



Confident direct work with children

Author: [Yvonne Shemmings](#)

Updated Date: 28 March 2018

Publication Date: 11 September 2012

Learning points

- Developing an understanding of the principles of direct work and examining how effective direct work with children can allow you to gain unique insights that may otherwise be missed.
- How to build a trusting relationship with children and find the time for meaningful direct work.
- Practical guidance on conducting direct work exercises, including examples of tools; resources to take; how to set the tone; and how to engage with the family.
- Specific tips for conducting direct work with various groups, including younger children and babies, and older children.
- Examining best-practice in action: video examples of direct work techniques to implement in your practice.

This practice guide helps you meet [point 1 of the Knowledge and skills statement for child and family practitioners: Relationships and direct work](#).

Contents

- Introduction
- Specialised knowledge
- Finding the time
- Building a trusting relationship
- Looking beyond the behaviour
- Setting the tone
- What to take?
- Additional visits
- Introducing direct work to families
- Where to do direct work?
- Using observation
- Working with babies and toddlers
- Working with older children
- Developmental capacity
- Temperamental differences
- Use of voice
- Useful things to do with children
- Direct work and attachment
- Recording the session
- Preparation, for the worker and the child
- Children who are different from you; in terms of language, gender, race, faith, physical or other disability
- Questions and tips for practitioners when undertaking direct work
- Practice example
- Video examples
- Resources

Introduction

When discussing direct work with children it is important to resist the temptation to reduce the subject to a series of methods and techniques. Therefore, this guide will focus on the background and principles of direct work as well as the use of specially designed materials.

Finding a voice

For over half a century there has been legislation to protect human rights, but in recognition that children needed specific legislation the UN Convention on the Rights of the Child in 1989 was ratified by the UK in 1991, and its principles are enshrined in childcare policy. The mandate for undertaking direct work with children was reinforced in the ecological and child-centred approach of the assessment framework, and was a key feature in the Children Act Guidance in 1989 and 2004.

Its principles were strengthened in 2010 with the publication of a revised 'Working Together to Safeguard Children' (2010) guidance and again in the 2013, 2015 and 2018 revisions ([Working Together to Safeguard Children](#) 2018). This was further underlined in the 2012 consultation paper

produced by the Department for Education. And yet, despite this, social workers do not routinely focus on children's experiences by using a direct work approach.

There seems to be an over-reliance on self-reports by parents and carers, rather than using techniques *with* parents and their children to gain insights into the child's experience. This is evident in high profile cases such as Victoria Climbié, Peter Connolly and Khyra Ishaq.

What is direct work?

The term 'working with children' is probably more accurate, however, 'direct work' is now well established in the social work practice lexicon, so I shall continue to use it.

Direct work always has a specific purpose, and can be used in a number of situations (this guide will not include the forensic interview approach which imposes restrictions).

Generally, direct work can include:

- Exploring children's memories of events.
- Helping children to process traumatic experiences.
- Helping children move into another family.
- Undertaking lifestory work.
- Helping with social aspects of the child's life.

Although a relationship with the child is established during direct work, it is not the primary function, and as such cannot take place meaningfully in coffee shops or burger restaurants. However, that is not to say these venues are not useful for informal discussions or building relationships.

Specialised knowledge

This guide discusses direct work with children generally. It does not address work which may need more specialised knowledge, for example, for those working with some disabled children, or children with mental health problems. A book entitled *Theraplay*, offers a good guide to working with children with cerebral palsy.

See also Community Care Inform's [Direct social work with disabled children: The experiences of a specialist team](#).

Direct work is not play therapy

Whilst direct work may use techniques from play therapy, it is nevertheless a distinct activity. Play therapy is usually commissioned for children when specific areas of concern have been identified by parents, foster carers or other adults in the child's life, such as teachers or social workers.

Directive and non-directive play

Non-directive play is based on Carl Rogers' client-centred counselling and is less structured. It allows a child the freedom to choose the play material and follows the child's lead, which often involves sand or water play.

In direct work, it is more likely the toys and materials will be chosen by the worker, given the time constraints within which the work takes place. For example, the worker may want to follow the child's life story to date by using photos of places the child has visited, lived or attended school and recording this, over time, on a large piece of paper.

Differences in approach

Generally, play therapy is based on a close trusting relationship between the therapist and child, within a defined timescale, and involves carefully planned beginnings and endings. To some extent this is the case for practitioners undertaking direct work but, unlike play therapy, direct work with children is not therapy in the formal sense.

Social workers in statutory settings often meet children at times of crisis, and may be seen as unwelcome visitors. Children's experience of social workers in their family's life is sometimes a negative one: they may have had a series of social workers who they feel have been ineffective in making a positive difference to their lives. Building relationships with children and young people in these circumstances is challenging, and workers need good communication and observation skills to gain their trust.

Planning how direct work will take place in different circumstances is important. For example, those undertaking child protection enquiries have different timescales and priorities from those working within child in need, looked-after children or youth offending teams. Social workers based in hospitals will encounter sick children who can benefit enormously from direct work to explain procedures and discuss their fears and expectations. Depending on the particular environment, direct work can be undertaken with individual children or in groups.

Finding the time

It has been argued that since the introduction of the [Common Assessment Framework](#) and computerised systems (ICS), practitioners' skills and time to work directly with children and families has been eroded, replaced with what Eileen Munro terms an "audit culture" (Munro 2011a:8).

In stressing the need for social workers to reclaim the capacity for "authoritative social work", Munro has paved the way for practitioners to become more confident in their relationships with service users, and especially in their work with children. The removal of mandatory timescales should allow more time to work with children. However, doing so will require skills which may be unfamiliar to some social workers, who, despite having the desire to move away from their computer, may be nervous of working face-to-face with children.

In order to work with children and young people, along with materials and techniques to help them talk, direct work requires social workers to have specific personal skills that include:

- Active listening.
- Sensitivity.
- A 'mentalised' approach (the ability to understand we all have minds which contain intentions, thoughts and feelings which are different from others).

These skills have arguably been marginalised in recent years, both by educators and managers, and therefore to do direct work effectively, we need to reestablish the value of *relationships* in social work when working with children and young people.

Building a trusting relationship

It is only through the relationships we forge with the child that can give you anything of their internal world. Without it the social worker will receive minimal information, which offers little understanding or causes greater confusion about the child's wishes and feelings.

Spending time with a child who says nothing and is plainly discomforted by the social worker being there is hard for any practitioner to endure. How we begin our relationships matters, the greeting and courtesy you extend, your presence and what you offer as pleasurable activities goes a long way to settle even the most diffident child or one who is experiencing conflict about talking to you.

Recognising the hard emotional work that a child will do in direct work sessions and taking steps to create a nurturing environment can be invaluable, it is always worth asking those who are caring for the child what drinks and snacks he or she can have whilst in the room with you.

Small treats spaced at intervals can make a child feel comforted. We only need to think of our own physical needs to have a cup of tea or coffee to understand how important food and drink can be for a child. It is not something that is often done in direct work sessions because it can be fiddly and time consuming, but for many children it can be one of the keys to helping them unlock the door to their world. Try it and see, even a shared satsuma can be just the thing for a child in anguish to feel contained and understood.

The main thing that children say is helpful in allowing adults to work with them is the quality of that adult's capacity to *listen actively* to them and to hear the things they are **not** saying.

Equally important is that when adults tell the child that something will happen, it does. So, be mindful of the use of language and anything that sounds like a promise is just that to the child. If you say that next time you will play snap again together, remember this and have those cards and the time to do so ready. Reliable, confident, kindly, attentive adults who appear genuinely interested are singled out as special people.

Looking beyond the behaviour

Direct work involves understanding the child's perception of events or aspects of their life. It can provide clues about how a child feels, why he or she might be failing school work, and links to different aspects of the child's life. This can be understood alongside the child's body language and behaviour. Children's play also reveals their developmental progress, which is itself affected by their relationships and environment.

Direct work can also help children making a transition into a new family, or enhance attachment in relationships with their current family. The latter is likely to involve work with parents or carers. Children may need help with making and keeping friends, or achieving a sense of their own identity. Direct work can give children an opportunity to process experiences of abuse or neglect.

Many children are naturally resilient to a point but it is important not to make assumptions that children will always bounce back from adversity. If not helped there can be consequences which will be evident through their behaviour. For example, children may emotionally shut down or become overly self-reliant, defensive or aggressive. Direct work can help children build or enhance healthy resilience.

Setting the tone

A general principle of direct work is that it should create the conditions for the child to speak.

It requires the social worker to be an active *listener*, not a busy *doer*.

Direct work means being *still in oneself* in order to respond to the chaos which the child may be experiencing in their mind.

The purpose of direct work is to provide secure conditions for the child or to use Bion's term 'containment', so that the child can feel safe to express their feelings. It consists of quiet, sensitive observation with the aim of occasionally lubricating the process.

Reactions to the child should be congruent with what they are saying and doing, including your tone of voice. Sometimes it is appropriate to be bright and cheerful, but do not give the impression that sessions will always be fun: this can be serious business, and sensitivity and good observation skills are important.

The aim is not to just plough through a number of activities with the child but rather to seek meaning in what the child is expressing – both verbally and non-verbally. To do this requires self-awareness so that the social worker can distinguish their own feelings from those of the child.

What to take?

It is not always possible to know much about a child before a visit, other than their basic details such as name and age. Also, as mentioned, it may be that only one visit will be undertaken. Social workers need to know not only what has happened, but also its meaning for the child.

They need to be able to enter into the child's inner world without necessarily having weeks to develop a relationship. Therefore, a general selection of toys and materials should be available for all such visits.

You should take a cloth shoe bag which is easy to carry, and include:

- A few (washable) felt-tip pens/coloured pencils.
- A small soft doll.

- A few toy animals.
- A few small cars.
- And some paper*.

**On a very practical note when you take pens and paper make sure the paper is clean and not scrap. Many children turn scrap paper over to read office memos on the back and are diverted from the conversation you would like them to have with you.*

Pens should all be working and have tops that match their colours; puzzles must have all their pieces, if not, throw them away. Children can feel distressed and cheated when they realise that a piece of puzzle or a game is missing and, of course, feel that they are not valued enough to be brought intact pleasures, often an awful reflection of the lives they are living.

For work with babies, to help gain insight into parental sensitivity, ask the parent to play peek-a-boo or hide a toy under a cloth and make it appear again.

Many practitioners have books that they use for children in particular circumstances. Teams should be encouraged to share what they use and how they do so, perhaps building up a team resource bank. See *A Volcano in My Tummy: Helping Children to Handle Anger: a Resource Book for Parents, Caregivers and Teachers* (Whitehouse and Pudney, 1997)

Most practitioners will take pens and paper with them to meet a child as a basic minimum; others bring large bags, filled with:

- Puppets.
- Buttons.
- Play people in family groups.
- Farm animals.
- Musical instruments.
- Play dough.

Whilst there is a 'right' way to engage children, active listening being the most important attribute, there is no 'right' amount of toys or games to have on hand, practitioners make choices as to what they offer and how they offer it.

It is always important though to reflect on your practice and see if it is really giving you the best results you would expect. Watching a colleague at work with a child, a team based discussion on working methods and your own reading can refresh you and challenge you to work differently.

Some children do work with you best if provided with an activity, and may work even better if you are engaged in a similar fashion too. Sitting beside, rather than face to face, with a child allows a dialogue to develop and a sense of sharing, rather than requiring you to adopt a grand inquisitor stance. Just as children often open up during a car journey, helped by the safe confined space and a sense of being nowhere, neither here nor there, some aspects of that safety can and should be recreated in the space you create around yourself and the child.

For some children the work you do in understanding them helps them to understand themselves better, this is particularly true when practitioners use tools such as ecomaps and geneograms/family trees.

Additional visits

If the child is to be seen more often, then it is possible to plan the sessions on the basis of the child's age and developmental stage. It should be taken into account that not all children function at their chronological age. For example, children may have learning difficulties, or function emotionally at a younger age.

When inviting children to participate in direct work, it is important to consider the balance of power in the relationship. When a child is reluctant or does not want to take part, it is important to understand the reasons for this. They may have had negative experiences of talking to adults, or may not have received help as a result of doing so.

Reassurances can be given, but promises of complete confidentiality cannot be made, because social workers have a duty of care for children. Disclosures of information gained during sessions may need to be followed up, but ultimately we have to accept that children have a right not to participate. Understanding the nature of their resistance or reluctance is important, as this can be a defence to ward off the fear of closeness.

Introducing direct work to families

Parents may be familiar with social workers and family support workers using toys during long-term work, but they may be less familiar with being involved themselves, particularly during initial visits. Parents can be told that it is now usual for practitioners not only to see children but that assessment and intervention involves parents being asked to play with their child, do tasks, and talk with them.

Parents can be asked to undertake a series of activities with their child. These parenting tasks are based on an intervention called the Video Intervention for Positive Parenting-sensitive discipline (VIPP-SD) developed at the University of Leiden by Femmie Juffer and colleagues.

Seeing the parent in normal situations with the child allows the worker to see the child in their relationship with the parent, and to see how sensitively attuned parents are to their child.

Through these activities, social workers can begin to understand how the parent handles everyday challenging situations with their young child. It can also show how a parent handles aspects of discipline.

Parent interaction activities include:

1. Ask the parent to show the child some toys (provided by you) but do not allow the child to touch them for a couple of minutes.
2. Ask the parent to show the child how to build a tower of pots, show the child a book or do a jigsaw puzzle with them.

3. Ask the mother to ask the child to clear away their toys, after only playing with them for a few minutes.
4. What are your observations of the interaction between the parent and child?

There is a great deal more to the VIPP intervention which requires specific training, but by using simple guided parenting tasks, you can gain a better understanding of the child's experiences through this direct work with the parent.

Where to do direct work?

When contemplating where to meet the child, it should be somewhere quiet and where the child feels safe, where you are not going to be interrupted and where the child knows how to get to the toilet. Children engaged in potentially stressful situations often need to go to the toilet at regular intervals, as a way of regulating their emotions as well as the physical desire to urinate.

It is always worth asking before the work starts whether a child needs a toilet break (use their word for it) and if you find during a session, particularly with younger children, that their concentration has gone, or that they are wriggling in their seat, then a toilet break prompt can be helpful. You may feel irritated as it may come at a point where the child is about to say something significant, however, you will need to swallow your irritation and accept that the child is managing the session for themselves.

What they need from you is acceptance and a willingness, as Sophie aged six said, "*to listen with your eyes as well as your ears*".

In complex family situations practitioners may want to see and meet the child in a neutral space and some social workers make arrangements with parents or carers to see the child at their school. Whilst this has the advantage of being an environment free of family or parental influence, it brings the home situation into the school for the child which may be distressing for them.

Also they may well need your help to find a form of words to explain to friends who you are and what you are doing, in a way that does not breach boundaries they have created. Perhaps a better neutral space for some children is a Children's Centre, Cafcass, or other office space, providing it is a welcoming and quiet place for the child and parents.

Consider the playroom or other facilities where you might see a child. Many are simply too full of activities and equipment that act as a distraction for the child. If the room in which you are planning to see the child is too "busy" consider moving some of the toys and activities away to create a simple table and chairs space, with easy access to the toys that you think may help most in enabling the child to tell their story: a dolls' house, art materials or a home corner.

Some practitioners are confident that they can engage the child using only the simplest of materials; perhaps paper and pens alone, and that they can use themselves and their experience to draw out from children and young people the information that they need. This may be true but most children will engage more readily if provided with an activity as an introduction to the work and, for some, it is important that you do the task too.

Art work, photocopied "prompt" sheets such as those from the [Anti-Colouring Book](#) (Susan Striker and Edward Kimmel 2007) or [Needs, Wishes and Feelings sheets](#) work well for many children particularly those under 11, take spare copies in case a child becomes anxious that they have made a mistake or wants to add more ideas than the sheet format allows.

Using observation

For the younger age group, it is useful to have access to toys such as:

- Interlocking pots.
- Puppets.
- Soft cloths.
- Tactile ribbons sewn on to cloth.
- Soft toys.
- Jigsaws.
- Books with flaps or pop-ups.
- Drums.
- Hooters.
- Small farm and zoo animals.
- Cups; saucers.
- Teapot.
- Cars.
- Play-people.

Simply observing a child during free play is a good way of gaining insight into their usual ways of playing and interaction with other children, and their toys. But by using direct work, workers gain a greater understanding about particular aspects of the child's lived experiences.

It is important to remember that children between 0 and four years of age tend to think in egocentric and concrete ways, and care should be taken when interpreting their behaviours. You should seek advice when considering what their behaviour might mean and avoid making assumptions about what children can understand. McLeod (2008) states that even preschool children can have a mature understanding of an abstract concept, such as death, if it is relevant to their experience and when they have had it sensitively explained to them.

Children can recall events but in this age group they need help, with the use of dolls, clocks and calendars, to set the context for them because they can get confused about time, and the sequence of events. At this age, their attention span can be quite short, and can lose interest quickly. Having a range of activities is necessary.

Working with babies and toddlers

Direct work may be used to gain an understanding of how the child's caregiving environment is affecting their development. With infants, work could include helping the mother to discover ways of connecting with her baby, enhancing bonding, and becoming sensitive to her baby's inner world. The use of touch, looking at her baby, baby-talk and singing can be encouraged.

Empathising with both the mother and the infant helps the mother to see things from her baby's perspective as well as feeling understood herself. A parent can also be asked to explain what their baby would say, if they could speak – this is called "minding the baby" (Sadler et al 2006).

Playing a simple game of peek-a-boo with a baby of about five months, or covering a toy with a cloth and seeing if the baby tries to lift it off, can show if the baby is developing object permanence. It may also be possible to observe how the baby responds to you, the worker, who may be a stranger – for example, do they seek and gain encouragement or reassurance from their mother or caregiver? Toddlers can be given pots to pile up to see how their motor control is developing.

These observations can then be used to ask parents what they notice about their child, and what toys they have in the home. Any significant worries about delayed development should be discussed with relevant professionals to establish what it might be attributable to.

Working with older children

For older children – from mid-childhood to teens – preparation is also important. Several options for activities should be planned, to allow for some flexibility. Be prepared to move onto something different if the activity is not productive.

Sometimes it is not possible to plan for a child's difficult question like why their mum wants to keep their baby sister, but is not able to look after them. This will demand an answer and the child will suspect something is wrong if we prevaricate.

It is important to be honest with children, but information can be staggered to take into account their capacity to process it, which will vary depending on their developmental stage. For example, a child may understand that a parent had lots of problems or was unwell but should not be told the details of what the problems were, and how they manifested themselves in relation to the way the child was looked after (i.e. that their parents were chaotic drug and alcohol users and did not feed the child when they were a baby).

Developmental capacity

Children between seven and 12 years become increasingly aware of time and sequences and can think in abstract terms. They may become more wary of talking to adults and aware of consequences. With older children, direct work may focus on mediation between them and their parents or carers. As with younger children, bear in mind they are conscious of non-verbal signs such as posture, tone of voice, gesture and facial expression.

As older children develop into their teens, they become increasingly aware of the intentions of others. With children, it is quite common for adults to lean forward when we speak to them, but if we accompany this with putting our hands on our hips, or behind us, this can be seen as a threatening pose. As a result we need to be acutely aware of our body language as well as our tone of voice.

Direct work with older children can include a focus on: their relationships; bullying; sexual identity; family disharmony; confidence; making and keeping friends; or on their life-story. Many unaccompanied minors or asylum-seeking children may have experienced trauma in their country of origin and need help to deal with it. They may also need help with feelings of loss or in establishing their identity in a new country without the support of their loved ones.

Practise using the activities beforehand, and attempt to predict any questions that may arise. It will be important to think about what 'expressing their view' might mean to the child. Cultural norms should be considered, for example, different cultures have proximity comfort zones, and social norms about

direct eye contact and hand gestures. Some cultures find it unacceptable to sit on the floor (because that is where animals have been, and is therefore considered dirty).

Care should be taken if the child comes from a culture where it is unacceptable for them to name their parents (by their given name). In addition, adults from some cultures do not get involved in their children's play, believing play is something specific to childhood. If children are not routinely played with by adults they may find the social worker's interest in doing activities with them puzzling.

Temperamental differences

Children and social workers have different temperaments, which can influence direct work. Some social workers and/or children tend to prefer experiencing feelings directly, whereas others are more comfortable with a more 'cognitive' approach: they are happier talking about feelings from a distance rather than 'feeling them again'. For example, social workers may choose to use a more task-centred approach, preferring to use the Department of Health's [Scales and Questionnaires](#), such as the [Adolescent Wellbeing Scale](#) or the [Strengths and Difficulties Questionnaire](#) without having to address any feelings exposed in the child or young person.

This approach may, however, leave the child feeling unsure about the social worker's willingness to talk about their feelings with them. The social worker may inadvertently reject or discourage the child, or be puzzled by the emotion and discount it as a result.

Quiet observation can help determine what a child's world is like, even in circumstances where time is limited. Observing how the child interacts, moves, talks and reacts during a visit will give an indication of their temperament which, in simple terms, is sometimes polarised as 'outgoing' or 'reserved'. This helps the worker to understand what level of stimulation is needed to bring the child to an appropriate level of interest and engagement. For example, some children have regulatory disorders – they are impulsive or passive. Therefore the stimulus levels should differ.

For those with regulatory disorders, they may need to have activities that organise their sensory system by increasing their attention span and seeking to increase their self-control. For example, some children described as over-active can sit for long periods at a computer.

Using a medium that the child can relate to is helpful but if the child shows signs of addiction to electronic games, then face-to-face physical activities should be selected as an alternative. It can be helpful to implement a rule that their phone and electronic games should be placed in a box at the start of each session.

If a child becomes anxious because they do not have access to their belongings, introduce timed episodes of use during the session with a plan to reduce the amount of access in future sessions.

Use of voice

For children who are more passive or under-responsive, use a louder voice, wear brighter colours, use a faster pace and be more empathetic. Choosing exciting and lively games will help stimulate the child.

The opposite is true for hypersensitive children. A slower pace is less alarming for these children, and activities which are calming and soothing helps them to feel at ease. It is suggested that slow motion movement activities without sound is good, and using rhythmic games and jumping with a sense of

playfulness is helpful. It is also suggested that these children may be hypersensitive to touch and may not have had important touch experiences.

Care must be taken when playing the following games with children who have experienced physical or sexual abuse:

- Use a swing for rhythmic touching – facing the child, peek at him, push by the feet and touch his hands, peeking at him.
- Play the 'row, row, row the boat' game.
- Use on-the-lap games such as 'this is the way' gallop game (ideally to be used with a parent).

Useful things to do with children

There are many ways to engage with children and all involve a combination of talk and play. You should always seek to understand the child's perspective, and try not to rush. The aim is not necessarily just to complete tasks; rather, it is to seek depth in the time available.

As mentioned, it is important to round off sessions, possibly by asking them about what they will be doing at the weekend, or what games they have on their phone/ computer, or letting them have some free play. Some children may benefit from using drums or whistles, or jumping games before they leave to 'let off steam'.

Here are some more tools for direct work with children:

- **My Star Chart.** (You will need: paper and sticky stars of different sizes and colours). The child creates a representational picture of the family and important people to them, and arranges them around a star which represents him or herself (see [Social Work with Children](#), Brandon, et al, 1998).
- For children who find making **eye contact** difficult, place a bean-bag (or something similar) on your head and stand facing the child. Tell them that you will drop it into their open hands when you blink (*Theraplay*, 1998).
- **My Worry Bee.** (You will need an outline of a bee; cloth or pens). An outline of a bee is drawn and stripes are added (using cloth or pens). Each stripe describes a worry, this then forms the conversation about the things that bother or worry the child.
- The use of **creative writing** can be helpful for older children, and keeping a journal can help to externalise their inner thoughts. This is more likely to be used in longer term work when a trusting relationship has been established.
- **Letter writing** and the **use of unfinished sentences**, such as "I can...", "I have...", "I wish I could...", "Sometimes I wonder..."(there are many adaptations).
- Use some of the Department of Health [Scales and Questionnaires](#) – such as the [Adolescent Well-being Scale](#) and the [Strengths and Difficulties Questionnaire](#). These tools are not designed to be used as "raw" scores for use in reports for meetings or court, but rather for discussion tools in work with the child, the findings of which can add to assessments or reports.

Direct work and attachment

Direct work is used in an attempt to understand the child's inner world, to hear their fears, to help them resolve trauma, or to ease their way into a new situation. So, by its very nature, direct work is likely to prime the attachment organisation of those undertaking it – for both child and worker.

Adults and children have a predominant attachment organisation or style, for example, secure, avoidant or ambivalent. The specific style is often played out in stressful situations, and depending on its strength, under certain conditions they will exhibit certain defensive behaviours, which have developed as a result of their close early relationships.

Secure/ balanced

Social workers with a secure attachment style are able to: offer the child a secure base where they can explore their situation; contain both their own and the child's anxiety; and are able to seek help when needed. They have a "balanced" approach to the work, being able to balance emotion with cognition. They are less likely to be overwhelmed by the child's pain or discomfort, and more able to make sense of their own feelings, and to talk about them during supervision.

Similarly, if the child feels secure, then they will be emotionally open, more able to be helped to resolve difficulties, and be more likely to use the help offered positively. These children are more able to articulate their worries, and less likely to "act them out" behaviourally.

As you can see from the above, the content of the first balance sheet goes into some detail in respect of the positive and negative aspects of the realistic placement options. You will also note it includes details of the support which can be offered (and has been offered) within the context of a family placement and why this is not an adequate means by which any risks can be effectively managed. Below is an example of "how not to do it"; a balance sheet with limited useful content and a complete lack of proper analysis.

Avoidant/ dismissive

Social workers whose attachment style is predominantly avoidant (or in adult terms, dismissive), are likely to be uncomfortable with signs of distress or neediness in the child. They may withdraw from the emotional content, preferring to concentrate on a practical, cognitive approach to the work with the child. Their aim is to distance themselves from the child's emotion.

I like to visualise the avoidant person as being like a Smartie, the sweet with a hard sugar coating, but with softer chocolate inside. To get to the inside, you have to first negotiate the shell. But, with the avoidant person (child or adult), exposing that soft inner side is very uncomfortable for them, and attempts made to get at the "chocolate" will be resisted.

There are a number of ways that this style is exhibited in children. They may not co-operate; do not want to participate; or state that they think the session is "just rubbish". Alternatively, they may appear to be keen prior to the session – because many avoidant people have a need to be seen as helpful and wanting to please others. They can appear overly compliant, but then do not turn up for the appointment claiming they either forgot (more likely when older); were ill; or do not communicate at

all. They may try to minimise their situation, or express anger towards the worker because this is an easier emotion to tolerate for the child than sadness or fear.

However, for these children, the aim of the social worker will be to tap into the “inner” parts, to find the feelings and the child’s story, so that it can be laid out, and then put away safely again, once it has been processed.

For short-term work, it is important to recognise avoidant attachment as a defence against feelings which have been “learnt” early in their care; and be gentle with them.

Ambivalent/ preoccupied

With the ambivalent (preoccupied for adult) style, the opposite of avoidance is seen. Children are high on emotion and low on cognition.

Workers with a preoccupied style are more likely to be drawn into the child’s turmoil, and have difficulty disconnecting from the emotional content of the work. They may ruminate and have negative thoughts which can spill over into other parts of their lives. Workers are less likely to make use of supervision to help them, or may be highly emotional on the child’s behalf when talking about the work.

Although ambivalent children tend to be high on emotion, these emotions can either be *internalised*, where the person may have low self-esteem, feel depressed or ruminate on their feelings or *externalised*, where they can become controlling in the direct work situation, either verbally or behaviourally.

The child may find it difficult to concentrate; express anger; cry; and find it difficult to be comforted. Taking the analogy with chocolate further, imagine a Flake bar, with its tendency to scatter when bitten into, is a good way of visualising an ambivalent person’s mind. They may find stopping the sessions troublesome, and will need a boundaried and calm approach, with endings carefully planned for.

Disorganised/ fearful/ unresolved

It is thought that around 15 per cent of children in the general population display disorganised attachment behaviour, but that approximately 80 per cent of these will be known to social services departments (Howe, 1999).

These children are likely to have experienced maltreatment or an extremely insensitive or unpredictable care-giving environment. Although disorganised behaviour usually only appears momentarily in young children, older children tend to display a number of characteristics which can be a challenge when undertaking direct work, for example children may experience feelings of incompetence in a new situation and become aggressive, controlling or punitive. They may find it difficult to end the session, and need a great deal of reassurance about the social worker’s availability.

With such children, it is helpful to be predictable, giving them details about what is going to happen, when and how. Clear, calm communication will help them feel a little more secure in their relationship with a practitioner who is also consistent and kind. However, as these children fear closeness, they may do or say things to disrupt the session and your relationship with them. This may increase as the work develops and escalate as a result of the child feeling vulnerable.

Although this can be challenging it is important not to reject the child by giving up on the work. Allocate a clear time for the session, and use this time fully even if they are not engaging with the planned task. Make it clear that it is OK just to sit together for this time. Remember that the child may try a range of different strategies to make you reject them as they fall back on familiar patterns and may try to bring you into their own inner chaos.

Recording the session

Plainly, you need to be able to record what happens in a session and contemporaneous records are invaluable (and time saving) if they can be done without interfering with the work flow.

Some practitioners are using parallel art work sheets, including the [Cafcass Needs, Wishes and Feelings pages](#), to record what the child is doing and checking back with the child that they have understood correctly. It also helps if you establish with the child at the beginning of the first session that you will need to note down the important things that they say.

For some children this becomes an integral part of the session, *"did you remember to write in your book that what I really want is a rope ladder between my two houses?"* (Sadie, aged six). Other practitioners will note that a child's art or other work was being thought about and how a child's words described the activity they were doing. Recording something of the child's "voice" is crucial and leaves a good audit trail for your analysis and recommendations that flow from it.

If you are not able to record the session whilst in it then, again, it is worthwhile planning a few minutes at the end to note the important topics covered and issues and questions left for the next session which can be very helpful in your preparation time.

Who is the record for?

Be ready to answer the question: Who you are recording for? In reality, you are recording for yourself but, ultimately, the material may become part of a record that will be shared openly.

A child or young person needs to know all of this as part of their consent to engage with you. This is why many practitioners do record information in sessions and seek the child's agreement to do so in the "checking back" closing of the time together;

"I am going to say that you told me you were a bit frightened of your Dad when he gets drunk but that you told me very clearly that you did love him and felt confused when your Mum was angry with him, is that right?" (Children's Centre Worker, Canterbury).

The child can then consider if this is the message they wish to be recorded or change their mind. That does not mean, of course, that you have to change yours it is just more evidence of the child's anxiety and ambivalence and important information for you to collect.

Who owns any artwork made in the session?

Again, it is important from the start to explain that work in the session is for you to understand the child better and that you will want to take the work away with you. Whilst a child usually readily agrees to this idea in the abstract, it can pose problems later on when the child has worked on something that becomes very precious to them and they can be reluctant to part with it.

In the main children are very ready for you take "difficult stuff" away with you, but it can happen. The options are that you have to agree to let the child keep the work and describe it in detail; or you take a photo of it; or you can ask the child's permission to borrow the work to photocopy it and return it the next time you meet.

Many children will give agreement to the loaning of work but you MUST, without fail, return with it the next time you meet. Ironically, the child will often be uninterested in the work they did, but if you forget or lose the piece of paper a residual feeling of lack of trust can be created in the child.

Preparation, for the worker and the child

More important than any toys or tools is the time spent on preparation. Busy experienced practitioners have become used to moving rapidly from one child's life to another's without giving themselves time to gather their thoughts and concentrate on the child "in hand".

Just a couple of minutes of reflection before meeting a child to think about what is known about them, what the gaps are, any hypotheses you might want to test, where you left off last time you met the child and a particular 'image' the child conjures up in your mind can all help centre your focus.

Practitioners say that they remember the children whose abiding image is that of a jack-in-a-box, a Cinderella or a magpie, all of which are very telling. This focus clears your mind of the other children crowding in, of your own life's problems and anxieties and makes you more ready to connect to the child you are about to see.

Consider also the preparation the child has made for the session, whether it is the first or last. They will have been influenced by parents and carers to a greater or lesser extent as to your role and power.

The skilled practitioner spends their time accepting all information given but at the same time weighing and triangulating its worth and validity. It is also increasingly clear that children use computers to research social care agencies, for example, Cafcass, and use social networking sites to ask their peers questions.

They may well have put your name into Google, and it is well worth doing this too to see what comes up particularly if you have a relatively common name. Your namesakes may well appear in the search results doing all sorts of things that might be unhelpful for a child to see and believe is you. As the session begins, it may require some time to do a little straightening out.

It is equally important if you have a Facebook or other social network profile to check the privacy settings at regular intervals and check how your information appears to the world at large. It is usually better to ask what a child understands about what you do and why than to tell them immediately. Doing this will often help you discover their misconceptions which will give you a better idea of how to convey what you actually do as a corrective.

Children who are different from you; in terms of language, gender, race, faith, physical or other disability

One of the challenges for every practitioner is gaining information from children whose life experiences are very different from our own. There is no shame in this, but merely indicates that more preparation will be required.

Colleagues are a good resource as they may have worked with children in similar circumstances or have the same cultural or faith identity as the child you are to meet. Ask them for a consultation and set ground rules that permit you to ask foolish questions.

Some agencies are developing specialist expertise in working with children from particular minority ethnic backgrounds. Others are developing tools such as 'boardmaker' (a software used by professionals working with children and young people for creating printed symbol-based communication and educational materials) which is invaluable in working with children whose English is as good as your Mandarin Chinese or children with a range of mild to moderate learning difficulties.

Working with children whose physical and/or mental health often presents practitioners with difficulties in gaining information about the child or young person. In these cases workers can, and indeed should, enlist the help of someone who has the child's trust.

In some cases this person can act as an interpreter/translator for you. However, choosing the person needs care. A family member presents obvious difficulties in many circumstances, but many practitioners have reported successful collaborative work with teaching assistants and other care and support workers. Again you must invest time in explaining to them what your role requires of you and hence them, and be ready to be guided by them as to when the child is too bored or tired to carry on.

Whilst the title is very off-putting, one of the best books on the subject of working with children with a range of disabilities is: *Understanding Your Handicapped Child*, Valerie Sinason. (Warwick Publishing 1997)

Questions and tips for practitioners when undertaking direct work

- Consider the purpose of the work.
- What materials will you need?
- How will you explain the work and purpose to the child?
- Plan the sessions carefully.
- How will the information gained be integrated into an assessment?
- How will you make a record of the work?
- Will the child need additional support during the work (i.e. from a carer)?
- Where will *you* get support and guidance from?
- What specific training do you need?
- Where can you get funding for materials?
- Can you get a translator or interpreter for children who have communication styles other than speech, or who do not speak English? There are excellent apps available for tablets, smart phones, laptops and other platforms – try typing in "feelings" in an apps store.

Short practice examples

Jane and Elise

Background

A referral from a nursery described a two-and-a-half year old girl, Elise, as being aggressive with other children and oppositional with staff by hitting, kicking and scratching them. She communicates through screams and grunts, and hits her mother when she takes her and picks her up from nursery.

During the six months she has been attending, her mother Jane has been seen dragging Elise down the stairs, handling her roughly when dressing her, and has not been heard speaking to her other than shouting her name or saying "stop". Jane is talkative with staff, but seems to "switch off" when she is with her daughter.

Direct work

The direct work consisted of *guided parenting tasks* and, in this case, was filmed so it could be played back to Jane and Elise on the next visit. The aim was to increase parental sensitivity by introducing "sensitive discipline".

Over several sessions, the mother was asked to undertake a few tasks which presented a challenge for a child of this age.

I took a bag of toys which were new to Elise, and included: small cars; animals; pots; a wooden jig-saw; and a couple of pop-up books. Jane was asked to play with the toys with Elise and then, after about four minutes, she was asked to put them away with her.

Jane was also given a bag with about eight small toys, and asked to get them out to show Elise, but not allow her to touch them for two minutes.

I then gave Jane an interesting book with pop-ups and asked her to sit with Elise and show it to her.

Elise was then given a set of pots, and Jane was asked to show her how to build it, and then to let Elise try. The approach should always be positive, find things that go well and compliment the mother, do not take over and demonstrate. This strengths-based, non-critical style helps to give the mother confidence, and encourages success.

This approach was designed to be empathic for both Jane and Elise. I did this by pointing out to Elise that it's hard for Mum to play with her if she hits and bites her, and when Jane became impatient while Elise struggled to build the pots I said "it's difficult to watch a child find their own way; we know how it is meant to be, but she is still discovering this: children of Elise's age have fun finding out things their own way".

Between visits, Jane was given some information about child development and some ideas of things to do with Elise, for example, showing her what is outside the window, or pointing out things when they go for a walk or out shopping. Jane was also given a DVD called "[Chatter Matters](#)" which was discussed once she had watched it.

Outcome

Elise gradually wanted to be near her mother, where she had previously punched and kicked her when she attempted to play with her. By singing and talking to her more, Jane was able to connect with Elise, and provided more opportunities for eye contact to be made.

Dwayne

Background

Normally a happy and popular eight year old boy, Dwayne was worrying his teachers. When they spoke to his mother, she said he had become withdrawn and, unusually, had begun crying a lot, especially when he was asked to spend time with his friends after school and at weekends, and always just wanted her to play with him. He followed her around the house, and had started to resist going into school in the mornings, running back to her for cuddles. He was losing friends as a result and where he was previously doing well in his school work, he was now falling behind quite noticeably. When he said to his teacher he "wanted to go to heaven", and began to draw morbid pictures, his teacher became worried and made a referral.

Direct work

After explaining that I would like to visit him several times because people were noticing that he was not as happy as he usually was, I started with an introductory activity with Dwayne which involved making a grid of six boxes on a piece of paper and numbering them.

We then threw dice in turns and drew something about ourselves, describing what we were drawing. It should be noted that this is not an opportunity for self-disclosure; rather, it is a chance to show interest in the child without asking a series of questions, but to still say something which helps them know something about you.

I used a worksheet by Deborah Plummer (2007) called *Let's Imagine* to help think about any problems Dwayne may have. Dwayne imagined "problems" as animals or plants or anything at all that could be drawn. He was asked to show small problems, medium-sized problems and "really big" problems.

From his drawings, I was able to help him identify that he was feeling quite frightened by some strong feelings, but he was not able to talk about these yet.

On another occasion I used the "Three Houses" (Nicki Weld and Maggie Greening, 2004). I drew three identical houses and labelled them "the house of worries", "the house of good things" and "the house of dreams".

In his "house of worries" Dwayne included starting in a new class and having a sleep-over. When he came to the "house of good things", he seemed to become stuck. He outlined the house in blue crayon, became very still and quiet and could not describe what he was thinking or feeling.

In describing the “house of dreams” his demeanour changed, became more animated, and said that he dreamt that his Gran was alive again and not in heaven, or that he too could go to heaven to be with her.

Afterwards, we used Kate Iwi’s [Three Islands](#) and Dwayne demonstrated that he wanted all his close family on his “island of forever”, but put his Gran on the “island of far away”. This opened up the opportunity to talk about his grandmother who, it emerged, had died some months ago.

I later talked to Dwayne’s mother who said that he did not cry when she died. They had received advice from the hospice about what to say to him, but he had seemed not to react. However, since then he had become insular and clingy, particularly to his mother. She said they did still talk about Gran in a positive way.

I was then able to talk to Dwayne about his feelings, using a number of activities. One activity included us taking it in turns to jump onto a rug to enact a feeling. I provided whistles, drums and hooters for him to use if he wanted to. I asked him to bring photos and any mementos of his Gran, and we talked about things she used to do with him. It became evident that he had had a close and loving relationship with her, but she had deteriorated both mentally and physically over the last two years of her life, causing his mother to spend a great deal of time looking after her.

He had experienced occasions when Gran was violent towards his mother and this had frightened him. After further work talking about his feelings by, among other things, drawing a picture of himself and colouring in the areas where he “stored” those feelings, it was agreed with him that I could talk to his mother and father about how he felt.

We also talked about “tangled” feelings being like a ball of wool which had become tangled up, and that by talking about them he can be helped to untangle the ball. I also used allegorical stories about death and dying, and we talked about his fears of his parents dying (see [Winston’s wish](#)).

He had been afraid to talk to his mother about his worries and sadness because she was grieving herself and he did not want to worry her.

Questions to consider in the two case examples

- Who could you have talked to before starting work with each child?
- What hypotheses could you have explored from the referral information? (See Community Care Inform’s [Guide to analysis and decision-making](#))
- What other techniques could you have used?

Video examples

Community Care have produced three videos on direct work with children. They include an overview of direct work and two techniques that can be used in direct work with children.

Tips for direct work with children from [Community Care](#) on [Vimeo](#).

Direct work with children – three houses technique from [Community Care](#) on [Vimeo](#).

Resources

Resources are available from specialist catalogues (for example, books, board games, puppets, specialised dolls and dolls' houses). But there are some basic things listed below which could be taken in a bag to all visits:

- *The "Box Full of Feelings"*: Although this is primarily designed for use with groups in schools, it is also an excellent resource for one-to-one work and is designed for children for two to seven years old. It is based on the four basic emotions of: anger, fear, sadness and happiness. These form the basis from which to explore more complex emotions and situations (Smallwood Publishing)
- *Incentive Plus* (catalogue): Offers an inspiring range of practical and professional educational resources encouraging all to learn. Resources have been chosen by teachers, support workers and students. 0845 1800140
- *Two-Way Street: Handbook and Video Guide* – Ruth Marchant and Ro Gordon: NSPCC 0116 234 7223
- *Helping Children Build Self-Esteem*: Deborah Plummer, Jessica Kingsley publishers, 2001
- *Helping Children Cope with Change, Stress and Anxiety*: Deborah Plummer, Jessica Kingsley publishers, 2010
- *Helping Children who Bottle up their Feelings*: Margot Sunderland, Speechmark Publishing, 2001
- *A Nifflenoo called Nevermind*: Margot Sunderland, Speechmark Publishing, 2001
- *Jenny Speaks Out*: Sheila Hollings and Valerie Sinason, Gaskell, 2005
- *Hoots and Toots and Hairy Brutes*: Larry Shles, Jalmar Press, 1989
- *Telling Isn't Tattling*: Kathryn Hammerseng Parenting Press Incorporated, 1995
- *No Matter What*: Debi Gliori – Bloomsbury Paperbacks, 2002
- *Child Protection – The Voice of the Child in Decision Making*: Gillian Schofield and June Thoburn: Institute for Public Policy Research, 1997

Equipment

- Roll of lining paper (cut into pieces if too unwieldy for some visits – or printer paper).
- Pens, felt tips.
- Crayons, coloured pencils.
- Paints, finger paints.
- Clay, plasticine.
- Cars, trucks, ambulance, police car, fire truck.
- Finger puppets and/or hand puppets, doll, teddy.
- Small figures, dolls house furniture.
- Playmobile people, lego figures.
- Pipe cleaner dolls, beads, marbles, string, wool.
- Workbooks and worksheets, story books, board games.

- Transitional objects – showing child you are keeping them in mind- giving them a little crystal stone or a pencil or a badge they can touch.

Additional materials

- *Babbling Babies*
- Big wide talk, a resource for professionals only, from www.ican.org.uk
- *Chatter matters*: A DVD and posters. For use with parents – specifically parents from birth to pre-school children.
- *Ready Steady Talk*
- *Toddler Talk*
- *Working with parents toolkit*, ICan

Further reading

Child Play

P Slade

Jessica Kingsley, 1995

Children's Communication Skills – from birth to five years

B Buckley

Routledge, 2003

Children's Unspoken Language

G Doherty-Sneddon

Jessica Kingsley, 2003

Interventions with Bereaved Children

C Smith; M Pennells

Jessica Kingsley, 1995

Healthy Attachment and Neuro-Dramatic Play

S Jennings

Jessica Kingsley, 2011

Inside I'm hurting

LM Bomber

Worth Publishing, 2007

Involving Children in Family Support and Child Protection

D Shemmings. ed

The Stationery Office, 1999

Listening to Children

A McLeod

Jessica Kingsley, 2008 (particularly recommend)

Minding the Baby: A Mentalization-Based Parenting Program' in J.G Allen and P. Fonagy (eds)
Handbook of Mentalization-Based Treatment. Chichester: Wiley, Sadler, L. S., Slade, A., and Mayes, L.
(2006)

Social Work Skills and Knowledge, 3rd ed

Trevithick

Open University Press, 2012

Teenagers and Attachment

A Perry ed

Worth Publishing, 2011

Social Work with Children

M Brandon; G Schofield; L Trinder

Macmillan, 1998

Theraplay

AM Jernberg and PB Booth

John Wiley & Sons, 2010 (3rd ed)

*A Volcano in My Tummy: Helping Children to Handle Anger: a Resource Book for Parents, Caregivers
and Teachers,*

Elaine Whitehouse and Warwick Pudney, (New Society Publishers April 1997)

Working with Children in Need

E Sainsbury

Jessica Kingsley, 1994

Turning Points, NSPCC