



Scotland's Commissioner for Children and Young People

Playing It Safe?

A study of the regulation of outdoor play for children and young people in residential care

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Foreword

We all want children and young people to be safe, active and happy. We want them to have fun outdoors and to keep healthy and fit. Sensible people recognise that stimulating activities come at a cost - accidents do happen. It makes sense to be aware of the dangers that particular activities pose and to mitigate the risk. However this agenda should not be followed to such an extent that any enjoyment or benefit is lost. Protective measures must be proportionate to the risk.

My office was hearing regular anecdotes raising serious concerns that children and young people were missing out because adults were afraid of being sued or getting the blame if an accident occurred. This seemed to be a particular problem for young people in residential care. As "corporate parents", local authorities have a worthy sense of trust arising from the fact that they are looking after other people's children. But there is a danger that this can exaggerate the risk aversion that is already a common feature in our society to such an extent that these young people lose out dramatically.

This research, undertaken for my office by the Scottish Institute for Residential Child Care, describes some quite mind-blowing scenarios that I am sure many people will find almost incredible. It sets out a picture of excessive regulation (or perceived regulation) and risk aversion that must blight the lives of these young people and hamper their development. It depicts a culture whose consequences undermine the most basic rights of young people to healthy development and to play, leisure and recreation. Yet many of the supposed rules referred to as justifications for these restrictions appear to be myths, handed down by word of mouth.

It is my hope that this report will lift the lid on the issues for many young people in residential care and inspire us to do better. Nobody wants the kind of environment and culture depicted in these pages. Everybody concerned has an interest in getting it right. Children and young people need to play safely, but those who control their lives need to be helped and encouraged to stop playing it quite so safe.

Kathleen Marshall
Scotland's Commissioner for Children & Young People

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Acknowledgements

During the course of this work a number of people were contacted and asked for their views concerning the regulation of play, and whether this was restricting the opportunities provided for children and young people. Their help and their honesty in providing information for the report were greatly appreciated.

Personal views of staff and children have been collected for the purposes of conducting this research. The identity of children and staff involved has been protected by not specifying the names of the people. Once the report has been formally accepted by SCCYP, all paperwork with any identifying information will be destroyed.

Executive Summary

Introduction

Following the establishment of her office in 2004 The Scottish Commissioner for Children and Young People (SCCYP) consulted widely with children and young people to discover what their chief concerns and priorities were. Following this consultation process, and another one with agencies working with children, in 2006 the Commissioner announced an action plan under the banner, *Safe Active Happy*, which would guide the activity of herself and her office for the following 2 years. In relation to the *Active* strand of her programme the Commissioner has investigated a number of issues such as the access of disabled children to playgrounds and play opportunities more generally. Following reports from children and staff about the apparently restrictive impact of health and safety policies and procedures on the lives of children in residential care the Commissioner invited The Scottish Institute for Residential Child Care (SIRCC) to undertake a piece of research in relation to outdoor play and children in residential care.

While this research project has been underway there have been a number of reports in the press in which the issue of risk-aversion by local authorities have been highlighted and challenged by the Health and Safety Executive itself. Some of the extreme examples of risk-aversion reported in the press in recent years have included everything from children being banned from playing conkers and local authorities refusing to allow bouncy castles to be used at council events. The director of the Health and Safety Executive in Scotland (HSE), Stewart Campbell was reported as being concerned that their work was being trivialised by its mis-application to areas where risk is remote.

The HSE has become frustrated at a regular diet of stories in the media, associating health and safety with decisions which appear to be killjoy at best at worst to be simply barmy. "It drives me up the wall," Campbell says of such accounts. "There is often at the back of it some grain of risk, but the reaction is often disproportionate."
(Herald Society, 4th October, 2005)

However, in this period there has also been growing concern about rates of obesity among children, and the Scottish Executive in 2005 laid out what is referred to as the Minister's, *Vision for Children*. In this vision, which is to act as basis for policy and action all Scotland's children will be *safe, nurtured, healthy, achieving, active, respected and responsible, and included*.

From all these perspectives we can see the importance of active play for the current health and future well-being of Scotland's children. It is to be expected that children who are being looked after by professional carers should be able to expect that being in 'public care' would afford them the best possible range of opportunities for outdoor play and recreation. As already indicated there are many reports that this is not the case and the research project set out to investigate why this might be the case.

The research

The aim of the research was to describe and explain the barriers to, and opportunities for, outdoor play and recreation that exist in residential child care services.

The research focussed on six residential facilities which represented a cross-section of the sector. Interviews were conducted with two young people, one manager and two basic grade staff members from each of the facilities. The findings were analysed using data display and reduction and the following key findings emerged.

In this section extracts from the interviews with children and young people are used to illustrate key findings which are then summarised below.

Voices of children - Positive experiences of outdoor play

If it's sunny there's no TV and we're encouraged to go outside and play (Boy, age 8).

My keyworker gave me some ideas, there's room here to play on my bike and in the garden there's the playhouse and swings (Girl, age 9).

I like going out on my mountain board, I play rugby, football and 'Field Craft' where we crawl about in the mud like toy soldiers (Boy, age 11).

In summer water activities, water slide in the garden, we also play tennis, badminton, football, hula hoops, we do everything! In winter we do snow sledging, go for a drive to Largs or Luss, play football we go on boat trips, canoeing and water-rafting (Girl, age 16).

Voices of children - Barriers and stigmatising procedures

A number of the older children were aware of, and concerned about, health and safety procedures. A particular cause of concern was going to the beach and not being allowed to swim in the water unless, in some cases, a safety 'throw rope' is carried by a member of staff. Two older boys in one unit also raised their dislike for the procedures concerning bicycling, as did two 14 year-old girls from another unit. The two boys objected to the risk assessment that had to be carried out before going on a bike and that they were forced to wear not only a helmet but elbow and knee pads and be accompanied by a member of staff. They recounted that they were the only people in the area who had to do this, and this led to a feeling of stigma:

It's shocking, it looks stupid, so I don't get (Boy, age 15).

One of the young people pointed out her annoyance at what she had to do before she could go out on a bike. She was one of the young people who in a previous question identified riding a bike as one of the things that she liked doing outside. She said:

Consent forms need to be signed every time you go on a bike, there's a risk assessment done, then you've got to read it and sign it and say you'll follow the rules e.g. don't go where cars are (Girl, age 14).

Three young people highlighted their concern about barriers to outings to the beach. One example is reported below:

If we go to the beach we can't go in the water. Some outings depends if there is a driver on shift. At the beginning of summer parental consent forms need to be signed, now I'm sixteen it's not needed (Boy, age 16).

Summary of key findings

- r In general the value of play and recreation is recognised, and residential care staff work hard to provide children and young people with opportunity for play. Some children do have a good experience of outdoor activities but some do not.
- r The policies of most agencies which require care staff to undertake frequent, and sometimes repetitive, risk assessments are the greatest barrier to spontaneity in residential units.
- r Organisational policies and procedures are a barrier to normal outdoor play. On some occasions children are being asked to sign 'risk assessment' forms. The status of these forms is unclear.
- r Children and young people in care may be unfairly stigmatised because of the health and safety requirements laid down by organisations.
- r The difficult behaviour of some children led on occasions to outings being curtailed, with no alternative or contingency plan in place.
- r The independent sector has a more realistic approach to risk assessment compared to the statutory sector, in spite of working to the same legislation.
- r Staff in all sectors are unclear about issues around consent.
- r Practice around health and safety is largely transmitted by word of mouth with few units able to immediately access copies of health and safety procedures.
- r One such health and safety procedure was grossly out of date and appeared to have been originally based on arrangements for schools, not residential units.

Recommendations

The following recommendations for practice emerged from the research:

1. The role of activities in healthy child development should be recognised and written into unit planning. Pro-active activity planning appears to be a necessary component of successful outings and of the health-promoting unit, and this should be encouraged.
2. The guidance around restrictions that young people have whilst on outdoor outings; especially associated with water, including fishing and beach trips, clearly needs to be revisited by agencies, particularly local authorities, and clarified in the light of the rights of children to play and a healthy life. This review could include advice about general safety awareness but should be appropriate to the actual risks, and promote the adoption of normal approaches and measures of the sort that would be taken by a good parent.
3. It is vital that residential care staff act in a responsible manner to keep children as safe, as any good parent would, when taking part in play and recreation. Residential units should have 'user-friendly' risk assessments which are informed by the right to a normal life and which allow children and young people to be exposed to the normal and reasonable risks associated with growing up.
4. Agencies and residential units should carry out a regular 'skills audit' of staff to ensure that they know about the special talents and interests of staff members and that opportunities are provided for these to be used for the enjoyment and benefit of the children.
5. If training in any outdoor activity is pursued for staff, managers should ensure that the training is completed.
6. Local authorities should review the issue of parental consent for normal outdoor trips and activities in relation to young people who are looked after and accommodated. They should inform their staff about the legislative basis of their care responsibilities and the best ways of involving parents. This may involve some training but would empower staff to help children gain access to their rights to play.

7. If some form of parental 'consent' for taking part in activities is suggested as good practice it should be signed as near to the admission date as possible for the young person entering the residential unit. This would then encompass many activities throughout their stay in which they could take part.
8. It is understood that activities may sometimes have to be suspended due to a problem in behaviour. It does, however, seem wrong that an activity for the whole group should be abandoned because of one or two young people. It is recommended that the group dynamic should be factored into activity planning, and that a contingency plan be in place to ensure that young people are not penalised for the actions of others.
9. The role of activities should be valued as an essential component of healthy development and young people should not be prevented from taking part in an activity on the basis of what they *may* do.
10. Senior managers with responsibility for residential services and managers of residential units themselves should be aware of the dangers of risk-averse practice, and should monitor the opportunities that are available to children and young people in their care, and take action to provide guidance and support to front-line staff in order to maximise these.

Introduction

Play is a natural part of child development in our culture. Play is about fun and enjoyment and it is within the context of play that children learn how to solve problems, and prior to formal education it is through play that children learn and develop. Through play and recreation children learn how to relate to others and indeed play is a central characteristic of childhood. Children who have had excessive caring burdens such as responsibility for looking after an ill parent, and have missed out on time for having fun and playing are sometimes considered not to have had a 'proper childhood.' In other words play, in its widest sense, is the way that children develop physically, socially and emotionally.

Outdoor activities, in particular, fulfil a special role in the health and well-being of the child and young person. Pursuits such as picnics, visits to the beach, swimming and playing games should be a normal part of life for most children and young people, whether they are in a residential setting or living in a family home. In this report we are examining the opportunities for children in 'residential care'- or children who are 'looked after and accommodated' in the language of The Children (Scotland) Act 1995 – to take part in certain types of play; that is **outdoor physical recreation or activities**. While most of the children in residential group care are teenagers, it is important to recognise that a significant minority are under 12 years of age (Milligan et al. 2006), and these children are also included in the study. For teenagers the word 'play' is not necessarily one they would use themselves when it comes to describing social recreational activities such as visiting a park or a beach whether in the company of friends or carers. In the professional world of child care, types of play are often encompassed in the term 'activities'. 'Activities' used in this sense could include indoor play and games, and creative activities such as art and craft, however in this study it is 'outdoor activities' that are the focus of inquiry. The responsibility of all education and care staff, to promote and encourage participation in activities is increasingly recognised. In 2005 the Minister for Education in England announced an 'outdoor learning manifesto' which promised every child a school trip, and addressed teachers concerns about liability if things went wrong.

The National Care Standards (Scottish Executive, 2005) were devised to ensure that children in residential care have access to the same opportunities as all other children in Scotland. These standards define, in 'outcome' terms, the key aspects of care practice and are the benchmark by which residential child care units are registered and inspected in Scotland. The standards state that 'your daily life in the care home should be as similar as possible to that of other children and young people' (Scottish Executive, 2005, p25). With reference to activities, Standard 15 of the National Care Standards is the most relevant. Section Two of this standard states that children should be encouraged and supported to take part in activities, while Section One states that children should be encouraged and supported to take part in sporting, leisure and outdoor activities. So why do play or activities feature so prominently in these standards?

1. Play helps build resilience

Play of various types helps children to develop resilience. Gilligan defines resilience as 'a set of qualities that helps a person to withstand many of the negative effects of adversity'. (Gilligan, 2001, p15) Jackson and Martin (1998) state that 'some children who face stressful, high risk situations, fare well in life, but their chances of doing so depend on the extent to which the risk factors in their lives are balanced by positive factors, both individual and environmental' (Jackson and Martin, 1998, p573). Research studies have identified a number of these 'positive factors' which are associated with resilience. For example, in a residential context one of the key ways to encourage resilience in a young person is to introduce them to new activities. If carefully supported the young person will not only gain some intrinsic enjoyment from the activity they may also develop a degree of competence and expertise. From these, they may gain a sense of pride which can contribute to greater sense of self-esteem and self-efficacy which are key building blocks of a more secure and pro-social identity. There is a growing body of research that shows that participation in activities and hobbies promotes resilience. For instance, Mahoney (2000) found that young people who participated in extra-curricular activities at school were less likely to drop out of school early and less likely to be arrested for crimes than their fellow students who did not participate in activities.

2. Play helps build relationships

One of the main ways in which residential child care staff establish relationships with young people is through taking part in activities with them, and introducing them to new experiences. Vander Ven (1999) said that activities engaged in by children and young people mediates the development of relationships with others, encourage the development of a positive self concept, and are developmentally productive.

3. Play helps children to develop realistic ideas about risk

Unless children and young people are exposed to risk, they will not be able to develop practical mechanisms for managing risk (Rees, 2007). While it is obviously a key responsibility of care staff to keep children safe, the dangers of staff taking an over-protective approach have been recognised. The National Care Standards themselves refer to the fact that children and young people should not be over-protected and should be enabled to experience acceptable risks. Children and young people should be allowed to learn and some of this learning may result in bumps and bruises. As Cornall (2007) commented 'When children spend time in the great outdoors, getting muddy, getting wet, getting stung by nettles, they learn important lessons – what hurts, what is slippery, what you can trip over or fall from.' A recent paper by Stevens and Hassett (2006) demonstrated that you cannot manage all risk out of life and that attempts to do so will have unforeseen consequences which may be worse than the risk itself.

4. Active play and health

Recent years have seen increasing attention being paid to the health, both physical and mental, of children in the care system. Much of the evidence suggests that in many cases the health of these children is very poor indeed. Numerous reports have begun to measure the high levels of mental health problems (Meltzer et al., 2004) and a study, based on comprehensive health assessments of over one hundred children and young people in residential care in Edinburgh, revealed numerous health deficits; including undiagnosed conditions and poor monitoring (Residential Care Health Project, 2004). Recognition of these deficits has led to greater attempts by Health Boards to find new ways of addressing the needs of children in foster and residential care. 'Looked after children' have been identified as a vulnerable population and therefore as a legitimate group to be targeted in the attempt to reduce health inequalities, through the work of staff in

public health and health promotion. In some areas 'Looked After Children' nurses have been employed to liaise with care staff and help improve children's access to a range of health services.

More widely in Scottish society, as with elsewhere in the developed world, there has been mounting concern about increasing numbers of children suffering from obesity. Responses to this involve recommendations about diet and healthy eating, and also increasing physical activity. There is no doubt therefore that residential staff and foster-carers, while paying more attention to health matters generally, will also be required to take steps to increase the amount of physical activity that the children in their care undertake. This is an aspect of care which could benefit from local authorities control of leisure services and thus their ability to prioritise the 'looked after' population, in terms of providing ease of access to sports and recreational facilities. This kind of 'corporate parenting' strategy was highlighted in the review of looked after children conducted by the Social Work Inspection Agency (SWIA) in their report *Extraordinary Lives* (SWIA, August 2006). In a section of the review devoted to 'Healthy, Active Children' they quote from the Scottish Ministers' Vision for Children:

Children should be able to enjoy the highest attainable standards of physical and mental health, with access to suitable health care and support for safe and healthy lifestyle choices. *Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sports.* (Scottish Executive, Ministers Vision for Children 2005, emphasis added)

5. Play is the right of every child

A benchmark for residential child care workers is the United Nations Convention on the Rights of the Child (web version, 2007), both in its own right and because of the way it has informed the Children (Scotland) Act 1995. Article 31 has particular relevance in this area, it states that:

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Building on previous published work (Milligan and Stevens, 2006a), this study investigated the patterns of recreational opportunities available to children in residential care, with a specific focus on ordinary outdoor activities; that is activities such as cycling, visits to the beach or trips to parks and holiday resorts, incorporating fishing or boat trips. The authors previous research indicated that staff may tend to encourage those activities perceived as not requiring parental consent (for example, trips to cinema or ten-pin bowling) and that many ordinary physical activities such as walking in the countryside or visits to the beach or even going on boating pond in a park are inhibited by a perceived need to gain explicit parental permission.

Milligan and Stevens (2006a) indicated that managers of residential services believed that the existence of 'outdoor activity policies' or general health and safety considerations often led to a situation where workers did not attempt to undertake ordinary outdoor activities because of bureaucratic barriers and the perceived need to avoid placing themselves in any situation where they might be criticised. They also found that children and young people are taken on certain types of activities such as trips to the cinema, or bowling, but not on activities which involve free exploration of the outdoors or sustained physical exercise.

The previous study gathered staff and management views from structured questionnaires. The present study aims to extend this by interviewing staff and young people and obtaining a richer and more comprehensive view of play in residential care.

Methodology

Six residential facilities took part in the research. The facilities were selected using the SIRCC database (2007) and were chosen to represent different parts of the country and examples of services based in urban and rural environments. They were also chosen to represent a cross-section of the type of residential provision in Scotland today. Hence two were residential units from the statutory residential sector, two were units from the independent residential sector and two were residential schools. The research was designed to be small-scale and indicative, as opposed to providing a comprehensive overview. This does not reduce the relevance of the research. Indeed, as Bryman and Cramer (1997) point out, many published empirical studies use small convenience samples.

Twelve young people took part in the research. The age range was nine to sixteen years. The gender balance was 7:5, male: female. Eighteen staff took part in the research; comprised of twelve residential child care staff and six managers.

The research strategy for obtaining information was semi-structured interviews. Interviewing is one of the most popular tools used by researchers. As Burns (2000) described, semi-structured interviews are usually based on a schedule of questions. The schedule indicates which areas should be explored using closed questioning and which areas should be left more open ended. The semi-structured interview was chosen because it adds a degree of structure to the investigation, and can therefore make the interview more relevant to the research issues. The interviews were based on a schedule of questions designed by the lead researcher. (Copies of the schedule of questions are contained in the appendix).

Policies and procedures in relation to outdoor play and activities were also asked for from each unit. The research took place between March and June 2007. Written records were kept of the interviews. These data were recorded, collated on Excel spreadsheets, and stored on secure computer at the SIRCC national office. The material was analysed through data reduction, data display, conclusion drawing and verifying, as indicated by Miles and Huberman (1994).

Ethical approval for the study was granted by Strathclyde University Ethics Committee. All staff and young people involved had the process explained to them, so that informed consent could be gained. A written explanation of the uses of the data, and the process was given to the staff and young people and this was also explained again by the lead researcher at the start of the interview. Confidentiality of the participants was assured by using a unique code in the report. Young person codes were based on unit, age and gender. Staff codes were based on unit and job role. The codes also identify verbatim quotes in the report.

Findings

The findings are reported in four sections:

Section one - the views of young people

Section two - the views of basic grade staff

Section three - the views of managers

Section four - the findings in relation obtaining to policies and procedures for outdoor activities.

Section One: Views of young people

Within each of the six residential units or schools, two young people participated in the interviews in order to gain their views in relation to opportunities for play.

Types of activity

The children and young people were asked what sort of things they liked doing if the weather was good enough. Six of the young people identified playing football as a favourite activity. Four said they enjoyed riding a bike. Half of the sample also identified swimming to be one of their favourite hobbies. Two young people also liked to play basketball. There was a wide variety of other sports/dance and informal activities, ranging from running around in the grounds of the unit or the local park to more unusual activities such as mountain boarding and free-running. Some of the younger children in the units were happy to play simple games as detailed below:

Playing tig outside. Walk down the woods, play basketball, going out on my bike (Boy, age 10)

A further example from another young person of similar age group from a different unit, described their favourite activities:

I like going out on my mountain board, I play rugby, football and 'Field Craft' where we crawl about in the mud like toy soldiers (Boy, age 11).

One young person, who is now 16 and has been in the same unit for several years, gave a full list of activities that she is involved in within the unit throughout the year:

In summer water activities, water slide in the garden, we also play tennis, badminton, football, hula hoops, we do everything! In winter we do snow sledging, go for a drive to Largs or Luss, play football we go on boat trips, canoeing and water-rafting (Girl, age 16).

Previous activities

Four young people reported that they had been allowed to continue with activities and clubs they had been involved in prior to their placement. Four other young people who had also been involved in a club, team or activity prior to their current placement, however, had not been able to continue this. There were various reasons for this. Two young people cited distance to the activity. One young person didn't know why they could no longer attend. The final young person thought that it was linked with his behaviour.

Views on current levels of activity

When asked if they would like to do more than they do at the moment, seven young people identified sports or activities that they would like to do. Two of these young people were getting assistance from staff within their unit to attempt to source these activities. The other five of the young people were not receiving assistance, one of whom was told that he would not be allowed to take part owing to his behaviour. The other five young people stated that there was nothing else that they would like to do at the moment. One of the latter group who was 14 years old, perhaps reflects the attitude of her peer group in her response:

Not really, I stay in a lot and watch TV (Girl, age 14).

Barriers to outings

Six young people reported that there were no barriers. The remaining six identified various problems ranging from the behaviour of others or their own behaviour which resulted in either that young person not being able to participate in the activity or the activity having to be cancelled owing to staff ratios.

A number of the older children were aware of, and concerned about, health and safety procedures. A particular cause of concern was going to the beach and not being allowed to swim in the water unless, in some cases, a rope is carried by a member of staff. The two older boys also raised their dislike for the procedures concerning bicycling, as did two 14 year-old girls from another unit. The two boys objected to the risk assessment that had to be carried out before going on a bike and that they were forced to wear not only a helmet but elbow and knee pads and be accompanied by a member of staff. They recounted that they were the only people in the area who had to do this, and this led to a feeling of stigma:

It's shocking, it looks stupid, so I don't get (Boy, age 15).

One of the young people pointed out her annoyance at losing spontaneity if she wanted to go cycling. She was one of the young people who in a previous question identified riding a bike as one of the things that she liked doing outside. She said:

Consent forms need to be signed every time you go on a bike, there's a risk assessment done, then you've got to read it and sign it and say you'll follow the rules e.g. don't go where cars are (Girl, age 14).

Three young people highlighted their concern about barriers to outings to the beach. One example is reported below:

If we go to the beach we can't go in the water. Some outings depends if there is a driver on shift. At the beginning of summer parental consent forms need to be signed, now I'm sixteen it's not needed (Boy, age 16).

Activities encouraged by units

Most young people highlighted the facilities available within their unit. One young person looked to their own behaviour and the impact that had on their opportunity for play:

Encouraged to behave by staff so I can go on outings (Boy, age 11).

Two other young people from the same unit also looked to the encouragement of the staff there.

If it's sunny there's no TV and we're encouraged to go outside and play (Boy, age 8).

My keyworker gave me some ideas, there's room here to play on my bike and in the garden there's the playhouse and swings (Girl, age 9).

Another young person acknowledged that their unit had large grounds and facilities. They felt, however, that they did not have the level of freedom that they would like to have:

People ask me what I want to do. There's lots of space here but I don't like staff following us around all the time (Boy, age 11).

One young person highlighted the positive participation embraced by their unit:

Staff bring in leaflets or we suggest what we want to do, staff take our ideas at Monday meetings to book (the activity) in advance (Boy, age 12).

Section Two: views of basic grade staff

There were two residential workers from each of the six units/schools interviewed totalling twelve residential workers. There were significant similarities in the themes that emerged from the responses of the staff members from different regions and sectors. The main theme which emerged from the interviews with staff was their overall concern that policies and procedures within their units (either real or perceived) often adversely affected the experiences of play for the young people for whom they provided a service.

Types of activities

Difficulties in visiting a beach with young people were particularly highlighted by staff in the statutory sector:

*Going to Largs, we can walk along the front, but we can't go near the water only the beach
(Residential Worker).*

We can go to the beach but young people can't even dip their big toe in the water (Residential Worker).

In relation to this particular activity, however, staff within two independent units had other views. Their policies and procedures had no restrictions about allowing young people to go to the beach and go into the sea. The staff from these two units felt that their risk assessments were sufficient and also encompassed activities at the beach and in the sea. All twelve staff identified some form of water activity as being popular within their unit. Such water activities included fishing, swimming (in a pool) or going to the beach. Nine staff identified swimming or going to the beach as being a popular activity for young people, six of whom work in units where the policy and procedures do not permit the young people to enter the sea if visiting a beach. On these visits, children are only permitted to walk or play in the sand. The four members of staff who reported that children were permitted to swim in the sea belonged to the independent sector.

Other regular activities identified by staff covered a broad spectrum of sports and activities including playing at/with scooters, skate boards, roller blades, tennis, rounders, bowling, cycling, mountain biking, go-karting, horse-riding, gymnastics, golf, football, swimming, going to the gym, fishing, river-rafting and the climbing wall. In one of the independent units, a member of staff felt that the activities that the young people in the unit participated in were similar to that of their peer group in the community. They placed a great emphasis on the young people in the unit being involved in groups, clubs and activities in the local community. They reported two types of benefits. One was that it gave the young person the opportunity to prove themselves as being capable of mixing with other young people in the community. The other was that it helped to break down the stigma attached to being looked after and accommodated which can often be very negative, especially in small rural settings. This staff member reported that activities should be:

Just as you'd do with your own child (Residential Worker).

Reasons for choosing activities

The activities identified by most staff appeared to reflect the skills, attributes and confidence of the staff member as opposed to relating to the children or young people's specific interests. Two staff members described the process of decision-making which included the young people in the programme of activities. Five members of staff felt that the activity was driven by the specific interest of a young person. One staff member felt that some activities could be both a general activity or part of the young person's specific interest. When staff were asked if they had a personal interest that they passed on to young people, eleven of the staff were able to identify interests that they currently have, and which they carry out with young people, or would like to do in the future. Only one staff member felt unable to identify an interest but was very positive in their attitude towards young people having an enjoyable experience:

Just have fun and let them develop in their way (Residential Worker).

One of the eleven members of staff who were able to identify personal interests also shared similar views to the above member of staff as they described the 'fun' element which was particularly enjoyed by young people:

Competitions to see who is the muddiest, it is light hearted fun (Residential Worker).

Staff also highlighted the level of enjoyment that young people have playing basic games like 'hide'n'seek' or running in the park. The length of time spent on activities varied but was often dependent upon the behaviour of the young people. One staff member responded that the length of time spent on an activity was two to three hours while another staff member from the same unit reflected on the most recent activity the previous week which had to be curtailed after 25 minutes, owing to the behaviour of the young people in the group. Most staff felt that at least an hour would be spent on an activity, outwith travelling time. All twelve members of staff when asked if they enjoyed doing outdoor activities with young people were very positive about this.

I love it, it's great fun! (Residential Worker).

Yes, it's great to get out, can sometimes be claustrophobic in here (Residential Worker).

Yes, that's one of the things I bring to the job (Residential Worker).

Nine members of staff identified the facilities, equipment and garden within their units as being factors that would encourage staff to do things with young people. This included facilities that were currently available or the plans to build them such as a skate park. One of the units had an existing adventure playground and another unit had a smaller scale play activity set. One staff member described their facilities:

A gym with new equipment, (young people) can also play badminton or use the punch bag to alleviate stress (Residential Worker).

Two members of staff felt that staff attitude was important. Another member of staff acknowledged the importance of the facilities both in the unit and in the local area:

Grounds with the chute, climbing frame, at the moment we are spending more money on outdoor equipment. Also the close proximity to well maintained parks and skate parks (Residential Worker).

Two members of staff looked to traditional forms of researching and more up to date methods through accessing the internet:

Leaflets on parks on board or in the communication book. Access to the net to research outings (Residential Worker).

Two members of staff from a unit which did not have the advantage of having large grounds looked to the facilities on offer in local public parks and leisure centres. When asked what existed within the unit to encourage them to do things with young people they responded:

Membership to the gym (Residential Worker).

The other member of staff from the same unit highlighted the use of an outdoor resource centre which allocates three days a year to the unit to participate in canoeing, mountain biking and white water rafting.

Activities and health

All of the units identified that at some point they had been or were currently working with a young person who was overweight. One staff member was very honest in their response and felt that they could identify with the young person and therefore they were:

Working on this together (Residential Worker).

All staff were able to identify the necessity for young people to be involved not only in healthy exercise but a balanced nutritious diet. When asked about the benefits young people could get from outdoor activity, nine staff highlighted the direct health benefits in relation to both the physical and mental health of the young person. Two of the other members of staff, from the same unit identified the improvement of the young person's self-esteem.

Enjoyment. Builds on self esteem (Residential Worker).

Self esteem, self achievement and practical skills (Residential Worker).

One staff member did not link the benefits directly to health, but reflected more on a spiritual level, reporting that the surrounding area and the environment could have a positive impact on young people:

Especially here, one of the most beautiful parts of Scotland, for example the wild life and the surroundings (Residential Worker).

Barriers to activities

In relation to barriers that hinder staff from doing things with young people, most staff identified several issues. The barriers were predominantly related to organisational issues. In one of the more rural settings, a member of staff shared the view that activities could be constrained to lack of resources (for example if no car is available). Another staff member acknowledged that the behaviour of young person can cause issues with the original planned outing. They reported that they would have a contingency plan in order that the other young people in the unit do not miss out:

If there is adverse behaviour from one young person we still try to facilitate another activity with young people (Residential Worker).

This staff member went on to identify other demands on their time which hinders activities with young people:

Restrictions in time, facilitating family contacts (Residential Worker).

Another member of staff from the same unit added two additional issues:

Time constraints, enough staff if family contact is at the weekend and balancing the child's own activity for example, swimming class with group activity of the unit.... and the weather (Residential Worker).

Perhaps surprisingly, for Scotland, this was the only member of staff who identified the weather as being a barrier to doing things with young people.

Other organisational issues raised by staff included:

Bureaucracy, finance and staff training in relation to outdoor education (Residential Worker).

The above member of staff had trained to a high level of proficiency in hill-walking. They shared their frustration that the organisation hindered them from taking this further, as they would need to carry out the second part of the practical training in order to gain official accreditation. This staff member felt that this is short-sighted as achieving this level of accreditation would enable the young people and the organisation to use this staff member's skills to the advantage of the unit.

Another member of staff from the same organisation also highlighted frustration at similar issues:

Bureaucracy, it feels like insurers run here. There are restrictions from the organisation, although I have the (BELA) Basic Expedition Leadership Award, I am held back and not able to put this to best use here (Residential Worker)

Risk assessment procedures were identified as barriers by a number of staff:

So many consent forms, red tape, policy and procedures. Risk should be proportionate (Residential Worker).

Risk assessment, for example 10 point assessment then the young person needs to sign, (they) don't want to wear helmets. If it were our own kids we'd want helmets used (Residential Worker).

Whilst the above member of staff embraced the need for safety and treating young people in our care as we would our own children, the main difference would be that the young people need to read, sign and agree to the risk assessment before they can go on the bike which kills spontaneity. The views of the young people from this unit echo that of their staff in the section entitled "Views of Young People".

Policy and procedures in relation to the insurance of a venue was an issue raised by three members of staff. The staff member below felt that this could hinder the development of some of the young people within their unit:

Skiing, snow-boarding, there are constraints with insurance and instructor's qualifications. Paperwork, outdoor pursuits holiday we need to verify the certificates of staff there and get a copy of the insurance. A young person wanted to do the West Highland Way Walk (and I was willing to accompany them) but they are not allowed. Swimming in the sea, or paddling or pedalos, even when water is knee high is not allowed (Residential Worker).

The procedural issue forbidding young people to go into the sea remained a consistent theme throughout the interviews and was shared by other members of staff who saw this as a barrier.

Motivating young people to become involved was also a barrier. This view was shared by their colleague:

Motivation. Risk assessments – the ratio of staff to young people. The recent activities didn't last long (25 minutes) owing to a fear which comes from the management issue of keeping young people safe and them not running away (Residential Worker).

Parental consent

The concept of parental consent seemed to be something that was not widely understood by the staff who took part in the research. There appeared to be some confusion around this concept in general and also uncertainty as to when it was necessary and also how this was obtained. In some units it was felt that if parental consent could not be sought, then consent from the child's social worker had to be obtained.

Yes for everything, sometimes it is difficult getting hold of parents and if not then social worker, senior or Area Manager's signature is sought, if they can sign they will (Residential Worker).

Section Three: views of managers

Most of the managers within the sample emphasised their belief that it was important for children and young people who were looked after and accommodated to have the same experiences as their counterparts who resided in the community.

Types of activity

When asked what they regarded as normal outdoor activity, most managers responded that this was having the opportunity to go outside and play. Some examples were:

Anything that's fun outside (Manager).

Anything that's within normal guidelines of what you'd allow your own children to do with proper safety precautions (Manager).

Three of the managers identified swimming to be a normal outdoor activity. This was interesting as later in the interview, three managers highlighted that their policy and procedures prevent them from allowing the children and young people from swimming or paddling in the sea.

When asked how easy or difficult it is in getting young people to do normal outdoor activities, four out of six managers felt that it was not difficult. Four managers felt that it was not difficult to get young people involved in outdoor activities. This was attributed to enthusiastic staff, or the interests of the young person. For example:

It depends on the young person and their individual interests... we shouldn't need to always do things as a group (Manager).

This contrasted with the views of another manager:

No choice given, they come unless they are 15 or have been excluded from school (Manager).

Three of the managers when asked what existed in their unit to encourage activities identified the grounds and facilities within their units. This included gyms, adventure playgrounds and a large range of equipment held within the unit including skate boards, hula hoops, bikes, scooters, kites, golf clubs and fishing tackle. One of these three managers also highlighted the skills that many staff have and bring to the unit.

Another manager highlighted the significant role that staff played in this by not only finding resources and clubs within the community but also drawing on their personal experience of taking their own children on an activity (e.g. horse-riding).

The fourth manager looked to what existed outwith their unit in the form of resources such as two local parks and two local leisure centres that the young people from the unit often use. This manager also highlighted that at the Young Person's meeting this is where the decisions are taken on the week's activities. This was the only unit that mentioned any formal participation of young people in the decision-making process.

The fifth manager looked to the ethos of his organisation when reflecting on what existed in the unit to encourage staff to do things with young people and felt that this was rooted in:

A culture that suggests participation and belonging (Manager).

Policies and procedures

In relation to specific procedures that have to be followed, two managers gave general responses highlighting the need to incorporate risk assessments into activity as one of their procedures which must be followed:

General broad risk assessments, taking into account the age and stage of development of the child
(Manager).

The other manager who spoke of risk assessments also included the need for parental consent as one of the procedures they follow:

At the beginning of the year, a parental consent form is signed. Then on a day to day basis staff teams work out a risk assessment on the suitability of an activity, or who is going, for how long, etc
(Manager).

One manager highlighted the necessity to take into account the staff ratio as a procedural issue:

Enough staff ratio if at the beach (Manager).

The three other managers gave more detailed procedures that need to be followed

Young person can't cycle on the grounds, young person can go out with staff, only on a cycle path
(Manager).

Another manager gave a very detailed account of procedures in relation to cycling. These procedures entailed that the young person had a risk assessment carried out each time they wished to ride a bike, and also that the young person sign this agreement prior to being given permission to ride the bike. By referring to Section One of this report, we can compare the views of the young people regarding this procedure.

Safety precautions, each activity needs to be risk assessed, insurance documents from establishments need to be sought, we need to be aware of the rules of the establishment e.g. when going ice skating, we also need to carry out individual risk assessments e.g. if a young person absconds be aware of the staff ratio (Manager).

Another manager felt that procedures hindered the young person's opportunities in relation to both cycling and swimming in the sea:

Swimming, a life guard needs to be there, we are not allowed to go to the beach unless staff have bronze medallion. In relation to bikes, a risk assessment has to be carried out including where the young person wants to cycle, there needs to be the use of a helmet, a bike repair kit and a first aid box needs to be brought on the bike ride and we need to know where they are going and that they can be contacted by telephone (Manager).

The notion of risk assessments seems to be a much-debated topic. The managers, when asked if they were expected to do risk assessments for normal activities, had the following responses. Two of the managers from the independent sector reported that in their units it was only necessary for particular activities such as going on holiday abroad or caravan activities. The other four managers stated that they were expected to carry out assessments for normal outdoor activities. One of the managers highlights her frustration with this expectation to carry out a risk assessment for normal outdoor activities:

For everything, a day trip to Arran, even to take part in a club, can't even paddle in the water, whilst walking along the shore we must bring a throw rope (Manager).

Another manager stated her frustration at risk assessments for normal activities:

Yes, even if going out in the mini-bus, for example the ratio of staff to young people needs to be considered, there is supposed to be two staff on any outing, even if there is only one young person
(Manager)

One of the other managers feels that risk assessments within the unit should be:

Like any responsible parent, for example, if the child is riding a bike they must wear a helmet, and go somewhere safer to ride the bike in order to reduce the risk (Manager).

The views of the managers about the positive and negative features of health and safety policies with regards to the risks young people may face in undertaking normal outdoor activities were similar throughout the different units. All six managers shared the view that a positive feature of such policies stemmed from the need to keep children and young people safe.

With regards to the negative features of such policies four managers identified that policies were often extreme and restricted the young people from participating in everyday activities that their peer groups were experiencing. The activity most mentioned by managers was that of swimming in the sea or even paddling which is not allowed. One of these four managers summed this up in the following words:

At the beach, we are not treating children as normal, this is institutional (Manager).

The other two managers in the sample were from the independent sector and they identified the negative features of health and safety policies as potentially being perceived as being restrictive and at times causing further stigma to the young people in the unit. The example given was in relation to children having to wear a helmet when riding their bikes and they appear to be the only children in the area doing so. This manager also felt that policies can be used within an organisation by some staff for their own advantage:

Provides a get out for staff who don't want to do activities (Manager).

The benefits of outdoor activities identified by the managers were very similar. Three managers highlighted social inclusion. Four managers recognised the benefits to the health of the young people who took part in physical activities. One manager felt that it gave the young person the opportunity to have new experiences.

Opening their world to new experiences, the young person may have an aptitude to do activities, for example, camping promotes the young person in a different light and offers a shared experience (Manager).

One manager linked the opportunity to play outside with similar opportunities that the young person had to play whilst living in the community, therefore there was some level of continuity in the young person's routine.

The young person sees it as what they'd do at home. Being out in the fresh air, (returning) rosy-cheeked with a dirty face and clothes (Manager).

Parental consent

Four managers reported that placement parental consent forms are signed at the beginning of the placement. Five of the managers reported that if there is an 'unusual' activity such as going on holiday, more detailed risk assessments are carried out and a further parental consent is sought. One of the managers reported that if parental consent was not in place, they would request telephone consent from the parent using a hands-free phone and two members of staff witnessing the verbal consent of a parent for their child to take part in the activity.

Personal considerations

The next question asked managers if they enjoyed taking part in outdoor activities with young people. Three of the managers, whilst they enjoyed being involved, felt they no longer had the same opportunities to take part in such activities because of their management role. The other three managers stated that they still enjoyed taking part in outdoor activities with young people. One of these managers highlighted that:

It doesn't need to be a paid activity, our kids love going to the beach, walking, playing hide n seek and rounders (Manager).

Four managers shared their own interests with young people in the units. For example, one manager reported that:

I have BELA, Basic Opportunity Leadership Award, I love playing on the adventure playground, swimming, walking through the grounds introducing them (young people) to nature. Every opportunity is a learning opportunity (Manager).

The other two managers either felt they did not have the time to share their interests or that they did not have an interest which was brought into the unit.

Barriers to activities

In terms of barriers, only one manager responded to this question in relation to themselves directly, identifying their position and their remit as being a barrier that hinders them from doing things with young people. Two managers described barriers attached to their organisational structure in other ways, such as the policies and procedures that exist which dampen the spontaneity of an activity. Two managers gave examples of this.

Can't be spontaneous, for example let's go hill-walking, or walking in the local brae, we can no longer do this. On holiday at the caravan park with local cliffs nearby and a public walkway, we were not allowed to follow this pathway (Manager)

The second example given by the other manager was similarly related:

If a young person wants to go on a bike ride, a risk assessment is needed, where are they going, they need to be accompanied by a member of staff carrying a first aid box and a bike repair kit, they need to be contacted by telephone. In other units asked to go camping and told 'best if not'. I even phoned 'Sports Matters' and also H.Q. told 'best if not'. (Further barrier) staff are not qualified e.g. to go hill-walking staff need to be qualified. Fishing, only if still water are we allowed, if not staff need to go further down stream with a rope. If young people are going on any boat, they need to wear a life jacket, I was told even in a small paddle boat where the water was up to my knee (Manager).

Another manager looked at the barriers created by the legislative basis to child care work, particularly in relation to the law and the differing decision making processes of different local authorities.

Can't go on holiday in England without panel consent, it depends on the area, one authority was fine and the other didn't agree to it (Manager).

The same manager highlighted that the young person's motivation could also be a barrier to doing things with young people.

The fourth manager recognised barriers that existed both inside and outside their organisation. For example if the young person wished to join a club or activity which was community based, this had staffing implications, transport demands and possible disclosure paperwork. This manager also recognised that one of the barriers to doing things with young people was that it was behaviour dependent.

The fifth manager felt that the barriers that hindered them from doing things with young people were more complex and that the wider structure of society had a part to play in this:

High expectations that society and government have now put on care workers, you want to motivate staff to treat young people like their own children but staff don't have the confidence due to risk (Manager).

Health issues

When asked if they were working with any child or young person who is overweight, two managers felt that there were two young people who they would describe as borderline. The managers of the other four units could identify young people that they were working with who were overweight. All units were actively involved in assisting the young person to overcome this and seemed to have been successful in as much as the young person had either not gained any more weight but had grown or had successfully lost weight and with encouragement from staff had changed their diet and become more active. In one of such units the manager had also worked with a young person who was underweight owing to malnourishment prior to being accommodated.

Section Four: policies and procedures

Of the six residential units approached, only one was able to provide a copy of their policy and procedures in relation to outdoor play and activities. The copy was provided by a statutory unit and was entitled Strathclyde Regional Council Social Work Department: Safety in outdoor activities: a code of practice. This particular residential unit belongs to one of the 'successor authorities' which replaced Strathclyde Regional Council when that tier of local government was abolished in 1995. The policy had last been updated in 1993, but it was reported that it had been in existence for many years prior to that date. The manager felt very strongly that this should be revised to reflect the needs of the children and young people currently being looked after and accommodated in this era.

One unit, a residential school, was able to provide copies of risk assessment forms for individual and group activities, both of which involved either a five or a seven step procedure to assess risk. These involved collecting a range of information and then rating this and obtaining the young person's consent. Staff reported that these forms had to be completed before activities were undertaken.

Staff from three units quoted policies and procedures in relation to children and young people not being allowed to go fishing or swimming in the sea unless they had a rope tied round them linking them with other staff members or a tree. Staff felt that such procedures originated from policy and procedures dating back to the Strathclyde Regional Council Structure.

When asked for paper copies of policies and procedures relating to outdoor play and activities, four out of the six units were unable to provide anything. Staff from ALL units, however, seemed to be able to say what children and young people were **not** allowed to do. There was a strong belief that this was written down, although there was no verification of this in writing anywhere except in the unit which provided the policy and procedures drafted by Strathclyde Regional Council.

Discussion

The issues facing organisations in providing residential services for children can be challenging. Not only does the organisation have a duty of care to its young people, it also carries all the responsibilities of the safe workplace under the HSW act.

The findings of this small piece of research indicate that staff are committed to providing a good service for their children and young people but that they feel constrained by policies and procedures, particularly in relation to risk.

Planning activities

Staff and managers all appeared to recognise the importance of providing opportunities for young people to be involved in outdoor play and activities and generally worked hard to offer such opportunities to the best of their abilities. There were, however, challenges to this aspiration. Finances and staff/child ratios could be a barrier to activities taking place. Activity planning as a separate aspect of unit planning was more prevalent in the independent sector than in the statutory sector, if it was present at all. It was felt that staff were disempowered to an extent by organisational and procedural issues. It was also felt, however, that these issues could be used by some staff as an excuse *not* to pursue outdoor activities and to remain within the safe confines of a familiar set of activities.

Organisational policies and procedures

All of the managers and staff, and particularly those from statutory agencies highlighted the frustration they felt at the 'guidance and rules' of their organisations. Whether these 'rules' were real in the sense of explicit written guidelines or whether they were the 'perceived' rules, they had the real effect of limiting or restricting the experiences of young people in care, especially in relation to going to a beach and not being allowed even to paddle in the water. Some of the health and safety measures (e.g. taking a rope with a young person before they go near water) would create a great deal of negative attention and further stigma being attached to the young people. One unit reported that if they took children near water then a rope had to be actually tied to the young person before they entered the water. However, perhaps not surprisingly, when probed, there was no evidence that this actually happened. It appears, in this unit at least, that

children are never actually taken to the beach etc.

Certainly, several staff members felt that following what they believed the rules were, could potentially create more of a risk to young people's safety as they feared that the rope could cause burns to the young people's skin. Again, a small difference emerged in that the independent sector reported greater spontaneity in activities, while the statutory sector felt that there was no spontaneity in activities. This was frustrating insofar as staff felt that they could not take advantage of nice weather or of special events which came to the attention of staff at short notice.

Risk assessment

While the policies and procedures discussed above seemed to establish an over-protective environment the practice of undertaking risk-assessments, which has proliferated in recent years, was also recognised by staff in this study as a significant factor affecting their capacity to provide a range of activities. Risk assessment appears to be the main block to spontaneity and normality in activities for children and young people in care. Given that it is required under health and safety legislation, it should be consistent across the board. However, risk assessment was another area where staff from the independent sector had a measured approach. This included risk assessments relating to individuals and also the group dynamics of those involved in activities. While staff should work to keep children and young people safe, this need not be at the expense of a 'normal' life. Statutory organisations in particular could learn some of the lessons of the independent sector who seem to take a much more appropriate approach to risk assessment. While it is appreciated that the statutory sector may have to labour under the dictates of a council-wide health and safety policy, the researchers feel that social work authorities should be empowered to come up with something that is more appropriate and user-friendly for children and staff in residential units. One of the most striking findings was the way in which staff handed down the knowledge of what should and should not be done by word of mouth. When the researchers asked to see copies of the Policies and procedures that actually stated some of the more stringent barriers that staff were mentioning, e.g. taking a length of rope to the beach, or wearing full knee, elbow and head protection when cycling, staff were unable to provide them. Somewhat ironically the one unit that did have a comprehensive policy provided a copy of 'Strathclyde Regional Council' guidance on outdoor activities, a document which appeared to have been based on requirements for schools in the 1980s.

Difficult behaviour

Comments from the young people indicated that a range of activities was available to most of them. A recurring theme for young people, however, was the impact of challenging behaviour by other young people on whether or not an activity would take place. This was confirmed by some of the basic grade staff. It appeared that if a young person was challenging, then an outing or activity planned for a group may be suspended or cut short. There was also a suggestion that a young person could be excluded from a potentially enjoyable activity because of behaviour they *might* exhibit. Challenging behaviour as an issue was not specifically addressed in the questions for the research. It emerged often enough, however, to merit some discussion at this point and to encourage reflection upon some of the consequences of this. The curtailing of activities or not allowing a young person to take part in or try out a new activity because of past behaviour would not be in the spirit of the UNCRC.

Over-protection

Some of the young people raised issues around restriction on play, and demonstrated a good knowledge of the impact of policies and procedures, particularly in relation to risk assessment. They were as aware as the staff and management, that policies and procedures do not allow them the same level of freedom as their peer group living in the community, particularly in relation to going to the beach and not being allowed to swim in the water unless in some cases a rope is carried by a member of staff. One of the boys put the issue of stigmatisation well when he described having to wear helmet, knee pads and elbow pads when cycling. He did not wish to be standing out from others, so he misses going out on a bike.

Confusion over consent

In general, it was found that unit staff were confused about the role and meaning of 'parental consent'. It seems to have become a standard practice that staff in residential units should seek parental consent before a child goes on an outdoor trip or activity. This seems to have become a 'taken-for-granted' task and duty of the unit, and is not challenged at unit level. This was an interesting finding because children in residential care have been removed from their parents. They are subject to legislation which gives the officers of the local authority the power to arrange all other aspects of the child's life, in line with the care plan. Specific parental consent is not sought for other aspects of the child's life within the unit, so the adherence

to this practice, vis-à-vis outdoor activities raises some questions.

It seems very likely that the units are being expected to follow practices that have become standard in schools. When schools take children away from the school premises, it has become standard practice to seek parental consent. The legal and practical situation of looked-after children however is that the residential care staff have the daily care of, and responsibility for, the child.

As far as can be ascertained, there is no legal basis for requiring staff to get parental consent before taking looked-after children on trips; certainly it is not a requirement of the Children (Scotland) Act 1995. It is emphasised within the guidance which accompanies the Act that social work staff should *inform* parents about their child's progress and *involve* them in the decision-making and care of the child. Best practice should involve *consulting and informing* parents about various activities and perhaps even including them in certain trips. This type of practice, however, is quite different from asking for their consent. It may be that there is confusion between what is good social work practice, in terms of informing and involving parents, and seeking consent as understood and required by schools. In the course of the study, it emerged that staff occasionally do dispense with consent, when parents are felt to be unreasonably withholding it. In these circumstances, staff sometimes find it acceptable to get a signature either from the head of the organisation or from a social worker. This is clearly quite different from formal parental consent, however, and illustrates the confusion. If it is thought that formal legal consent is required then social workers simply do not have the legal status to take over this function, in relation to the vast majority of children in care.

There is an exception to this in relation to the children where the local authority has taken 'parental rights'. In this situation it is the social work department which is the legal guardian and it is recognised by staff that ultimately it is the chief social work officer who has parental authority which is then perceived to be delegated to the child's social worker, who is asked to sign 'parental consent' forms. However these children are few in number.

Although it is outwith the scope of this study, it would be interesting to find out if foster-carers are also required to get parental consent when they take a child on a trip, given that the legal status of the child is

the same whether they are in foster or residential care.

The high prioritisation given to seeking parental consent is an anomalous finding in terms of care practice, because research indicates that parents often feel pushed out or excluded when their children go to live in residential care (Milligan and Stevens, 2006b); yet in the arena of outdoor activity, parental consent is avidly sought. This raises a basic question as to why social workers and residential staff *do not* feel that they need explicit consent for other areas in the life of the child; such as outings to the cinema or the 10-pin bowling, yet they require this for outings to the beach. A similar question might also be asked about why a residential worker feels they need consent from a social worker for an outing to the beach but not for a shopping expedition. We are not suggesting that staff *should* be seeking written consent for every aspect of daily life, but rather pointing up the inconsistency in relation to trips to the beach etc. It is felt that staff should be aware of the extent of their powers and some training in this area might help.

The study uncovered a variety of ways in which 'parental consent' was gained. Some units (particularly in the independent sector) ensured that a form agreeing to parental consent to activities was signed when the young person entered care, so that it was only sought once. In the local authority units, however, parental consent for every activity or trip was sought. This clearly had an impact on the ease with which trips and activities could be arranged.

Insurance

Insurance came up as an issue for staff. The reports of having to check qualifications of staff in recognised leisure and activity centres flies in the face of common sense, given that these organisations are themselves regulated and required to have public liability insurance etc., and that their staff are specifically trained and employed to work with all children and young people. This is another area where agencies need to revise their expectations on staff and where the unit managers and staff teams should try to gain some perspective.

Staff skills and interests

Some staff felt that they had special talents or interests which perhaps may or may not be used to the advantage of young people. Some also reported that they had started to undertake training programmes in, for example, hill-walking, but the training was not completed due to the exigencies of the service. Staff in that position felt, rightly, that this was a waste of money and left them feeling frustrated at having developed new skills but being unable to use them.

Too many opportunities?

We also uncovered a different issue in the interviews with some of the basic-grade staff. A few staff made comments to the effect that children and young people who enjoy the benefit of a wide range of activities may find it harder to return home because of the range of activities they have experienced while in care. They implied that perhaps children were being given too many outdoor activities, especially those costing money or requiring access to transport. This is akin to the argument which says that children and young people in residential care should not have good quality clothes or designer trainers because they may not get these when they return home. The confusion that exists here is around mistaken notions of normalisation. In fact, the UNCRC holds that children in care are entitled to 'special protection' and if that includes having good quality clothes or a wide variety of activities for a short time, then this should be accepted. A positive aspect of the research was the amount of 'ordinary' activities that were provided by the units, particularly in relation to using local facilities like the park, despite the requirements for risk assessments etc. This was heartening as it would enable the young person to continue to have a similar level of enjoyment if they returned to the care of their families if they were able to invest in time to play in the park with their child. This is also the type of activity that perhaps should be incorporated into contact with family members (where appropriate) as opposed to going to a burger café which is perhaps not an experience of high quality contact for family members nor children. Nor does such an experience focus on the health benefits of the child or young person to the degree that a physical activity or simple game with a ball in a park would. The latter is also an experience which is easier to replicate if the child or young person does return to the care of their family.

Conclusion

In conclusion, the study found that while staff in the units were undertaking a range of outdoor activities, they reported a general culture of caution and risk aversion. Specific constraints meant that there were restrictions on the kinds of ordinary outdoor activities that could be experienced by children and young people. It is clear that at agency or organisational level, action needs to be taken to review policy and practice in this area, if children and young people are to have a good quality care experience and if the guidance and expectations set out in the National Care Standards are to be met.

The research revealed that a number of actions could be taken by organisations and units to provide a much better experience of play for both staff and young people. These are outlined in the next section.

Recommendations for future practice

The following recommendations for practice emerged from the research:

The role of activities in healthy child development should be recognised and written into unit planning. Pro-active activity planning appears to be a necessary component of successful outings and of the health-promoting unit, and this should be encouraged.

The guidance around restrictions that young people have whilst on outdoor outings; especially associated with water, including fishing and beach trips, clearly needs to be revisited by agencies, particularly local authorities, and clarified in the light of the rights of children to play and a healthy life. This review could include advice about general safety awareness but should be appropriate to the actual risks, and promote the adoption of normal approaches and measures of the sort that would be taken by a good parent.

It is vital that residential care staff act in a responsible manner to keep children as safe, as any good parent would, when taking part in play and recreation. Residential units should have 'user-friendly' risk assessments which are informed by the right to a normal life and which allow children and young people to be exposed to the normal and reasonable risks associated with growing up.

Agencies and residential units should carry out a regular 'skills audit' of staff to ensure that they know about the special talents and interests of staff members and that opportunities are provided for these to be used for the enjoyment and benefit of the children.

If training in any outdoor activity is pursued for staff, managers should ensure that the training is completed.

Local authorities should review the issue of parental consent for normal outdoor trips and activities in relation to young people who are looked after and accommodated. They should inform their staff about the legislative basis of their care responsibilities and the best ways of involving parents. This may involve some training but would empower staff to help children gain access to their rights to play.

If some form of parental 'consent' for taking part in activities is suggested as good practice it should be signed as near to the admission date as possible for the young person entering the residential unit. This

would then encompass many activities throughout their stay in which they could take part.

It is understood that activities may sometimes have to be suspended due to a problem in behaviour. It does, however, seem wrong that an activity for the whole group should be abandoned because of one or two young people. It is recommended that the group dynamic should be factored into activity planning, and that a contingency plan be in place to ensure that young people are not penalised for the actions of others.

The role of activities should be valued as an essential component of healthy development and young people should not be prevented from taking part in an activity on the basis of what they *may* do.

Senior managers with responsibility for residential services and managers of residential units themselves should be aware of the dangers of risk-averse practice, and should monitor the opportunities that are available to children and young people in their care, and take action to provide guidance and support to front-line staff in order to maximise these.

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Appendices

Copies of interview schedules

INTERVIEW SCHEDULE FOR CHILDREN AND YOUNG PEOPLE

1. What sort of things do you like doing if the weather is good enough.
2. Have you ever done things like playing in a football team or gone to dance classes (even when you were younger)? Were you doing these things before you were in care or in a previous placement?
3. Would you like to do more things than you do at the moment?
4. Are there any problems about going on outings or trips?
5. What kinds of things does the unit do to encourage you to take part in activities?

INTERVIEW SCHEDULE FOR STAFF

1. What outdoor trips and activities for children have you participated in, in the past 14 days, if any?
2. Collect details on each activity:
3. What types of activity?
4. Whereabouts?
5. Is it just a general activity or is it part of a young person's specific interest?
6. Length of time spent on the activity
7. Was there a requirement for parental consent?
8. Was there a requirement to do a risk assessment, if not why not?
9. Are there any difficulties at the moment in getting kids to do 'normal' outdoor activities?
(Specific questions about activities actually undertaken)
10. Are you working with any child or young person who is overweight?
11. Do you like doing outdoor stuff with the young people?
12. What benefits do you think they could get from this type of activity
13. What interests do you have that you do with the young people or would like to do?
14. What are the barriers that hinder you from doing things with the Y.P.?
15. What exists in the unit to encourage you to do things with young people?

INTERVIEW SCHEDULE FOR MANAGERS

1. What do you regard as normal outdoor activities?
2. How easy or difficult is it in getting young people to do normal outdoor activities?
3. What specific procedures have to be followed?
4. How do you get parental consent, if it is required - e.g. at the start of placement, or for each occasion, or is it not required?
5. Are you expected to do risk assessments for 'normal' activities?
6. What are the positive and negative features of health and safety policies with regards to the risks young people may face in undertaking normal outdoor activities?
7. Do you like doing outdoor stuff with the young people?
8. What benefits do you think they could get from this type of activity?
9. What interests do you have that you do with the young people or would you like to do?
10. What are the barriers that hinder you from doing things with the Y.P.?
11. What exists in the unit to encourage you to do things with young people?
12. Are you working with any child or young person who is overweight?