

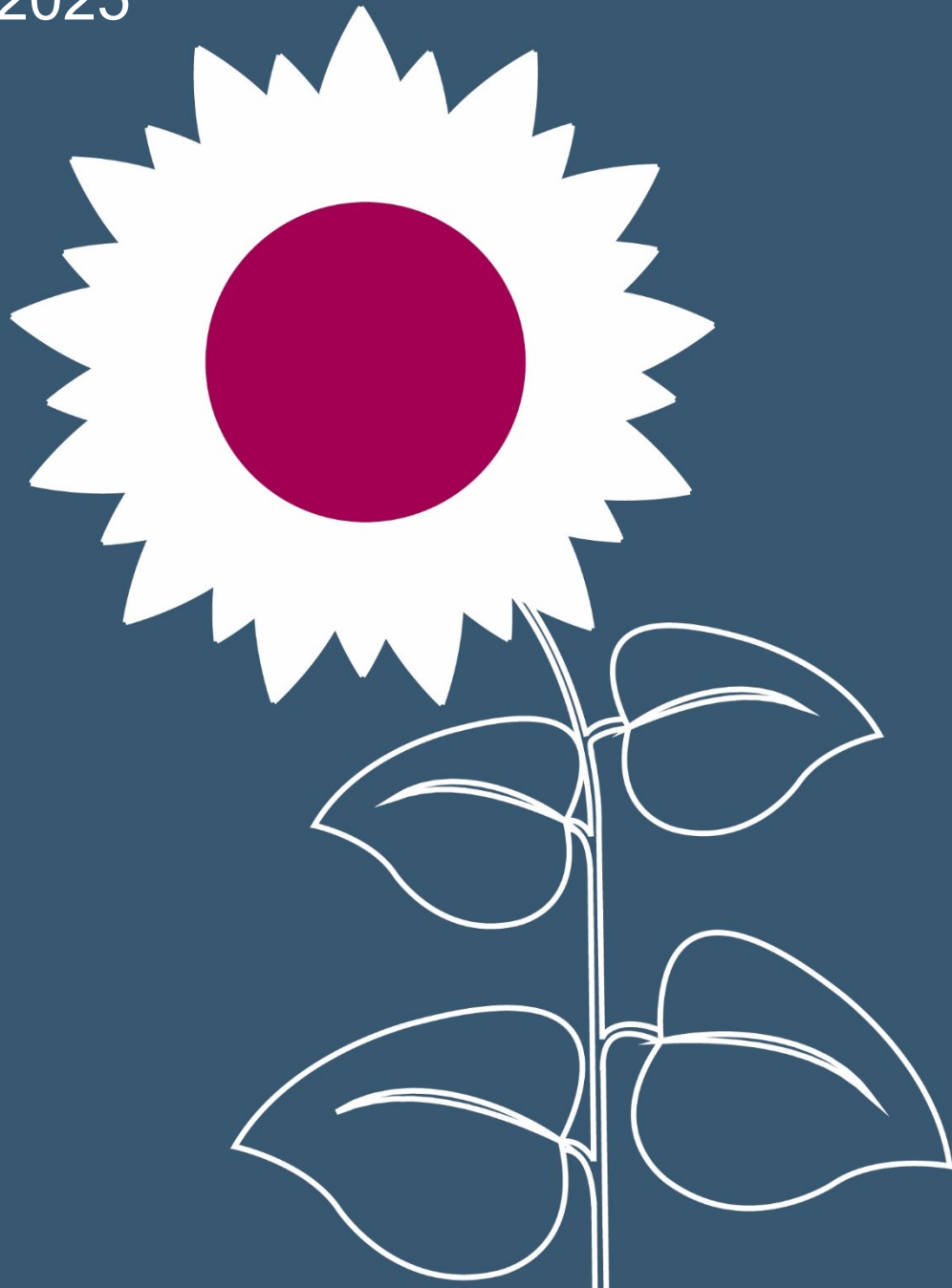


City of
Stoke-on-Trent

Direct Work with Children and Young People - Guidance for Residential Staff

Tri x 5_1_32 July 2024

Review July 2025



INFORMATION SHEET

Service area	Children's Social Care
Date effective from	Dec 2013
Responsible officer(s)	Strategic Manager Children in Care and Targeted Services
Date of review(s)	April 2021 August 2022 April 2023 September 2023 July 2024
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory
Target audience	Residential Staff in Small Group Homes
Date of committee/SMT decision	
Related document(s)	
Superseded document(s)	September 2023
File reference	Tri x 5 1 32

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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 needs identified in core and specialised assessments;
 - Have a full understanding of what they have experienced in their life and help them understand and come to terms with difficult areas;
 - Move on to a more permanent placement in a positive manner.

2 Aim of the Guidance

- 2.1 The purpose of this guidance is to help carers 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 behaviours. 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 carers has had on the child's ability to cope in a family setting.

3 Legislative Context

- 3.1 **The Quality Standards for Children's Homes regulations 2015** set out standards ("the Quality Standards") that must be met by homes. The Quality Standards describe outcomes that each child must be supported to achieve while living in the children's home. Each contains an over-arching, aspirational, child-focused outcome statement, followed by a non-exhaustive set of underpinning, measurable requirements that homes must achieve in meeting each standard.

The Regulations prescribe nine Quality Standards which must be met by children's homes:

- The quality and purpose of care standard (see regulation 6);
- The children's views, wishes and feelings standard (see regulation 7);
- The education standard (see regulation 8);
- The enjoyment and achievement standard (see regulation 9);
- The health and well-being standard (see regulation 10);
- The positive relationships standard (see regulation 11);
- The protection of children standard (see regulation 12);
- The leadership and management standard (see regulation 13);
- The care planning standard (see regulation 14).

3.2 The **Care Standards Act 2000** and **Quality Standards for Children's Homes 2015** highlight the need to work closely with children. **Regulation 14** focuses on Placement Plans and the importance of assessing the needs of the child; **Regulation 7** is concerned with each child being given "individualized support in line with their needs and wishes."; and **Regulation 11** refers to positive relationships between carers and children.

4 Child Attachment

4.1 Assessments and direct work cannot be undertaken without an understanding of child attachment theory.

- **Attachment theory** is a theory of "personality development in the context of close relationships. "(David Howe: A Child's World, 2001). However, the use of terms such as 'close' or 'strong' can be misleading as ways of indicating the quality of the relationship. For example, some behaviour interpreted as 'close' actually reflects the child's insecurity as to their caregiver's availability, and their excessive need for reassurance (Grey, 2005).
- **An attachment** is where a child has a bond with another person, i.e. care-giver/parent who is considered skilled, confident and capable
- Children have stages of reaction to separation from a care-giver: crying, then despair, finally detachment and withdrawal. (Bowlby 1952)

4.2 When working with a child in care, or child in need, it is important to see how the relationships the child has with their family impact on their own emotional and behavioural well-being and development and it is important to be aware of a parent's own experiences of being cared for in order to fully understand their relationship with their child.

- 4.3 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 children they have been protected (or not protected).
- 4.4 Children who have a history of neglect and/or abuse will tend to adopt strategies to survive. If the parent has not been interested in the child or has been unresponsive then the child will inevitably not receive the stimulation they need. This can lead to worry and upset for the child as they lose their attachment figure. If this continues then the child will tend to withdraw as a survival mechanism in order to protect themselves from the feelings associated with the separation.
- 4.5 It is common for the child to feel uncertain about the parent/carer's ability to take care of them which in turn causes increased worry for them. The concern for the child is that the person who they would usually go to for comfort is the person causing the stress. Consequently, this causes heightened anxiety and can lead to difficulties in their development.
- 4.6 Children with whom carers are working with are likely not to have had the benefit of good parenting in the key areas of warmth, understanding, protection, responsiveness, trust and consistency.
- 4.7.1 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.

5 Direct Work

- 5.1 Although the child may present with some attachment behaviours, it is possible to address these. All work undertaken should focus on understanding these feelings and behaviours: 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.
- 5.2 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: The Comprehensive Guide to Assessing Children in Need**; edited by Jan Horwath, 2009, Jessica Kingsley Publishers).

5.3 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 carer should:

- Gather all relevant information from the social work file, especially case chronologies. This will help with the assessment of the areas of work needed with the child.
- See any professionals working with the child (or have done previously). This includes the child's social worker; CAMHS worker; YOS 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 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 Re-parenting

6.1 This is a key requirement of carers. Due to previous experiences of living in a family, carers inevitably take on the task of 're-parenting' the child.

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 plans should be completed within the first 4-6 weeks of the placement starting.

7.2 Any work initiated should be reviewed on at least a monthly basis and plans adjusted to take account any 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?
- ✓ Has the child been 're-parented' successfully to a point where a long-term placement in a family will last?
- ✓ Can the child recognise that they may have a need and an adult can meet his need?
- ✓ Could additional/ongoing support services help maintain stability within a placement?

- **Emotional and Behavioural Development**

- ✓ 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?
 - ✓ 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 and/or family, how those areas were addressed and the outcomes achieved.
- 8.2 The records should be developed with the child/family and should be shared 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 individual supervision sessions with the worker.
- 8.4 Through the supervision process and continuous professional development plan all residential practitioners should completed the mandatory recording skills training.