

Direct Work  
with  
Children  
Living in  
Residential  
Care  
Guidance for  
Residential  
Staff

December  
2019

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CSWP/057 V1

**DIRECT WORK WITH CHILDREN AND YOUNG PEOPLE LIVING IN RESIDENTIAL -  
CARE GUIDANCE FOR RESIDENTIAL STAFF**

**1. Introduction**

1.1 Once the decision has been made for a child to be placed in a residential setting an assessment is needed to determine what work should be undertaken with the child to help address areas of particular need.

1.2 It is important that direct work is undertaken as soon as possible whenever a child begins living in residential care. The overall aim of direct work is to enable the child to:

- Address the needs identified in core and through specialist assessments.
- Have a full understanding of what they have experienced in their life and help them understand and come to terms with these experiences.
- Move on to a more permanent placement, where possible, in a positive manner.

1.3 Direct Work can be unplanned, however planned Direct Work must be undertaken by keyworkers each month. Planned work will be based on the presenting needs of the child and may be linked to their Care Plan, Risk Assessment and Behaviour Support Plan.

**2. Aim of the Guidance**

2.1 The purpose of this guidance is to help staff assess, plan and undertake direct work with each child they work with, and to record all sessions in a way that highlights their input and the impact it has had on the child.

2.2 The guidance will highlight how important it is to have a knowledge and

understanding of child attachment in order to work effectively with looked after children whose background and experiences have led them to sometimes have extreme and challenging behaviour. It considers attachment in terms of different patterns, styles and behaviours.

- 2.3 The guidance suggests factors to consider during direct work sessions and also key areas to consider when assessing and planning work with children and their families, where appropriate. This includes timescales and recording, in particular the impact that input from residential staff has had on the child's ability to cope in a family setting.

### 3. Legislative Context

- 3.1 Direct work links with the [Children Homes Regulations 2015](#) and is focused on promoting outcomes for children in the 9 quality standard areas: The quality and purpose of care standard

- The children's wishes and feelings standard
- The education and learning standard
- The enjoyment and achievement standard
- The health and well-being standard
- The positive relationships standard
- The protection of children standard
- The leadership and management standard
- The care planning standard

- 3.2 The [Care Standards Act 2000](#) and [Children's Homes Regulations 2015](#) highlight the need to work closely with children; **Standard 2** focuses on Placement Plans and the importance of assessing the needs of the child; **Standard 7** is concerned with each child being given "individualized support in line with their needs and wishes.."; and **Standard 21** refers to sound relationships between staff and children.

## 4. Child Attachment

4.1 Assessments and direct work cannot be undertaken without an understanding of child attachment theory. The central theme of attachment theory is that caregivers who are available and responsive to their infant's needs establish a sense of security. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world.

4.2 Children with whom residential staff are working are likely not to have had the benefit of good parenting in the key areas of warmth, understanding, protection, responsiveness, trust and consistency.

4.3 Therefore workers need to:

- understand the parent's own history;
- understand the relationship between the child and parent and the history of care giving;
- understand the survival strategies the child has adopted; and
- enable the child to understand and make sense of their history and behaviour.

4.4 Effective care and protection are essential for children to survive into adulthood. Different attachment styles and behaviours develop as a result of different parenting experiences, how needs have been met (or not met), and how children have been protected (or not protected).

4.5 There are specific patterns of attachment that can be identified:

- **Secure attachment:** Children experience their caregiver as available and themselves positively. Securely attached children exhibit minimal distress when separated from caregivers, they feel secure and are able to depend on their adult caregivers. When frightened, securely attached children will seek comfort from caregivers knowing they will provide comfort and reassurance.
- **Insecure attachment:** Children experience confusing, frightening and isolating

emotional experiences early in life which limits their ability to be emotionally strong, flexible and able to communicate in ways that build satisfying and meaningful relationships.

- **Ambivalent attachment:** Children experience their caregiver as inconsistently responsive, and themselves as dependent and poorly valued. Ambivalently attached children usually become very distressed when a parent leaves. Family life is usually chaotic with lots of crises with family members often competing for emotional support. Parents may well make threats such as leaving the child. This can often result in children displaying aggressive and attention-seeking behaviour or being very anxious and insecure
- **Avoidant attachment:** Children experience their caregivers as consistently rejecting and themselves as insecure. Children with an avoidant attachment tend to avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. The child may appear to be very independent but their self-reliance is a cover for insecurity.
- **Disorganised patterns:** Child's' need for emotional closeness remains unseen or ignored, **and** the parents behaviour is a source of disorientation or terror. When children have experiences with parents that leave them overwhelmed, traumatised, and frightened, they become disorganised and chaotic. This often occurs in situations where children are looking after those who should be caring for them e.g. where parents have mental health problems or domestic violence is prevalent.

4.6 Where neglect and abuse is occurring children may be required to look after themselves. This can lead to them not wanting to be looked after and a desire to control, not be controlled. These children can be very angry and aggressive and see themselves as being strong yet unworthy at the same time. They have difficulty in seeing and understanding their own and other people's situations and feelings. Social skills are poor and they may harm others.

4.7 Each attachment pattern (that is not secure) is a response by the child to a stressful situation involving their care giver. The behaviours that develop are thus a defense

mechanism by the child to help them deal with the situation and the feelings that arise.

## **5. Direct Work and Developing Resilience**

5.1 Although the child may present with some of these non-secure attachment behaviours, it is possible to address these in order to develop the child's resilience.

5.2 A useful framework for describing this is provided by Daniel and Wassell (2002). They describe resilience in terms of intrinsic and extrinsic factors.

5.3 The intrinsic factors are seen as three building blocks that are necessary for resilience:

- A secure base so the child feels a sense of belonging and security.
- Good self-esteem so the child has an internal sense of worth and competence.
- A sense of self-efficacy so the child feels in control of themselves and has an understanding of their personal strengths and limitations.

5.4 The extrinsic factors are described as:

- At least one secure attachment relationship.
- Access to wider supports such as extended family and friends.
- Positive school and/or community experiences.

5.5 This framework provides a useful basis for informing the assessment of children, and the design and implementation of potential interventions to promote resilience.

5.6 All work undertaken should focus on understanding the child's feelings and behaviour; and working through these issues with the child in order to help them move on positively and survive in a long-term placement. The emphasis needs to be on stability and positive experiences for the child with the aim being to help the child/ form positive views of themselves and others and to develop relationships with their carers.

5.7 When undertaking direct work a point to consider is that a “family environment into which a child is born will exert the most powerful and long lasting influence over his or her development and future life chances. The early family environment will not only influence the kinds of later environments children are likely to encounter, but also the skills, behaviours and attitudes with which they will meet these environments.” ([The Child’s World: Assessing Children in Need](#); edited by Jan Horwath, 2001, Jessica Kingsley Publishers, p. 56).

5.8 It is essential to have a full understanding of the reasons behind any behaviours and delays in the child’s development in order to plan and undertake productive direct work. When preparing to undertake direct work, the residential childcare worker should:

- Gather all relevant information from the child’s working file, especially case chronologies and information from care plans, risk assessments and behaviour support plans. This will help with the assessment of the areas of work needed with the child.
- See any professionals working with the child (or who have done previously). This includes the child’s social worker; CAMHS worker; YOT/YISP worker etc.
- Understand the 4 key components that underpin assessment and direct work:
- **Observation:** This is essential in order to undertake any assessment. The child must be seen regularly with the worker being familiar with the child’s appearance and behaviour, particularly any changes in behaviour. Take note of the child’s reaction to situations, including interactions with family.
- **Talking:** Every child is conscious of how workers speak to them. There needs to be a high level of communication and participation with the child but the worker needs to be mindful of the child’s age and level of understanding.
- **Listening:** The emphasis here is on accepting information given by the child, without conversing but then reflecting what the child has said back to them. It is important that the views of the child and their feelings about their family experiences are recognised and respected.
- **Doing:** Activities with the child can be extremely beneficial. It is important to engage them in something they consider enjoyable. Here the child can gain trust in the worker and experience a positive interaction. The worker, in turn, can develop

a greater understanding of what the child needs and how they respond to different situations.

## 6. Role of Residential Staff

6.1 Due to previous experiences of living in a family, residential childcare staff inevitably have to take on the task of helping the child to deal with their previous experiences of parenting and to overcome the consequences of that parenting on how the child views themselves and relates to other people.

6.2 When undertaking this task the following key areas of parenting need to be understood:

- **Basic Care:** This is ensuring that all aspects of the child's physical needs are met, i.e. warmth, shelter, clothing etc.
- **Ensuring Safety:** Each child needs to be protected from harm. This could include protecting them from dangerous adults and self-harm.
- **Emotional Warmth:** The child needs to feel valued so they can develop a sense of belonging. The aim here is for the child to be aware that they can receive appropriate physical affection and praise within a stable placement.
- **Stimulation:** Every child should be encouraged to increase their intellectual capacity. This can be via play, education, social events etc.
- **Guidance and Boundaries:** Each child needs to experience consistent and fair boundaries. Wherever possible ensure that the boundaries encourage the child to display socially appropriate behaviour.

## 7. Timescales, Analysis and Review

7.1 Assessments and planning should take place as soon as possible after the child starts their placement and any plans for direct work outlined in the Care Plan/Placement Plan



should be completed within a week of the placement starting.

7.2 Any work initiated should be reviewed on at least a monthly basis and plans adjusted to take account of progress made and any developments that occur during the course of the work. Questions to consider when analysing progress include:

- **Family and Social Relationships**

- ✓ How ongoing contact arrangements are impacting on the child?
- ✓ What impact has life story work (if undertaken) had on the child?
- ✓ Can the child/ now cope in different situations, e.g. groups, one-to- one?
- ✓ How does the child behave when out at public events?
- ✓ How does the child behave when with other children?
- ✓ Can the child experience family life in a positive and constructive way?
- ✓ Can the child recognise that they may have support needs and an adult can meet these support needs?
- ✓ Could additional/ongoing support services help maintain stability within a placement?

- **Emotional and Behavioural Developmental**

- ✓ Have the gaps in the child's development been addressed to the extent that a family placement would no longer be at significant risk of disruption?
- ✓ Where is the evidence that the child has made progress? E.g. emotions, relationships?
- ✓ Is the child better equipped with strategies and skills to cope with their anger?
- ✓ Is the child more aware of triggers that cause anger?
- ✓ Is the child aware of the need for boundaries?
- ✓ Does the child accept the word "no" and other consequences to their actions?
- ✓ Can the child see opportunities and have the confidence to act on it?

- **Self-Care Skills**

- ✓ Is the child more able to organise themselves and to take responsibility for themselves?
- ✓ If required, has there been improvement in their hygiene?

- ✓ Are they able to go to someone when feeling distressed or need something?

## **8. Recording**

- 8.1 All work with a child should be recorded. The record should demonstrate the areas of work identified with the child, which standard they meet and how those areas were addressed and the outcomes achieved.
- 8.2 The records should be developed with the child and should be shared if appropriate with the social worker and other professionals in order to inform planning for the child.
- 8.3 Managers should maintain oversight of the work and recording through reading, signing and dating Direct Work and through individual supervision sessions with the worker.
- 8.4 The voice of the child must be clearly heard and recorded on the Direct Work Sheet.
- 8.5 Staff completing the Direct Work must date and sign the record.
- 8.6 Keyworkers for the child must sign and date all Direct Work sheets after they have read any work completed by another member of staff.

## **Appendix**

- Direct Work Sheet (Mainstream)
- Positive Report (Mainstream)

Direct work  
Number

.....

# DIRECT WORK SHEET

**Name of Young Person:** .....

**Date:** ..... **ID Number** .....

**PURPOSE** of the Direct Work

Is this work planned or unplanned?	
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Quality standards met	
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**Cross reference**

Document:	Date:

**WHAT** was discussed with the young person

**HOW** did the young person respond (what did they say, how did they react)

**ACTION** to be taken following this

**Signed by staff member that has completed the direct work with the young person**

Signed..... Staff Name.....

Date..... Position .....

Signed: ..... Keyworker  
Name ..... Dated: .....

Signed: ..... Regulation 45 Audit  
(Registered/Assistant Manager)  
Name ..... Dated: .....



# POSITIVE REPORT RECORD

Number.....
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Name of Young Person: .....

Date: .....

ID Number:.....

CATEGORY please tick		
1. Quality and purpose of care	4. Enjoyment and achievement.	7. Protection of children.
2. Children's wishes and feelings.	5. Health and wellbeing	8. Leadership and management
3. Education.	6. Positive relationships.	9. Care Planning.

**How did the young person respond?** (verbal and non-verbal)

Signed..... Staff  
Name.....

Date..... Position  
.....

Signed: ..... Keyworker  
Name ..... Dated: .....

Signed: ..... Regulation 45 Audit  
(Registered)  
Manager)  
Name ..... Dated: .....

