

Playfield Institute

HandsOnScotland Toolkit

Report on Consultation Process

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Background: Setting the Context

"Mental Health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity"

International Workshop on Mental Health Promotion 1997 as quoted in "The Voice of Children and Young People about Mental Health" **(1)**

In the autumn of 2002 the Scottish Executive commissioned a needs assessment of the mental health of Scotland's children and young people. The subsequent Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health **(2)** was published in May 2003. The SNAP Report highlighted the role of agencies and organisations in supporting the mental health of children and young people and urged them to work together to implement the recommendations contained in the Report.

Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care (FPPC) **(3)** translates the recommendations of the SNAP Report into activity. It provides detail on how a range of agencies can jointly contribute to the improvement of the mental health of children and young people.

HeadsUpScotland, the National Project for Children and Young People's Mental Health, was established by the Scottish Executive in 2004 to take forward the recommendations of the SNAP Report and to support the implementation process of the FPPC. This included the commissioning of a new national resource for frontline workers.

Playfield Institute, in collaboration with Barnardo's and the University of Dundee, successfully submitted a proposal and were awarded the task of developing this new national resource.

Background: The Need for a New National Resource

"Good mental health affects every area of activity for children and young people from learning, to playing, to making relationships"

From "Getting the Right Workforce, Getting the Workforce Right" **(4)**

The importance of mental health for children and young people cannot be underestimated. The FPPC recommends that,

"Mental health promotion for children and young people should be an underpinning principle for all who come into contact with children and young people, whether they are well or unwell".

There is therefore a need for all frontline workers to be equipped to recognise potential mental health issues and to know how to respond appropriately. This becomes even more of a priority when consideration is given to the shortage of specialist CAMH services.

The SNAP Report (2) identified “... a significant mismatch between the level of mental health need and the capacity to work with that need”. A survey carried out as part of the SNAP Report also found that “... many practitioners in the wider network reported significant difficulty in accessing specialist services for the young people with whom they work”.

Many children and young people may therefore have to wait a considerable length of time to be seen by a specialist Child and Mental Health (CAMH) worker. During this waiting time, the staff who work with that child or young person on a daily basis still have to deal with those behaviours that are caused by emotional distress, even though they may not have the necessary specialist knowledge. They may not know what to do and as a result there is a danger that sometimes they do nothing for fear of doing harm.

In their report, “Only Connect” (5), the SNAP Research Group found that “...most contact is often provided by those with least formal mental health training”.

There is therefore an urgent need to provide support for frontline workers such as nursery nurses, teachers, foster carers, social workers, allied health professionals, etc.

HeadsUpScotland have responded to this need by commissioning the new national resource. Developing the resource will contribute to the training, development and support of frontline staff who are regularly in contact with children and young people who may have behavioural difficulties as a result of emerging mental health problems.

The ultimate aim is to increase staff confidence and their competence to address and manage behaviours that may be part of the mental health problem of a child or young person whether waiting for diagnosis or post diagnosis.

As a result of their successful proposal, the resource is being developed by Playfield Institute and their partners, Barnardo’s and the University of Dundee. The main features of the resource are shown below:

- It is aimed at workers and carers with no specific skills in mental health.
- It will provide workers with the means and confidence to support children they work with.
- It will take the form of an interactive website.
- It will not describe any particular condition or label - it will describe behaviours.
- It will provide information on how to respond helpfully to those behaviours.
- It will avoid the use of medical or psychological terminology.
- It will contain a range of straightforward explanations, hints, tips and techniques for staff.
- It is intended to be intensely practical and a direct support to staff.

The website resource will be known as the “**HandsOnScotland Toolkit**”.

Consultation Process: Methodology

“Consultation is a particularly useful way of convening discussion between practitioners from different backgrounds and can be used for a wide range of tasks”

SNAP Report (2)

A major part of the Toolkit development was to consult with a wide range of workers. Consultation groups were used as an exploratory research method that allowed workers to express their thoughts through group discussion.

This process had three main purposes:

- To determine the behavioural problems that frontline workers find troubling.
- To capture the language that frontline workers used to describe the troubling behaviours they see.
- To identify the type of advice that workers felt would be most useful in increasing their confidence to support the children and young people displaying these behaviours.

Participants were provided with a brief background on the Toolkit project prior to participating in the group sessions (**refer to Appendix 1**). This highlighted the role of the groups in the consultation process and their important contribution to the development of the website.

Groups were organised to take place in the workplace or at an alternative venue that was equally convenient for participants, and sessions were kept deliberately short, up to a maximum of one hour.

A Topic Guide was developed and used by the researchers to ensure that similar information was collected from all groups (**refer to Appendix 2**).

An audio recording was made of each session – participants’ verbal consent to the recording of the content was gained before discussion started. Access to the recorded material was restricted to administrative staff (for the purpose of transcription) and to research workers directly associated with the Toolkit Project.

Microscopic transcription of the audio recordings was not necessary for the purpose of the consultation process. The requirement was to capture the overall sense of what was being said.

In addition, verbatim descriptions of troubling behaviours were collected on a flip chart during the consultation group. It was vital that the language used by participants in their descriptions did not become “diluted” and by using the flip chart, examples were collected straight from “the horse’s mouth”.

A list of contact details for those who had taken part in the consultation groups was developed so that people could be approached again at a later date to request their further input in the project e.g. involvement in the piloting of the materials being written for the toolkit.

Consultation Process: Findings

"Consultation process provides opportunities for those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work"

FPPC Intro (3)

Group Participants

Between June and September 2006, a total of 14 small consultation groups and 1 individual meeting were set up across Scotland involving a wide range of frontline workers as shown below:

<u>Type of Worker</u>	<u>Number of Groups</u>	<u>Number of Workers</u>
Barnardo's Workers (Groups held in Inverclyde, Edinburgh, Arbroath, Inverness, Glasgow, Levenmouth)	6	35
Social Workers	2	7
Foster Carers	2	18
Integrated Community School Team	1	7
Public Health/ School Nurses	1	6
Meeting on 1:1 Basis with School Nurse	1	1
Allied Health Professionals	1	3
Guidance Teachers	1	3
<u>Totals</u>	15	80

Age Range of Children and Young People

(For further details please refer to Appendix 3, Question 1 Responses)

The group participants were involved with children and young people covering a wide age range from 0 to 18 years of age. Some workers specified a core age group within that age range e.g. the Integrated Community Team members felt that their core age group fell between the ages of 10 and 15 years old. Some groups stated that they would maintain contact with young people beyond the age of 18 in special circumstances, e.g. foster carers, some Barnardo's workers.

Descriptions of Behaviours

(For further details please refer to Appendix 3, Question 3 Responses)

The frontline workers were asked to describe the behaviours that they witnessed. Full details of the descriptions provided are given in Appendix 3.

Frequency of Behaviours

(For further details please refer to Appendix 3, Question 4 Responses)

All participants stated that they had at some point witnessed behaviours in the children and young people that they work with that gave them cause for concern - a resounding 100% 'yes' response.

With regard to frequency of contact with these behaviours, the majority of group participants reported that they regularly came across examples of these troubling behaviours in the workplace, as shown in the table below:

Q4. How often do you come across this type of behaviour in your work?	
Glasgow	Daily Basis
Foster Carers	Daily
Social Workers	Daily Every Day Every Caseload Perhaps not every day but at least twice a week At least once a week Can vary
Integrated Community Team	Daily
Public Health/School Nurses	Frequently – daily basis
Playfield Health Workers	Daily
Guidance Teachers	Deal with at least 1 a month
Arbroath	May not see it – may be the project workers who come across it May all see self harm – some similarities across the board

Use of Topic Guide

The Topic Guide (**Appendix 2**) of prompts/questions was used in each session to ensure that similar information was collected from all participant groups.

The information gathered was studied by research workers. Shared themes were extracted and attempts were made to categorise the themes and assign a "label" to them. Examples of the type of information obtained is summarised in the table on the next page.

Full information on the responses obtained is contained in Appendix 3 - "Responses from Consultation Groups".

<u>Question</u>	<u>Examples of Themes</u>	<u>Examples of Responses</u>
<p><u>Question 5</u> How do you feel about having to deal with these types of behaviour in your work?</p>	Stressful	"It can leave you feeling drained and stressed"
	Lack of Confidence	"I don't feel skilled enough at times"
	Lack of Time	"No time to research where the supports are"
	Coming Across Things for the First Time	"As a new member of staff most behaviours are challenging!"
	Goes with the Job	"It's part and parcel - you have to deal with it"
<p><u>Question 6</u> How do you currently cope with these types of behaviours?</p>	Supervision (Formal)	"You need access to regular supervision"
	Talk to Each Other (Informal)	"Support networks like coffee breaks with colleagues"
	Use Specialists	"Being able to phone up and speak to a specialist"
	Use Other Information Sources	"Look up information in books, websites etc."
	Training	"Try to do as much training as we can"
<p><u>Question 7</u> What sort of advice would you find useful?</p>	What's "Normal"	"Explain what's normal and when to get worried!"
	Referring On	"When to refer on and when not to"
	How to Cope With Behaviours	"Techniques for challenging behaviours"
	How to "See" the Person	"How to put yourself in their shoes"
	What Others Have Found Helpful	"Good questions to ask & good answers to give"
<p><u>Question 8</u> Do you have any ideas on website design/layout?</p>	Easy to Use	"Quick to access, user friendly and idiot proof"
	Useful Information	"Practical advice not theoretical"
	Clearly Presented	"Use simple, plain, easy language"
	Different Formats	"Include downloadable clips"
	Attractive Layout	"It should be attractive – not boring, not all text"
<p><u>Question 9</u> How would you know the toolkit advice has been useful?</p>	Less Stressed	"If you feel less stressed and more in control"
	Increased Confidence	"Increase in confidence in what you're doing"
	Reassured	"Reassurance to staff and carers"
	Recommend it to Others	"If it's good we would tell everyone!"

In Summary...

The consultation process has:

- Raised our awareness of the range of workers and the range of work being done.
- Provided a list of behaviours to use as topic headings and search terms on the website.
- Provided views not only on the content of the information that should be included but also suggestions on the style of materials / website design e.g. the importance of clear presentation and practical ideas on how this could be achieved.
- Helped us to devise/develop the items for inclusion in the online teachers' survey.
- Stressed/proved the real need for this national resource.

The Last Word

"The aim is to encourage more adults who work with children and young people to become aware of the potential that they have to make a difference to children and young people's mental health. It's also important that more people in universal services become more competent to deal with children and young people who may be having some difficulties and to know when more specialist help might be needed"

From "Getting the Right Workforce, Getting the Workforce Right" **(4)**

Reference Materials

1. *"The Voice of Children and Young People about Mental Health: A Discussion Paper"*
HeadsUpScotland (2005)
2. *"Needs Assessment Report on Child and Adolescent Mental Health, Final Report"*
Public Health Institute of Scotland (2003)
3. *"Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care"*
Scottish Executive (2005)
4. *"Getting the Right Workforce, Getting the Workforce Right: A Strategic Review of the Child and Adolescent Mental Health Workforce"*
Scottish Executive (2005)
5. *"Only Connect: Addressing the Emotional Needs of Scotland's Children and Young People: A Report on the SNAP Child and Adolescent Mental Health Phase 2 Survey"*
The SNAP Research Group (2005)

Acknowledgements

Thanks to secretarial staff at NHS Fife's Department of Public Health Medicine for their help in producing scripts from consultation groups.

Thanks to everyone who has already taken part in the development of the Toolkit - we have learned a great deal from each other - and thanks in advance to those who will continue to take part in the process in the future.

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Appendices: *Appendix 1*

Developing a resource for frontline workers to help support children and young people's mental health

Consultation process

The Scottish Needs Assessment Programme (SNAP) report on Child and Adolescent Mental Health (May 2003) reported that staff who work with children and young people (e.g. teachers, youth workers, foster carers, nursery nurses, etc.) have expressed the need for a range of 'tools' which will support children with emotional and behavioural difficulties. HeadsUpScotland, the Scottish Executive Project for Children and Young People's Mental Health, have recently commissioned the development of a national resource which contains a range of straightforward explanations and practical techniques to provide these workers with the means and confidence to support the children they work with.

This 'toolkit' is being developed by NHS Fife's Playfield Institute (a newly funded resource to build mental health capacity of workers across all sectors in Fife) in association with the University of Dundee and Barnardo's. The toolkit will be an interactive website, aimed at workers and carers with no specific skills in mental health and it will avoid using medical or psychological terminology.

A major part of this project is to consult with a wide range of workers to determine the type of behavioural problems they find troubling and the type of advice and techniques they require. We need to know the language they use to describe the troubling behaviours they see; what kind of help they would find most useful and what would help them to feel more confident to support the children and young people displaying these behaviours.

We are planning a range of small consultation groups to cover a wide range of the workers that the toolkit is aimed at:

- Ideally the group should consist of about 4 - 8 people.
- The group meeting is designed to be an informal discussion to explore the workers' views.
- It will last for 45 minutes to an hour.
- It will take place in your workplace or in a place that is convenient for you.
- Ideally we would like participants in the groups to give us contact details so that we can contact them at a later date to give feedback on the actual toolkit materials as they are being developed.

We would be very grateful for your help in developing this important national resource. Please contact me if you have any further questions about this.

I look forward to hearing from you.

Dr Wendy Simpson

Public Health Scientist (Research Manager for Toolkit Project)

Playfield Institute

Playfield Institute

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Appendices: *Appendix 2*

Draft topic guide for consultation with frontline workers

Explain aims of toolkit and why we are asking them to be involved:

- to help them cope with children's and young people's behaviour related to emerging mental health problems
- practical advice for non-specialists
- need to know the language they use to describe the troubling behaviours they see
- need to know what kind of help they would find most useful
- need to know what would make them feel more confident to tackle difficult behaviours themselves.

Explain that we hope that they will act as consultants throughout the design phase of the toolkit.

Request permission to audio tape the consultation.

1. Can you first just describe the children or young people you work with?
Age range, background, area, etc.
2. Do any of the children you work with display behaviour that troubles you or that you don't know how to deal with?

Can you describe this behaviour?

e.g. tantrums, biting, not sleeping, not eating, 'attitude', stealing, self-harm, exam stress, withdrawn, etc.

Can you describe any other behaviours which you find difficult to deal with?

3. How often do you come across these types of behaviour in your work?
4. How do you feel about having to deal with these types of behaviour in your work?
Comfortable? Confident/lacking in confidence? Stressed?
5. How do you normally deal/cope with these types of behaviour?
Refer on? Speak to a colleague? Try to understand what's causing it? Discipline the child/young person? Support them? What would you normally use as a resource?
6. What sort of advice/support do you think you would find useful to help you cope?
Explanation of what might be causing the behaviour? Techniques/solutions? What to say to the child/young person? How to assess risk? When to refer on? Who to refer on to? Further reading material? Other specific websites?
7. Imagine that the toolkit exists and that you are using it in your daily practice. How would you know that the advice given to you in the toolkit has been helpful?
What will you notice about the child and about yourself that is different from now, e.g. child's behaviour, your confidence, your behaviour? What would your colleagues notice about your ability to handle the situation? What else?
8. Do you have any other comments to make?

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Appendices: *Appendix 3*

**Topic Guide Questions
Responses from Consultation Groups**

Q1. Can you describe the children or young people you work with?

<u>Group</u>	<u>Age Range</u>	<u>Examples of Issues Given</u>	<u>Examples of Input Given</u>
Arbroath	3 to 18 – sometimes up to 21	Child Protection Issues Displaying Harmful Behaviour Affected by Alcohol Abuse Emotional Problems	Individual or with Family/ Carers
Edinburgh	10 to 18	Sexually Harmful Behaviour Young Offenders/ Young People who have Drug & Alcohol Issues Children who have been Sexually Abused	Working with Carers who are Supporting Children who have been Traumatized
Glasgow	16 to 25	Tenancy Support to Young People who have come through the Care System Intensive support to young people who are Parents Children and Young People Affected by Abuse /Neglect	
Inverclyde			
Inverness	16 and over	Looked After Children and Young People Housing Issues Child Protection	Awareness Raising Work About Mental Illness in Schools Youth Cafe

Q1. Responses Continued

<u>Group</u>	<u>Age Range</u>	<u>Examples of Issues Given</u>	<u>Examples of Input Given</u>
Leven	Nought to 16	Emotional Health and Well Being Parenting Skills Family Support Young People on Verge of Offending in the Community Looking at any Issues that Come Up	Individual and group work Work directly with guidance and class teachers Service is "seamless" – workers can follow you from primary to secondary
Foster Carers	1 to 18 Up to 21 in Special Circumstances		
Social Workers	Birth to 16 mainly Sometimes up to 18	Diverse Caseload Very Complex Backgrounds Been Through the Mill Been with Different Carers Due to Behavioural Issues	
Integrated Community Team	Core Age Group is 10 to 15	Wide Range of Backgrounds	
School Nurses	Primary & Secondary School Age	From Deprived Areas	Work in Schools If we see a child with a parent we see them privately
Guidance Teachers	Secondary 2 nd year pupils upwards		
Playfield Health Workers	3 to teenagers	Complex Needs & Learning Disability	Working in Primary & Secondary Schools

Q2. Do any of the children/young people you work with display behaviour that troubles you or that you don't know how to deal with?

100% "Yes" response to this question from group participants.

Q3. Can you describe the behaviour that troubles you? (Descriptions are organised under the proposed website search headings)

1. Anxiety

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Group (Health Workers)</u>
		Anxiety (even in very young children)							Worries about parents breaking up	Anxieties	
		Fearful							Anxieties about death of family members, pets etc.	Panic Attacks	
		Nerves Shot to Pieces							Anxieties about their own relationships		
		High Levels of Stress									

2. Sleep

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers Group</u>	<u>Social Workers Group</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
		Poor Sleep Patterns						Problems with Sleep Patterns e.g. sharing rooms with younger family	Sleep Problems		

3. Self Harm

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Self Harming	Self Harm			Self Harm			Self Harm	Self Harm	Self Harm especially in young girls	Self Harm	
Cutting Arms		Cut Themselves		Cutting						Cutting	
									Putting rubber bands round fingers to cut circulation off.		
		Suicidal (Actual Attempts)							Suicide e.g. trying to jump out a window	Thoughts of suicide	

4. Eating Disorders

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Eating Disorders		Eating Disorders Both Over and Under Eating						Anorexia	Eating disorders in young girls – mainly not eating enough	Eating disorders	
									Tubby Children		
				Won't Eat With Others							

5. Toileting

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Soiling	Soiling				Soiling						
Enuresis					Bed Wetting						
Continence Problems	Smearing							Smearing – putting it all over the walls			

6. Anger

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
	Anger	Anger Management			Angry		Anger	Anger	Anger	Anger management	Anger
			Grumpy								
			Temper Tantrums			Temper Tantrums	Tantrums			Difficulty managing their tempers	
	Challenging								Young men not able to express anger in an acceptable way and resort to uncontrolled outbursts		

7. Aggression

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers Group 1</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Aggressive	Aggression		Physical Aggression	Aggression			Aggression				
Verbal Aggression	Answering Back	Violent Outbursts both <u>Verbal</u> and <u>Physical</u>	Verbal Aggression Name Calling		Shouting						
	Inappropriate		Inappropriate Language Swearing		Swearing						
Physical Attacks		Violent Outbursts both <u>Verbal</u> and <u>Physical</u>	Hitting Out Biting			Violent Outbursts & Behaviour	Violent Tendencies Lashing Out Biting Nipping Kicking Hair Pulling	Violence		Violent Frightening Threatening Dangerous	
Bullying	Bullying		Bullying		Bullying		Bullying		Bullying		
						Spitting					
			Fighting		Fighting				Fighting		
			Kick Off		Triggered Quickly						

8. Emotional

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers Group 1</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Tearful			Crying	Tearful							
	Clingy Over Needy			Clingy Need Constant Attention		Over Compliant			Attention Seeking Behaviour		
			Emotionally Upset (holding)		Emotional Difficulties		Emotional Difficulties				
	Babyish/ Immature				Inappropriate Immature Behaviour						
			Unhappy				Quiet			Generally feeling low	
			Restless								
					Frustrated						

9. Relationships

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>I/Clyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Int Comy Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Pfield Health Workers</u>
Displaced From Family	Not Following Family Rules	Home Life Difficult			Can't talk to Parents	Opting out of Family Life	Withdraw From family Life	Family Issues e.g. Domestic Abuse		Parent Issues	
Family Rejection		Lack of Guidance from Parents					Family Break Down				
Living Outwith their Family/Community Setting							Parents in Custody				
Homeless e.g. rather than go home to chaotic life style they make themselves homeless		Homelessness e.g. actively lose their tenancy in the hope that their family will have them back									
					Find it Difficult to Trust						
Withdrawn	Withdrawn	Withdrawn	Not Animated	Withdrawn		Withdrawn	Withdrawn				
Isolation		Isolated		Isolation	Socially Isolated				Socially Excluded		
No friends		No friendships			Hard to make Friends						
Don't Involve Self		Can't form Relationships				Attachment Issues	Attachment Issues				
				Not Speaking	Won't Talk						

10. Risky

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
					Truanting School		Truancy				
		Offending both Petty and Serious					Offending	Offending	Stealing Little Robbers		
	Fire Raising							Arsonists			
			Running Away					Running Away	Running Away		
Predatory Behaviour e.g. stalking		Placing selves in risky situations e.g. on streets, mixing with older people, staying with people they don't know		Risk Taking				Sexually Risky Behaviour	Risk Taking Mix with older children		
Targeting behaviours at Certain Groups (e.g. befriending young children)											
Controlling Behaviour											

11. Alcohol and Drugs

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Misuse of Substances e.g. alcohol, drugs, glue		Abuse substances from an early age e.g. alcohol, cannabis, valium, food				Excesses of Alcohol Drug Taking	Alcohol Issues Drug Users	Alcohol fuels things they do	Alcohol intake leads to risky sexual behaviour Drugs		
							Families Where There are Known Drug Users		Drug misuse by parents as well as by the young people e.g. can't function at school on Mondays because of the cannabis they've inhaled at weekend	Glue Sniffing	

12. Sexual Issues

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Sexually Inappropriate e.g. inappropriate comments, masturbation in public etc)	Sexual Behaviours	Inappropriate Sexual Behaviour (this is often 1 st reason for referral)				Sexualised Behaviour					
Sexually Aggressive e.g. rape											

13. Confidence/Self Esteem

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Low Confidence		Low Self Confidence									
Poor Opinion of Self		I am Bad			Can't see good about self						
Being a Victim of Bullying					Being Bullied				Victim of Bullying		
Low Self Esteem							Lack of Self Esteem			Self Esteem Issues	Low Self Esteem
		I'm not in Control								Some pupils think they are rubbish	
		It's My Fault								Not doing well	
										Want to give up	

14. Inattention/Concentration/Overactivity

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
	Can't Pay Attention				Poor Concentration						Poor Concentration
	Hyperactive										Children constantly on the move
	Out of Control										
	Going Nuts										

15. Unusual Behaviours

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
				Rocking	Speak in Strange Voices						

16. Habits/Obsessions/Compulsions

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Obsessive Behaviour			Ritualistic Behaviour							Obsessional things e.g. have to pack bag 5 times	
Concerns About Food e.g. where it comes from				Concerns about Food e.g. won't eat with others							
Excessive Cleaning											

17. Sudden Behaviour Changes

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
			Change in Usual Behaviour e.g. ask someone who knows the child	Showing No Interest in usual Interests							
				Changes in Person e.g. in self care, appearance, behaviour							

18. Disruptive/Destructive Behaviours

<u>Arbroath</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverclyde</u>	<u>Inverness</u>	<u>Leven</u>	<u>Foster Carers</u>	<u>Social Workers</u>	<u>Integrated Community Team</u>	<u>School Nurses</u>	<u>Guidance Teachers</u>	<u>Playfield Health Workers</u>
Disruptive in Class (e.g. throwing chairs)	Disruptive			Disruptive Behaviour					Anti Social Behaviours		
						Destructive	Destructive				
									Trying to shock you		
									Waiting for a reaction		
									Can't take a telling from school		
									Can't take any authority		

Q4. How often do you come across these types of behaviour in your work?

Glasgow	Daily Basis
Foster Carers	Daily
Social Workers	Daily Every Day Every Caseload Perhaps not every day but at least twice a week At least once a week Can vary
Integrated Community Team	Daily
Public Health / School Nurses	Frequently – daily basis
Playfield Health Workers	Daily
Guidance Teachers	Deal with at least 1 a month
Arbroath	May not see it – may be the project workers who come across it May all see self harm – some similarities across the board

Q5. How do you feel about having to deal with these types of behaviour in your work?

a. Feelings About "Stress"

- "The impact can be **stressful**" (Arbroath)
- "**Stressful**" (Glasgow)
- "Can leave you feeling **drained** and **stressed**" (Foster Carers)
- "The job can be very **stressful**" (Social Workers)
- "Can be very **stressful** at times as you can't know everything and have all the solutions" (Social Workers)

b. Feelings About "Frustration"

- "**Frustrated** – when you have tried different ideas and nothing works it is very frustrating" (Social Workers)

c. Feelings About: "Uncomfortable"

- "I couldn't give advice about things like that as I don't know proper advice – I would feel **uncomfortable**" (Guidance Teachers)

d. Feelings About: "Coming Across Things for the First Time"

- "When you meet **something new** for the **first time** it **can be very difficult**" (Foster Carers)
- "I have **only been a carer for a few months** – most things are **challenging**" (Foster Carers)

(cont'd)

- “As a **newish member of staff** a lot of behaviours can be **challenging**” (Social Workers)
- “I am a **newly qualified social worker** and I come across situations daily which are **difficult to deal with. I feel guilty** about having to keep asking questions from my colleagues.” (Social Workers)
- “When you **first start out** most behaviours are new and it can **dent your confidence** having to ask colleagues” (Social Workers)
- I haven’t come across all of the things we have talked about yet - but I don’t know what I would do” (Health Workers)

e. Feelings About: "Confidence"

- “Generally workers are **confident** in their area of work but if not they can get guidance” (Arbroath)
- “On a day-to-day basis people are **confident** but some things may affect you” (Arbroath)
- “**Confident** in areas I have already dealt with before” (Foster Carers)
- “Have some **confidence**” (Foster Carers)
- “**Relatively confident** in areas I have come across as I have been a carer for a long time” (Foster Carers)
- “I have been in this job for a long time and it’s only very occasionally now that you come across behaviours which are **disturbing** or I don’t know how to deal with.” (Social Workers)
- “We **haven’t been completely stuck!**” (Integrated Community Team)
- “**Confidence** to carry things through” (School Nurses)
- “You need to feel you **can cope with the information you are about to get**” (School Nurses)

(cont’d)

f. Feelings About: "Not Being Confident"

- "Don't feel skilled enough at times" (Edinburgh)
- "Fear of **getting it wrong**" (Edinburgh)
- "**Not always confident**" (Foster Carers)
- "**Not at all confident**" (Foster Carers)
- "I **don't feel confident** all the time as I haven't had children of my own and text book and practice are very different." (Social Workers)
- "Sometimes feel it's **beyond us**" (Guidance Teachers)
- "Knowing when is it **more than we can deal** with" (Leven)
- "Hard when you are confronted with something which you **don't have expertise** on" (Guidance Teachers)
- "Can leave you feeling **unable to cope** or **inadequate** in severe circumstances" (Foster Carers)
- "You feel you are **letting the kids down** - I feel I need something to try and help them" (Guidance Teachers)
- "They ask questions and **you feel you should know** – try to help but also **feel please don't tell me anything dreadful**" (School Nurses)
- "I feel at the end of the day I am **not mental health trained** and don't know enough in that area – I **could do with some mental health training**" (School Nurses)
- "You have to be careful in case you **make things worse**" (School Nurses)
- "I feel I could **do more harm** or am in over my head – I **don't have the skills**" (Health Workers)

(cont'd)

g. Feelings About: "Confidence Varying"

- "Varies really depending on the issue" (Foster Carers)
- "I **wouldn't say I was comfortable** (with behaviours) – but **some more so than others**" (Social Workers)
- "**Depends on what behaviour is** and also what resource you can use to deal with the behaviours" (Social Workers)
- "We are not professionals and are **not supposed to know everything**" (Foster Carers)

h. Feelings About: "Doing your Best/On the Job"

- "I just **do my best** – it's all you can do" (Foster Carers)
- "You learn as you go along – **Learn on the job**" (Foster Carers)
- "Just **get on with it** – sometimes **not sure** if you are doing the right things – training doesn't cover all situations" (Foster Carers)
- "It is **part and parcel** of the job you **have to deal with it**" (Arbroath)
- "You **do the best you can** with the workload you have" (Social Workers)
- "Can leave you feeling **unable to cope** or **inadequate** in severe circumstances" (Foster Carers)
- "You feel you are **letting the kids down** - I feel I need something to try and help them" (Guidance Teachers)

i. Feelings About: "Working with Carers"

- "Can be difficult to work with **carers**" (Edinburgh)
- "Sometimes it can be difficult when we are supposed to be advising **Foster Carers** – they might know more than we do as they have to deal with the situations all day and night" (Social Workers)

j. Feelings About: "Lack of Time"

- "Not enough time to research where the supports are e.g. on web, books magazines etc" (Social Workers)
- "When you get a combination that you haven't dealt with before you have to go and do research or pick everyone else's brains – you **don't have time** to do all this." (Social Workers)
- "You are **limited** to what you can do, you are at a loss even **due to time** – we **don't have 2 to 3 hours to spend**" (Guidance Teachers)
- "You couldn't say "I'll **see you every Thursday** at 2 p.m." – we are **not in a position to say that**" (Guidance Teachers)

k. Feelings About: "Confidentiality"

- "School nurse's dealings with children are **confidential** – ours aren't." (Guidance Teachers)
- "You need **parent permission** if they are under 16" (Guidance Teachers)

l. Feelings About: "Counsellor Label"

- "I am **not a counsellor**" (Guidance Teachers)
- "I **wouldn't want to be labelled a counsellor** – would like to avoid that term for us as people may confuse us as being one" (Guidance Teachers)

m. Feelings About: "Not Knowing Children Well Enough"

- "We are here to support them although we **don't know every pupil intimately** – there's almost 1500 pupils in the school – the reality is you **don't know every pupil**" (Guidance Teachers)
- "Sometimes the **people who know them better is not us**" (Guidance Teachers)

(cont'd)

- There may be 13/14 teachers seeing that pupil in that week for us **to go round every single teacher would be unrealistic**" (Guidance Teachers)

n. Feelings About: "Dealing with Diagnosis"

- "You don't have to be a psychiatrist to deal with it (behaviour) – even if they get a **diagnosis**, issues are always there" (Edinburgh)
- "We had one occasion where a pupil went to the Victoria in the morning and was diagnosed with Aspergers and then saw another Dr. in the afternoon who said you have Tourettes and OCD – hard then for us in Family Support as we don't know what to support with all the **different diagnoses**. (Integrated Community Team)
- Big problem of **referring and waiting** – you still **feel responsible**" (School Nurses)

o. Feelings About: "Being Left on Your Own"

- "Feel **on my own sometimes** to make difficult decisions" (Foster Carers)
- "Social Workers know the theory but aren't aware of the practical side – sometimes you are **left on your own** to come up with your own solutions to problems" (Foster Carers)
- "We are left sometimes as they will **only speak to us** and you think oh **what will I do?**" (Guidance Teachers)
- If it's only the pupils and the teacher who are there, there is **no one to call**, they need to know how to deal with that" (Guidance Teachers)

p. Feelings About: "Being Emotional"

- **Emotional** – especially when the children are **the same age as your own** – it's a bit **close to home**" (School Nurses)
- "I get very **emotional** if a child gets upset – I **try not to show them** I am upset but **it's hard**" (School Nurses)

Other Comments on Feelings

- “People can’t/don’t **share information** about the concerning behaviour”(Arbroath)
- “Seen as a **specialist organisation** - whether or not we are is another issue” (Arbroath)
- “Can suck me dry a bit – constantly there – **can’t get space**” (Edinburgh)
- “It is really difficult to **put yourself in their shoes** and really **get inside their head**” (Social Workers)
- “One child will not go to Playfield because they don’t like the building – they associate it with mental health and feel uncomfortable – if they get discharged (through non attendance) we are back to square one – we are **stuck as workers on how to deal with that**” (Integrated Community Team)
- “You give people an appointment then they **don’t attend** and **get discharged**” (School Nurses)
- “**Some behaviours** are starting to **become more common** in younger age group of children e.g. alcohol consumption” (School Nurses)
- “Knowing **where to get help, advice** is a concern” (Guidance Teachers)
- “There is always someone **you can’t help**” (Guidance Teachers)
- “Some pupils just want to come and **have a chat** – you know when they ask that they have problems – sometimes they have just fallen out with someone or just struggling with work – it could be **academic or personal**” (Guidance Teachers)
- “As with all jobs some days or some individuals make you question what effect your input has had but in general **you like to think that you have made a difference**” (School Nurses)

Q6. How do you normally deal/cope with these types of behaviour?

a. Cope By: "Having Access to Supervision"

- "Workers **getting supervision** – chance to de-brief, share information" (Arbroath)
- "**Good supervision**"(Glasgow)
- "**Regular supervision**" (Social Workers)
- "**Supervision** as well or talk to each other" (Integrated Community Team)

b. Cope By: "Supporting/Talking to Each Other"

- "Permission to **talk about feelings**"(Glasgow)
- "Colleagues **talk to each other**" (Glasgow)
- "Robust **support system**" (Glasgow)
- "**Someone you can talk to**" (Inverness)
- "People aren't keen in **saying they aren't coping**" (Edinburgh)
- "**Good support** through network where we meet regularly with other more experienced carers" (Foster Carers)
- "**Support for myself** – support from someone who knows about that particular field" (Inverness)
- "We have **good support** for each other – we speak to more experienced colleagues" (Social Workers)

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- “Other people have different experiences – often **bounce ideas off each other.**” (Social Workers)
- “Good to **work alongside someone** with more specialised knowledge than yourself” (Social Workers)
- “Other people have **different experiences**” (Social Workers)
- “**Support networks** in place like regular coffee breaks with colleagues” (School Nurses)
- “**Peer Support**, ask each other if anyone has been through it before” (School Nurses)
- “**Peer support** from teaching staff in school” (School Nurses)
- “We **rely on colleagues** to tell us there is a problem as some pupils won’t come forward” (Guidance Teachers)
- “We tend to **go to each other** or sometimes go to our line manager” (Guidance Teachers)
- My first point of call would be **peer support**” (Health Workers)

c. Cope By: "Referring On or by Talking To Specialist Agencies"

- “We will **refer them to CAMH services**” (Edinburgh)
- “**Refer someone on**” (Leven)
- “**Refer to someone else** – other agencies” (Social Workers)
- “Have to call on other people or **refer to another agency**” (Social Workers)
- “If something serious you **get in contact with specialist**” (Integrated Community Team)
- “**Use Centre for Vulnerable Child (CVC)** as well for some cases” (Integrated Community Team)

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- **"Phone Playfield** and ask what should we do" (Integrated Community Team)
- **"We refer on a daily basis"** (Integrated Community Team)
- **"Know how to access specialist services"** (School Nurses)
- **"Access to school doctor** for medical opinion" (School Nurses)
- **"Get someone else on board** who could help you out" (School Nurses)
- **"Refer to psychology** for more behaviour management" (Health Workers)
- **"Advice from school nurse"** (Guidance Teachers)
- **"Refer to Chris W Nurse Specialist"** (Guidance Teachers)
- **"Phone CVC / Chris W asking for help - like supervision on the phone"** (School Nurses)
- **"If it is mental health or medical – school nurse would be my first point of call"** (Guidance Teachers)
- **"We would refer on** – it's a group decision – but the waiting list is very high" (Health Workers)
- **"I have referred** to psychology, psychiatry, paediatrician, school doctor – you name it!" (Health Workers)

d. Cope By: "Using Other Sources of Information"

- **"Look up info in books"** (Foster Carers)
- **"Look for advice on websites"** (Social Workers)
- **"We have literature** dealing with specific problems" (Social Workers)

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- **"Learn from experience"** (Social Workers)
- "Being able to **use people on a consultancy basis** – being able to phone up and speak to someone" (Social Workers)
- "Get **general books** on different topics" (Integrated Community Team)
- "Draw on **years of experience**" (School Nurses)
- "You sometimes know by **gut instinct**, you know that something isn't quite right " (Health Workers)
- "**Health Promotion** gives you packs and send information" (School Nurses)
- "**Access leaflets** – self harm leaflet – the leaflet does encourage the child to speak to someone on the phone" (Guidance Teachers)

e. Cope By: "Accessing Training"

- "**More training** would help" (Inverness)
- "Try to do **as much training as we can** so we become more specialist and have more knowledge" (Social Workers)
- "**Use training** we have been given" (Integrated Community Team)

Other Comments on Coping Mechanisms

- "Have a level of **self awareness**, knowing not to take things personally and knowing when to say "this is too much for me" (Glasgow)
- "Use of **paper tools** - there are hundreds of paper tools on different issues which are child friendly and its finding the one which works for a particular child" (Social workers)

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- “You don’t have time to think in these situations – you don’t have time to panic – you have to think **what do I do?**” (Social Workers)
- “A lot of the time it is **finding the trigger factor** – when you know that, you know what is going to happen next” (Social Workers)
- “Organise **case conferences** to get a wider input into complex cases, this helps you get a more in depth experience” (Social Workers)
- “Encourage a young person to talk and try to **get to the root cause of the problem**” (Social Workers)
- “If we can **understand** we can work through it” (Social Workers)
- “A lot of it is to **get parents to understand**, get them to realise what is going on – get some stability” (Integrated Community Team)

Q7. What sort of advice/support would you find useful to help you manage these types of behaviours?

a. Advice On: "What's Normal?"

- **"Continuum of sexual behaviours** – what's natural curiosity and what's inappropriate/taking things too far" (Arbroath)
- "Raise awareness of **"normal" behaviour**" (Glasgow)
- "Behaviours are "on a line" (spectrum) – **what is normal?"** (Glasgow)
- "Some things are viewed as "taboo" by some people – we don't explore them fully so **we don't know what's normal**" (Glasgow)
- **"Explain "normal" development/behaviour** - helps to highlight when to get worried!" (Edinburgh)
- "What is **normal?"** (Leven)

b. Advice On: "Referring On"

- **"Referring on** - where the severity of behaviour warrants referral to other/special agencies" (Arbroath)
- "When to **refer on**" (Leven)
- "When to **refer on** and when not to" (Foster Carers)
- "When and **how to refer on** to specialists" (Foster Carers)
- "How to get more **specialist information**" (Foster Carers)

(cont'd)

- **"Refer on** to someone else / other agencies - when and who to refer on to" (Social Workers)
- **"When to refer"** (Social Workers)

c. Advice On: "The Need to Listen/"See" the Person"

- "Adults need to be "in control" but the **young person has to have a say** too – need to achieve balance" (Arbroath)
- **"Need to listen** to what young people are saying" (Arbroath)
- **"Really listen** to young people" (Glasgow)
- "Separate the behaviour from the person – **"see" the young person"** (Arbroath)
- "Work with the child – **"see me" not the behaviour"** (Edinburgh)
- **"Work** with the child /young adult **as an individual"** (Inverclyde)
- **"Put yourself in their shoes"** (Social Workers)
- **"Get inside a young person's head"** (Social Workers)
- "Just having a chat is good – **listening to them** – giving them quality time" (School Nurses)
- "Information to help you **understand what the young person might be thinking/feeling** – their outlook" (Foster Carers)

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d. Advice On: "The Importance of Setting Boundaries"

- "Set boundaries and keep to them" (Arbroath)
- "Boundaries are needed but **don't set unrealistic boundaries/expectations** – this only makes things worse" (Glasgow)
- "Be clear about **what you will/won't tolerate**" (Arbroath)
- "**Consequences** have to be able to be followed through" (Arbroath)
- "Choose **what battles you will fight**" (Arbroath)

e. Advice On: "The Importance of Honesty and Gaining Trust"

- "Be **upfront and honest**" (Arbroath)
- "If you want to be trusted **you have to earn trust** from young people" (Arbroath)
- "Have to have **establish a relationship** with the young person – underpin your work with this and the young person is more likely to engage with you" (Arbroath)
- "**Consistency is important**" (Arbroath)
- "**Build trust**" (Inverness)

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f. Advice On: "How to Respond Helpfully to Behaviours"

- "How to **manage** a situation" (Edinburgh)
- "How to **assess risk**" (Foster Carers)
- "How to **assess risks**" (Social Workers)
- "How to **keep children safe** - Reduce the level of danger"(Edinburgh)
- "**Personal safety** stuff" (Social Workers)
- "**How to cope** with certain behaviours – need information" (Glasgow)
- "Provide **techniques** for challenging behaviours" (Glasgow)
- "**Techniques** – holding techniques e.g. CALM" (Social Workers)
- "I would like to have **techniques to try** - help pupils to focus on things – stick the sticky plaster on before someone else takes over" (Guidance Teacher)
- "**Why the behaviour** manifests itself, **why does this happen in some children and not others**" (Foster Carers)
- "**How to deal with** challenging situations" (Foster Carers)
- "**How to handle** sexualised behaviour effectively" (Foster Carers)
- "How to deal with **violent outbursts**" (Foster Carers)
- "How to respond and **understand how your behaviours could impact** on the situation" (Edinburgh)
- "How is **my behaviour** going to affect this situation? – how do I **stay in control?**" (Edinburgh)

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- **"How to stand, how to use your voice** in a situation" (Edinburgh)
- "Importance of **keeping calm**" (Glasgow)
- **"How to calm a child down"** (Social Workers Gp 1)
- **"What to do if"** (Inverclyde)
- **"What to do when"** (Inverclyde)
- **"What not to say"** (Inverness)
- "You want to look as if you have a bit of compassion **a bit of warmth but not go over the top**" (School Nurses)

g. Advice On: "Resilience and Being Positive"

- "Focus of Work is to **build up resilience**" (Arbroath)
- "There are lots of **positive attributes** to being a teenager too" (Arbroath)
- "Non jargon way of **describing resilience** in young people" (Arbroath)
- "Not all looking at the negative – **look for solutions too**" (Arbroath)
- **"Highlight achievements"** (Glasgow)
- **"Celebrate achievements"** (Glasgow)
- **"Boost self esteem** and **self advocacy**" (Glasgow)
- **"Boost self worth/ valued"** (Inverness)
- **"Certificates** for young people with poor self esteem" (Leven)

h. Advice on: "Practical Information That Other People Have Found Helpful"

- **"Practical things** like materials to use, where to get resources" (Arbroath)
- **"Solutions** to complex situations **in practical terms** e.g. dealing with sexualised behaviour" (Social Workers)
- "Further reading materials – **reviews of books** perhaps" (Social Workers)
- **"Things that have helped others"** (Arbroath)
- "What other young people **found helpful/not helpful**" (Inverness)
- "A **definition** "this is **mental health**" (Edinburgh)
- "Saying **what a psychologist does, what psychiatry means**" (Guidance Teachers)
- **"Difference between self harm and suicide attempts"** (Glasgow)
- **"Questions** a worker may ask a young person" (Inverness)
- "Knowing what the **appropriate questions** are to ask maybe a help sheet and different techniques² (Guidance Teachers)
- **"Good answers** to young people's queries/worries" (Leven)
- **"Explanations** of what might be causing difficulties" (Social Workers)
- "It's helpful for young people to **explore thoughts/feelings**"(Glasgow)
- **"Who** the young person can/**should talk to**" (Inverness)
- **"Where** you might find a **helpful person**" (Inverness)
- **"Practice things** that worry young people" (Leven)

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- "Tactics like **positive interaction** with an adult" (Inverclyde)
- "**How to use theory** with parents" (Leven)
- "Information about **attachment issues**" (Foster Carers)
- "**Attachment theory** in layman's terms" (Glasgow)
- "How to use **emotional intelligence** with parents" (Leven)
- "**Emotional Literacy**" (ref: Elizabeth Morris) (Glasgow)
- "**Anger Management**" (Inverness)
- "**Yellow Card system** like football – they respond to that" (Inverclyde)
- "**Feelings Game**" (Leven)
- "**Agony Aunt**" by email" (Inverness)

Q8. Can you share any ideas you may have on the design/content/layout of the website?

a. The Website Should Be: "A One Stop Shop"

- "Toolkit should be a " **one stop shop**"(Foster Carers)
- "Having **something in one resource** would be great" (Social Workers)

b. The Website Should Be: "Simple, Practical and Easy to Use"

- "Website needs to be **accessible to all** – parents and carers as well as professionals" (Arbroath)
- "**Practical advice**" (Foster Carers)
- "**Practical advice** not theoretical" (Foster Carers)
- "Use **simple, plain, easy language**" (Edinburgh)
- "Simple, **plain English** and **useful**" (Foster Carers)
- "**Simple to use** for those who are not very good at using PC's" (Foster Carers)
- "It should be **user friendly – easy to use – simple**" (Social Workers)
- "**Quick** and **easy to access**" (Social Workers)
- "**User friendly** – idiot proof" (Social Workers)
- "**Straight forward** to use" (Social Workers)

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- **“Nothing too complicated”** (Social Workers)
- “We just need **basic information** without taking us into anything too complicated” (Guidance Teachers)
- “It would be good for it (the website) to **give tips** for while you are on the waiting list” (School Nurses)
- “Information telling me **what I should be trying or doing**” (Health Workers)
- **“General guidance** – how to tease things out” (Health Workers)

c. The Website Should Be: “Easy to Navigate”

- **“Layered** to lead you into the problem” (Foster Carers)
- **“Tiered** so you can get the more specific behaviour” (Social Workers)
- “Something **tiered** would be good to access – initial stages, more severe stages” (Health Workers)
- **“Specific Problem that you click on** e.g. anger management, Aspergers” (Social Workers)
- **“Logical** with different headings” (Social Workers)
- **“Easy to search”** (Social Workers)
- “Would it (website) **show you exactly what to look for** - e.g. if someone was glue sniffing you might not think about visual symptoms” (Guidance Teachers)

(cont’d)

d. The Website Should Be: "Attractive in its Layout"

- "Layout should be **easy to read – not all text**" (Glasgow)
- "Should be **attractive** not boring" (Foster Carers)
- "Not dull – **attractive**" (Social Workers)

e. The Website Should: "Include Links"

- "Include links to **where to go for more information** – skills development" (Edinburgh)
- "Links to **other websites**" (Foster Carers)
- "Links to **other reading materials**" (Foster Carers)
- "Links relating to topics/ Able to **access menu from each of these pages**" (Guidance Teachers)
- "Links to **other sites, books, agencies**" (Social Workers)

f. The Website Should Be: "Included in Desktop Shortcuts"

- "Encourage people to put **short cut on their Desktop** for easy access" (Inverclyde)
- "**Link on my desktop**" (Social Workers)

(cont'd)

g. Other Ideas on Things To Include

- "Use **videos** of situations for people to watch" (Edinburgh)
- "Use **video clips** showing different ways of coping" (Inverclyde)
- "On line **videos** of role plays" (Social Workers)
- "Use a **variety of mediums** e.g. DVD" (Inverclyde)
- "Include **downloadable clips**" (Inverclyde)
- "**Leaflet that can be downloaded**" (Guidance Teachers)
- "**Information you could download** or print off" (Health Workers)
- "**Photos** of body language / appropriate eye contact/ appropriate touch" (Edinburgh)
- "Use a **Story Board** – "comic" style" (Edinburgh)
- "Include a **Bulletin Board**" (Inverness)
- "**Live" chat** (Foster Carers)
- "**Chat forum**" (Foster Carers)
- "**Interactive forums**" (Foster Carers)
- "Have **narrators** describing techniques" (Inverclyde)
- "What about **the use of poetry**" (Inverness)
- "**Use of drama/role play**" (Inverclyde)

(cont'd)

- “**Case scenarios, a list of agencies**” (Social Workers)
- “Include **people’s own stories**” (Glasgow)
- “Include **personal testimony** from young people” (Inverness)

h. Possible Problems

- “How will you “manage” the **interactive parts of the toolkit in the longer term?**” (Inverness)
- “It needs to be **kept up-to-date and relevant**” (Foster Carers)
- “Could be slight danger that someone will **think all the answers are in the toolkit** and try and deal with it themselves and that **could be dangerous**” (Leven)
- “**Access to a computer** with Internet access may **not always be available**” (School Nurses)
- “**Problems accessing computers/laptops**” (School Nurses)

(cont’d)

Q9. Imagine that the toolkit exists. How will you use it?

- “As **part of our normal work day**” (Social Workers)
- “If it is easy to use I would use it very regularly as **part of my CPD**” (Social Workers)
- “Something you could **refer people to** e.g. family, carers” (Arbroath)
- “**Refer it to a teacher** and get them to look at it” (Glasgow)
- “**Use it with a parent** to sit down together” (Glasgow)
- “**Use it with people** who have worries but **just need reassured**” (Integrated Team)
- “You could **do it with a child**, go into a certain area and **discuss it with them**” (School Nurses)
- “**Children like to teach each other** - give the young person some responsibility” (Inverclyde)
- “Kids are so into computers it **may be better on computer** they don’t need to sit and face you” (School Nurses)
- “Info you could **use in basic training**” (Edinburgh)
- “Use website to **develop local training**” (Inverclyde)
- “Use it with volunteers as **part of training**” (Glasgow)
- “Let **learners** know how to **access the website**” (Inverclyde)
- “**Materials to print off** and hand to less experienced workers” (Inverclyde)

(cont’d)

- “Seeing **something “in print”** might affirm advice of more experienced workers” (Inverclyde)
- “Would **print pages off** and use as handouts if appropriate” (Integrated Team)
- “Would be good in some cases to have **something to print off** to help parents” (Guidance Teachers)
- “**Writing skills** of some workers may be poor – use of the website might **overcome this problem**” (Inverclyde)
- “Depending how it was set up, may **use it as an advocacy thing**” (Glasgow)
- “The **website has to be a balance** because on a day to day basis social workers and assistants have a tremendous knowledge of what affects children’s behaviour. They are looking for more information but they **can also contribute** in many ways” (Social Workers)
- “People can **check things** on website and **can contribute to website** by adding to it” (Social Workers)
- “Sometimes need more guidance and clarification on more complex issues – in terms of **consultancy**” (Social Workers)
- “Wouldn’t have time to always look at it – perhaps only when we feel we have a case that we need **more specialist input**” (Social Workers)
- “It’s hard to get hold of professionals so it would be **good to have something to get to on the day** without having to wait 2-3 weeks.” (School Nurses)
- “It’s always **useful to have more tools** to look into” (Social Workers Gp 1)
- “It will be another resource to **add to what you have**” (Social Workers Gp 1)
- “**If it was good we would tell everyone!**” (Integrated Team)

Q10. How would you know that the advice given to you in the toolkit has been helpful?

- “If you see an **increase in confidence**” (Edinburgh)
- “If workers feel **more confident** and **empowered**” (Inverclyde)
- “If people **feel more confident**” (Inverness)
- “If you **feel more confident** about understanding how the young person is feeling” (Foster Carers)
- “If you **feel more confident** to deal with situations **rather than just trial and error**” (Foster Carers)
- “You would **gain confidence** with more knowledge” (Social Workers)
- “**Increase in confidence** in what you are doing” (Social Workers)
- “If people **are less frustrated**” (Inverness)
- “If people are **less isolated**” (Inverness)
- “People **using techniques** and **feeding back**” (Inverness)
- “If you are **less stressed**” (Foster Carers)
- “If people **feel more in control**” (Edinburgh)
- “If you feel **more competent ... happier**” (Foster Carers)
- “If relationships are **more relaxed**” (Edinburgh)

(cont'd)

- “If people **refer others to the website**” (Arbroath)
- “If you **receive positive feedback** about the toolkit” (Edinburgh)
- “Something on the website where it is **interactive – let us know if it is useful or not**” (Arbroath)
- “If you **include a section for feedback** – a bit like eBay – where you go back on and **say if it was useful or not**” (Glasgow)
- “**Measure visits**/return visits” (Arbroath)
- “If young people **feel more confident** and **able to deal with things**” (Inverclyde)
- “If child knows **clear boundaries** and **clear messages**” (Foster Carers)
- “If workers are **more realistic** e.g. that worked today but might not work tomorrow” (Edinburgh)
- “If there’s an increased **ability for people to hold on to problems** (i.e. rather than referring on to specialist services)” (Edinburgh)
- Able to **deal with situations more effectively** without referring on to another agency or a more experienced colleague” (Social Workers)
- “If you are able to give **regular support** that is effective” (Foster Carers)
- “**Able to support** the children or young people **better**” (Foster Carers)
- “If it **helps us in our every day roles**” (Social Workers)
- “**Find out more resources** that you didn’t know about” (Social Workers)
- “Able to **deal with hefty workload** more effectively” (Social Workers)
- “You would **need to be using it** before you could comment on how useful” (Guidance Teachers)

Q11. Do you have any other comments you would like to make?

Need to Market/Advertise Toolkit

- **"Have a training day on how to use it** e.g. involve one person from each school, school nurses, mental health workers etc." (Inverness)
- **"Demonstrate the "toolkit"** at existing events" (Inverness)
- "Toolkit's existence **needs to be communicated effectively** rather than just learning about it by accident" (Foster Carers)
- **"Good communication** of the Toolkit is **essential** – sometimes things are launched and we don't get to hear about it" (Social Workers)
- "I think you would **have to advertise it**" (Inverness)

Other Miscellaneous Comments

- "Sometimes it's **something very simple that works**" (Inverclyde)
- "Accept that **sometimes what you try just doesn't work**" (Inverclyde)
- **"Reassurance to staff and carers** that you can't fix everything, **things don't always work**" (Edinburgh)
- **"Extremes frighten the public** – the extremes are **less often seen but unfortunately get the most publicity**" (Arbroath)
- "Raise awareness but **keep it real** so people don't panic"(Glasgow)

(cont'd)

- “We all **need to learn through making mistakes** – we need to allow young people to make mistakes and as staff **that can be a hard thing to do**” (Arbroath)
- “**Need for a more specialist toolkit too** i.e. leading on from this toolkit” (Inverclyde)
- “Tell others **don’t get caught up with little things** e.g. hasn’t brought his shoes for gym when it’s a huge achievement that he’s there at all” (Arbroath)
- “**Kids see others getting “special treatment”** – have to say why so and so is being given this opportunity today and **explain why he is getting taken out**” (Arbroath)
- “**Anything that helps you to help the child would be helpful**” (Social Workers)