations in managing stress and anxiety

Evidence requirements

Candidates will need to provide evidence to demonstrate their knowledge and/or skills by showing that they can:

♦ outline the nature of stress and anxiety and how it can have an impact in secure care
♦ identify and explain at least one key source of stress for young people and one key source of stress for staff in the practice situation
♦ discuss the wider roots of these sources of stress with reference to at least two of the tensions and conflicts inherent in defining the task of secure care

Higher National Unit specification: statement of standards (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

♦ reference must be made to at least one piece of legislation and one policy document (for example, a Scottish Executive report, SSSC codes of practice, SCRC national standards, health and safety guidance, human rights legislation) in relation to managing stress. This reference to policy or legislation should include an explanation of why the candidate thinks it is important in this respect.

Assessment guidelines

Outcomes 2 and 3 may be assessed using a work based case study. The case study should address a work situation which has provoked anxiety for staff. The anxiety should be analysed in terms of the tensions and conflicts causing this. The case study should then go on to analyse how a supervisor may support staff with this, while maintaining a child-centred approach. The case study should be no more than 2,000 words.

In exceptional circumstances, where a candidate does not currently work in a supervisory position, a college devised hypothetical assessment may be used. The assessment should describe a work situation which may provoke anxiety for staff in a hypothetical secure care setting. Candidates could then be required to answer questions about the situation using extended responses. However, the questions must elicit the appropriate level of analysis from the candidate.

Administrative Information

Unit code: DM0G 35

Unit title: Supporting and Managing Provision in Secure Care Settings

Superclass category: PM

Date of publication: August 2004

Version: 01

Source: SQA

Higher National Unit specification: support notes

Unit title: Supporting and Managing Provision in Secure Care Settings

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

Outcome 1
Candidates are asked to explore the nature of working in the lifespace in secure setting, where staff literally have a captive audience. Secure accommodation is by its nature confining. In open settings there is a release valve when feelings are running high in as much as young people can take off and cool their heels. This isn't available in secure units. In their role as supervisor, candidates should understand that staff can influence the tempo or the atmosphere of a unit through simple interventions in the rhythms of daily living. It is important for candidates to understand the rhythms, rituals and routines of care. These terms were used by Henry Maier (1987) under the heading of "The Core of Care." *Routine* refers to the structures of a place; that sense of what follows what in the course of a day. *Rhythm* is that state where things happen because they become ingrained into the everyday life of a unit. To get to this stage, there needs to be a general acceptance from young people and staff that the kind of expectations that frame routines are reasonable and sensible. *Rituals* are those encounters between young people and staff that develop and have a particular meaning for those engaging in them (e.g. the particular ways staff get young people up in the morning.) Rituals speak of a personal connection.

Working in the lifespace involves the use of everyday life events to help promote the learning and development of young people. The notion of the lifespace intervention is a useful one. It involves reflecting more consciously on how everyday events link to the overall in the life of a young person in secure care. Such an orientation might determine that issues of anger management for instance should not be left to particular focussed programmes, but might be powerfully be addressed in a dispute over who does the dishes or a flare up in class. This concept of lifespace intervention is consistent with Adrian Ward's (2002) idea of opportunity led work whereby staff identify opportunities for therapeutic intervention within the everyday life events of a centre.

Activities have long been an integral component of the therapeutic milieu. It is important that candidates understand the role of activities as therapeutic, and not just as time fillers. Phelan (2001) describes a model of activity planning that is based on the notion that many young people in secure care are so stuck in a negative personal story that they have little or no hope of being able to change. Their associated beliefs, based upon past experiences, are reinforced time and again by what has often been referred to as "self fulfilling prophecy." Good activity planning can change this, and candidates should be able to understand and promote this. Gilligan (1991) points out that activities provide an avenue through which young people can access supportive relationships. The importance of relationship as a context within which a young person can develop talents from involvement in hobbies/activities resonates well with Phelan's emphasis on communication occurring through the senses and the experience, rather than through words.

Higher National Unit specification: support notes (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

The concept of prosocial modelling should be explored. This emphasises that the attributes of honesty, concern and commitment on the part of the supervisors, together with a collaborative approach to problem solving and client defined problems and goals, are as important to effective work with young people who have anti-social tendencies. Trotter (1999) is particularly useful here. He said that the prosocial modelling regime requires that the members of staff all become 'trainers' (in their everyday interactions with young people) and are positive role models for the children. Language should be used in a positive way, reinforcing appropriate behaviour with praise. The whole life style of the worker should be one that sets a good example to the 'trainee', from manners at the dining table to knocking on doors and saying please and thank you. Trotter (1999) outlines a four-part approach in promoting pro-social outcomes:

1. Identify pro-social comments or actions
2. Reward those comments and actions wherever possible
3. Model pro-social comments and actions
4. Challenge anti-social comments and actions

Cognitive behavioural interventions should also be explored. Most secure units now have cognitive behavioural programmes of some type. The theory underpinning the interventions should be explored. Most of the interventions owe their theoretical basis to the work of Albert Ellis (1985) on rational-emotive therapy, although a passing mention should be made about the contributions of Piaget and Skinner. Sheldon`s (1995) review of cognitive behavioural therapy should also be explored.

Outcome 2
In this outcome, the candidate should develop a clear understanding of the important role they will play in managing and supporting staff. They should understand and be able to implement the process of supervision, and show how this helps to improve the effectiveness of staff in secure settings. The fourfold structure of supervision in terms of support, development, mediation and accountability should be explored. Pritchard (1995) provides a good introduction to this whole area, but care must be taken in delivery to explore supervision as it applies to secure care. Candidates should understand the key role that training and staff development play in the effective provision of secure care. They should be able to identify how training is supported by supervision. Some consideration should be given to the role played by registration of care workers, with reference to the SSSC Codes of Practice. Candidates must understand the dynamics of teamwork, leadership and collaboration. They should examine what this means for them in their role, what it means for the service and what it means for the staff and young people.

In terms of teamwork, candidates could consider how the team develops an agreement about the Primary Task in secure care. Some team members may think the primary task is about punishment, whereas others may think it is about rehabilitation. Yet others may think it is about keeping the public safe. The conflicting tasks that may be present, either overtly or covertly, and their impact on the team should be explored. A common means of sharing the task in secure care is the Unit Statement of Purpose. It is in this statement that the organisation can begin to address the complexity of the task and explore in a practical manner the means for achieving the task. An examination of one or two specific Statements of Purpose, and the use of SMART objectives (Specific, Measurable, Achievable, Realistic, Time Limited.) should be explored to analyse their usefulness in setting the definition of the Primary Task.

Higher National Unit specification: support notes (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

The issue of collaboration needs to be explored. There are demands and challenges to be met in the way in which the organisation meets the expectations of key stakeholders. Not only is it expected that all members of staff within the organisation will know and understand the primary task; the legislative, policy, and regulatory frameworks within Scotland requires extensive collaboration and partnership with all interested parties. The management of internal and external relationships and the impact that they have on the task should be explored. The professional codes underpinning the practice of such key professions as nursing and teaching, and the conflicts which they present when compared with the values and principles underpinning social care should be analysed when examining the barriers to collaboration. Milligan and Steven`s (2005) work on interprofessional collaboration in residential care goes into this area in some depth and could be helpful when exploring issues in collaboration.

The role of the supervisor as a leader must also be explored, in relation to ensuring that the provision of secure care meets the needs of young people and the stated aims of the organisation. The characteristics of effective team leaders should be explored and critically analysed.

Outcome 3

Working in and managing the task in a secure care setting presents its own particular challenges. Specifically there is a focus on the management of anxiety and the impact that this has on the day to day life of a secure care setting. There should be an acceptance that working with young people who are vulnerable will evoke a feeling of anxiety. Similarly, young people in secure care experience anxiety as a result of being locked up and having a large degree of control removed from their lives. It is important for candidates to understand and explore anxiety as it manifests itself for staff and young people.

In relation to staff, the intensity of working in a secure setting is the feature which separates it from other areas of social work. One of the more helpful perspectives is rooted in psychodynamic theory, in particular the work of Isabel Menzies Lyth (1988). This can be presented as one of the ways in which we can start to look at the impact that working in a secure setting may have on staff, supervisors and the young people.

Candidates should consider the way in which young people who are placed in secure settings are described, in both professional reports and in the public domain. The following are some of the descriptive terms that have been used : d*angerous, in crisis, chaotic, out of control, violent, aggressive, disordered, and disturbed.* What is important here is the impact that the use of these terms can have on the staff team. There is an expectation that staff in the secure setting will be able to manage these behaviours.

Two important considerations should be explored here. Firstly, how do staff cope and what impact might there be for the worker in the coping strategies that they adopt. Secondly, what are the implications for supervisors and for the staff team as a whole. Supervisors have the multiple roles of managing the feelings that the work evokes in the staff team, managing the task, and managing relationships with the external managers and outside agencies. This should be explored.

Higher National Unit specification: support notes (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

Staff may work with specific issues that are extremely stress provoking. Three examples of this are self harm, sexual aggression and mental health issues. An exploration of these issues should be encouraged. Candidates should understand that staff expected to undertake direct work around areas of sexual aggression need to feel confident and sufficiently equipped for the task. Working with sexually aggressive youngsters is not emotionally neutral. It can elicit a range of strong feelings among staff. Some may adopt a particular moral position on certain sexual behaviours. For others, proximity to youngsters who have committed sexual offences can touch some pretty raw emotions, perhaps relating to past personal abuse, or maybe, relating to feelings around their own children's stage of development or vulnerability. This has the potential to lead to some fairly primitive judgemental positions being taken. Consequently, it is important that staff have a well developed awareness of self and the ways in which work in this area might touch on these aspects of self. It is also essential that appropriate supervision and support structures for staff working in this area are in place.

Candidates should have an understanding of mental health issues for young people. Studies have shown high rates of mental health problems among young people in residential care. Figures from a comprehensive UK study indicate that about 9% of all children and young people experience a mental health disorder (Meltzer, 2000). Among the emotional and psychological problems reported in recent years are increasing rates of eating disorders, an increase in depression, an increase in suicide rates among young men, and considerable increases in hyperactivity among younger children. The majority of young people with mental health problems seen in secure care primarily will have either emotional or conduct disorders. Emotional disorders include high levels of anxiety and distress resulting from difficult life experiences. Children with conduct disorders are often rather superficial in their relationships with others and anti-social behaviour such as violence and lack of consideration for others is common. The implications of working with young people with mental health problems should be explored.

Candidates must understand the legislative and policy underpinnings of dealing with stress and anxiety, with reference to health and safety legislation, human rights legislation, SSSC Codes of Practice, SCRC National Care Standards, and policy documents such as *Another Kind of Home (1992)* and *A Secure Remedy (1996)*. Some attention should be paid to bullying. Bullying can happen between young people or staff can be bullied by other members of staff, either those in a supervisory position or indeed those in an equal or lower position in the hieracrchy. An understanding of the nature of bullying is important. A study by Ismael (1999) showed that bullying of staff in the workplace is common. Being able to put anti-bullying strategies in place for staff and for young people is important and ways of doing this should be explored. Thompson`s (2000) book on tackling bullying in the workplace is good from the staff perspective. The training pack developed by South Lanarkshire Council entitled "Bullyproofing our Unit" is a good resource when looking at preventing bullying between young people.

For the full outcome, the Scottish Executive Secure Care Practice Literature series will be very useful. In particular Chapter 5, section 5.03 has a very relevant discussion on managing anxiety.

Some useful references
A Secure Remedy : Report by the chief social work inspector (1996) SWSI
Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1998). *Reclaiming youth at Risk*. Bloomington, Indiana: National Educational Service
Ellis. A. (1985) *Overcoming resistance : rational emotive therapy with difficult clients* : New York , Springer Publishing

Higher National Unit specification: support notes (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

Gilligan, R. (1999). Enhancing the resilience of children and young people in public care by mentoring their talents and interests. *Child and Family Social Work, 4*, 187-196.

Kendrick, A., Mitchell, R. and Smith, M. (2004) The development of a residential unit working with sexually aggressive young men, in Eriksson, H.G. & Tjelflaat, T. (eds) *Residential Care: Horizons for the New Century* (pp. 38-55). Aldershot : Ashgate

Maier. H.W. (1987) Developmental Group Care for Children and Youth : Concepts and Practice New York: Haworth Press

Meltzer, H., Lader, D., Corbin, T., Goodman, R., & Ford, T. (2004). *The mental health of young people looked after by local authorities in Scotland*. London: Office of National Statistics

Menzies Lyth, I. (1988) *Containing Anxiety in Institutions* : London : Free Association Books

Milligan. I. And Stevens. I.(2005) *Interprofessional Collaboration in Residential Child Care* London; Sage

Phelan, J. (2001). Another Look at Activities. *Journal of Child and Youth Care, 14*(2), 1-7

Pritchard. J. (1995) *Good practice in supervision* London : Jessica Kingsley

Rose, J. (2002) *Working with Young People in Secure Accommodation*. Brunner-Routledge, Hove and New York

Scottish Executive Practice Development Papers on Secure Care (2005)

Sheldon. B. (1995) *Cognitive-Behaviour Therapy : Research, Practice and   Philosophy* Routledge, London

Social Work Services Inspectorate (SWSI). (1992). *Another Kind of Home: a review of residential care for children and young people (The Skinner Report)*. Edinburgh: HMSO/ The Scottish Office.

South Lanarkshire Council (1998) *Bullyproofing our Unit*.

Trieschman, A., Whittaker, J. K., & Brendtro, L. K. (1969). *The other 23 hours: child-care work with emotionally disturbed children in a therapeutic milieu*. New York

Trotter. C. (1999) *Working with Involuntary Clients*. London : Sage

Thompson. N. (2000) *Tackling Bullying and Harassment in the Workplace* Birmingham, Pepar

Ward. A. (2002)Opportunity led work: maximising the possibilities for therapeutic communication in everyday interactions.*Therapeutic Communities*, 23 (2), 111-124.

Guidance on the delivery and assessment of this Unit

This unit may form part of a group award that is primarily designed to provide candidates with professional knowledge, values and skills related to the specific occupational area of residential child care. The unit should be delivered in a way that enables the candidates to appreciate its relevance to the occupational area concerned. Throughout the unit, the candidates should be encouraged to apply what they are learning to the behaviour, experiences and life chances of the individuals with whom they work. Wherever possible materials should be used that enable the candidate to make these links. Ideally candidates should be currently working in a promoted post, or be shortly aspiring to a promoted post in a secure care setting.

The unit will be assessed by two instruments of assessment. Outcome one will be assessed through an essay. Outcomes 2 and 3 will be assessed by a case study.

Higher National Unit specification: support notes (cont)

Unit title: Supporting and Managing Provision in Secure Care Settings

Open learning

This unit could be delivered by open learning. However it would require planning by the centre to ensure the sufficiency and authenticity of candidate evidence. For information on normal open learning arrangements, please refer to the SQA guide *Assessment and Quality Assurance of Open and Distance Learning* (SQA, 2000).

Candidates with additional support needs

This Unit specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the SQA document *Guidance on Special Assessment Arrangements for Candidates with Additional Support Needs* (www.sqa.org.uk).

General information for candidates

Unit title: Supporting and Managing Provision in Secure Care Settings

This unit will enable you to understand some of the underpinning theoretical perspectives which inform provision in secure care and help you to support and manage that provision. It will look at the use of programmes which should help secure placements to meet their stated goals, and will encourage an exploration of the factors that influence staff effectiveness while working in secure care settings. The unit is aimed at those who are working in promoted posts in secure care, or those who are aspiring to such a role in the near future. The unit has three outcomes. These are :

♦ Examine theoretical perspectives informing provision in secure care
♦ Understand the supervisor`s role in relation to supporting provision in secure care
♦ Understand and analyse sources of stress and anxiety for staff and young people in secure care

During the unit, you will learn about the importance of relationships and groups within secure care, and how these contribute to meeting the needs of young people who require a secure placement. You will look at activities and how these can be used therapeutically within the secure unit. You will have the opportunity to examine some of the theoretical underpinnings and rationales for structured programmes used in secure care, and how you would promote this in the unit. You will look at the concepts of supervision, leadership, teamwork and collaboration, as they apply to secure care. You will be encouraged to critically analyse these concepts as they apply to your own practice. You will look at the nature of stress and anxiety and how it can have an impact in secure care. You will examine some of the tensions which can create stress and anxiety for staff and young people. You will learn about some of the most stress provoking situations and how to deal with these more effectively as a supervisor.

There will be two assessments associated with this unit. Outcome one of this unit may be assessed by an essay which explores the theoretical perspectives behind the provision of secure care. Outcomes two and three may be assessed using a case study based on your own practice.