

Keeping Each Other Safe: Workshop for Youth Foyers

For: Staff and residents in Youth Foyers

Time: 1-2 hours

Facilitators: 1-2, ideally one staff member and one young person



**National Survivor
User Network**

The
FOYER
Federation



About this workshop

This workshop uses case studies to open up conversations about safety and safeguarding. The aims of the workshop are to:

- **Improve participants' understanding of safety and safeguarding.**
- **Discuss possible responses to challenging situations in Youth Foyers.**
- **Build trust and confidence in talking about safety and safeguarding.**

Youth Foyer residents say that 'safeguarding' means lots of different things to them. Sometimes it's a reassuring term, and sometimes it creates a sense of anxiety. Some young people associate 'safeguarding' with having decisions made for them, or information being shared without their consent.

'Safeguarding' can refer to the times when professionals must share information with the local authority or the emergency services, usually because someone (a young person or a more vulnerable adult) is in danger or they have reason to believe they could be in danger. However, a lot of safeguarding is actually about the day-to-day decisions that help to keep people safe.

For this workshop, everyone has a common goal: making people safer. When you talk about the case studies, you'll work as a team to figure out what things could help make people safer in difficult situations.

1. Introduction: 5-10 minutes

Introduce the workshop (you can use the summary and aims above) and agree some ground rules.

Suggested ground rules

- No one is expected to share personal stories
- This space is confidential, but if there are worries about something that's shared, someone may check in afterwards to see how you're doing
- Respect others' perspectives

Important: if people share personal stories, be grateful and thoughtful, but don't let the discussion turn into analysing what could have gone better or worse in that situation. Use the case studies for that instead.

2. Warm up activity: 5-10 minutes

Start with a game that gets people talking. Split into groups of three and challenge groups to find something surprising they have in common, then share with the rest of the room. Or, if you've got a trusty icebreaker you like to use, substitute that.

3. Case studies: 40-50 minutes

Split into two groups. Each group should be a mix of staff and residents. Allow about 10 minutes for small groups to discuss one case study each and then invite people to share their reflections with the whole room. Have a break between the case studies.

Case Study 1: TJ

TJ is 21 years old and has been living at Greenside Youth Foyer for the last three months. As part of the referral process, Youth Foyer staff are aware that TJ has a diagnosis of depression and is known to the mental health crisis team for the area. In 1-2-1 meetings with their keyworker, TJ closes down any conversations about their mental health history and appears to not want to talk about their emotions or wellbeing. However, TJ has come to some social events at the Youth Foyer, including a cooking session and a recent film night, though hasn't made any close connections with other residents so far.

TJ is known to smoke weed in their room on a regular basis, something which staff have spoken to them about. One evening night staff can smell cannabis around TJ's room and there is really loud music being played. The member of staff knocks on the door and when TJ answers they look really agitated and have clearly been crying. TJ says, 'I'll turn the music off but just leave me alone,' before slamming the door. The night staff member decides to let TJ's key worker know so they can follow up in the morning.



Discussion questions

- What's positive in this scenario?
- What are the risks?
- How could this situation be made safer?
- Why might TJ not want to talk about their mental health history or their weed use?

Case Study 2: Tom

Tom is 17 and moved into Eastland Youth Foyer nine months ago. He is outgoing and often gets involved with activities at the Youth Foyer, especially anything to do with sport. Tom has ADHD and struggled at school, meaning he finds reading and writing difficult. Tom would like to find work, but his lack of qualifications has been a barrier, which he's found frustrating. He's a big personality in the Youth Foyer community and has a good relationship with other residents and members of staff.

However, the last few weeks Tom hasn't been as involved with Youth Foyer social activities and has missed a number of his 1-2-1 meetings with his key worker. When staff have tried to do room checks, he is often still asleep in bed or just not in. The local police community support team, who the Youth Foyer has a good relationship with, ring to say they had a 'run in' with a known drug dealer the previous night and think they recognised Tom in the car. There was no follow up to the interaction (no cautions/arrests) but they wanted to let staff at the Youth Foyer know.




Discussion questions

- What's positive in this scenario?
- What are the risks?
- How could this situation be made safer?
- What do you think Tom is feeling in this scenario? How does that change how you would respond?

4. Relating it to your Youth Foyer: 10-20 minutes

We can see from the case studies and the discussions that keeping each other safe is complicated and important. Have a group discussion: in your Youth Foyer, what suggestions do you have for ways of keeping each other safe?

Finish the workshop by inviting people to share any final reflections on what they have learned, and make a note of what will happen with people's suggestions.



This workshop model was created as part of a collaborative project between The Foyer Federation and The National Survivor User Network (NSUN). You can email info@nsun.org.uk or inbox@foyer.net with any questions or feedback.