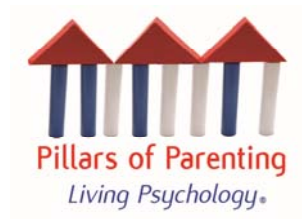


Combining quality with 'what works'

A cost-effective approach to children in public care

The House of Lords 15-03-19

Presented by Colin Maginn



Working to improve the lives of children in public care

Thank you for taking their time to attend – thanks also to our host the Earl of Listowel in this wonderful historic location the House of Lords. And a special thank to Sylvia and Liz for inviting me and organising this '**Best Practice Forum**' on behalf of the Institute of Recovery From Childhood Trauma

What's on the agenda today

- 1) Background and history
 - Children's Homes in England
 - Some observations on Legislation
 - The cost of children's public care
- 2) Is quality care more cost effective than our current post code lottery?
- 3) What works? Using evidence to make decisions and inform practice
- 4) An overview of Dr Seán Cameron and Dr Ravi Das research
- 5) Relationships are key to therapeutic change for traumatised children

King Edward VI at age 13, around 1550, set up an annual endowment of £600 (about £3.5 million in today's money) for what is claimed to be the first children's home*. This was in Greyfriars monastery which was given to the City of London by Henry VIII in 1546 and became known as Christ's Hospital (a place of refuge). By 1552, 340 'fatherless' children had been admitted. Edward died from tuberculosis in 1553.

*Peter Higginbotham (2017) 'Children's Homes – A history of institutional care for Britain's young' Published by Pen & Sword Books Ltd.

It is interesting that the first English children's home was funded by a child!

Blue Coat Schools

This was the first of what became known all over England as the 'Blue Coat Schools' because the children wore blue coats. Blue was a cheap dye and yellow stockings because they believed that yellow repelled lice.

Remember these yellow socks! I'll mention them again

The Poor Law 1601

- This Act placed a duty on parishes to provide for orphans and children in poverty.
- It was for the 'needy and deserving poor'
- 'Underserving children' were left to fend for themselves as they were viewed as responsible for their crimes – like stealing food to survive!

Not long after the boy king died at age 16, the first act of parliament to provide for children in need. This is perhaps the origin of the negative attitude to children in public care – the use of the words 'needy and deserving' calls for a judgment, thus the identification of 'underserving' children.

The Children Act 1989

- This act came into force in 1991
- It transformed children's homes as for the first time in U.K. history, children's homes were required to be registered.
- Detailed standards and guidance for running children's homes (mostly based on things that had gone wrong in the past – see the handout with the list of inquiries)

Not until 1991 with the implementation of the Children act 1989, did the conduct of children's homes become regulated



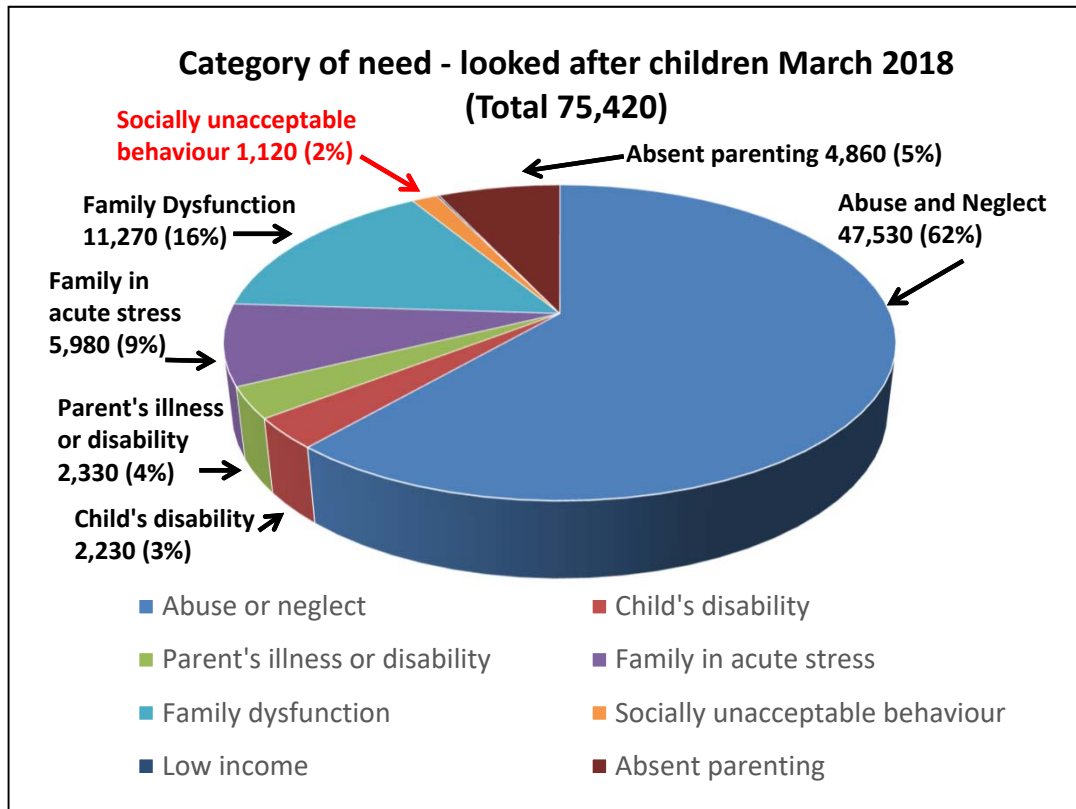
Ingleside children's home opened in 1988 in South London.
There were **no legal requirements until 1991** when The Children Act 1989 came into force requiring registration and standards.

The local authority did ask me to check regarding planning permission and fire regulations

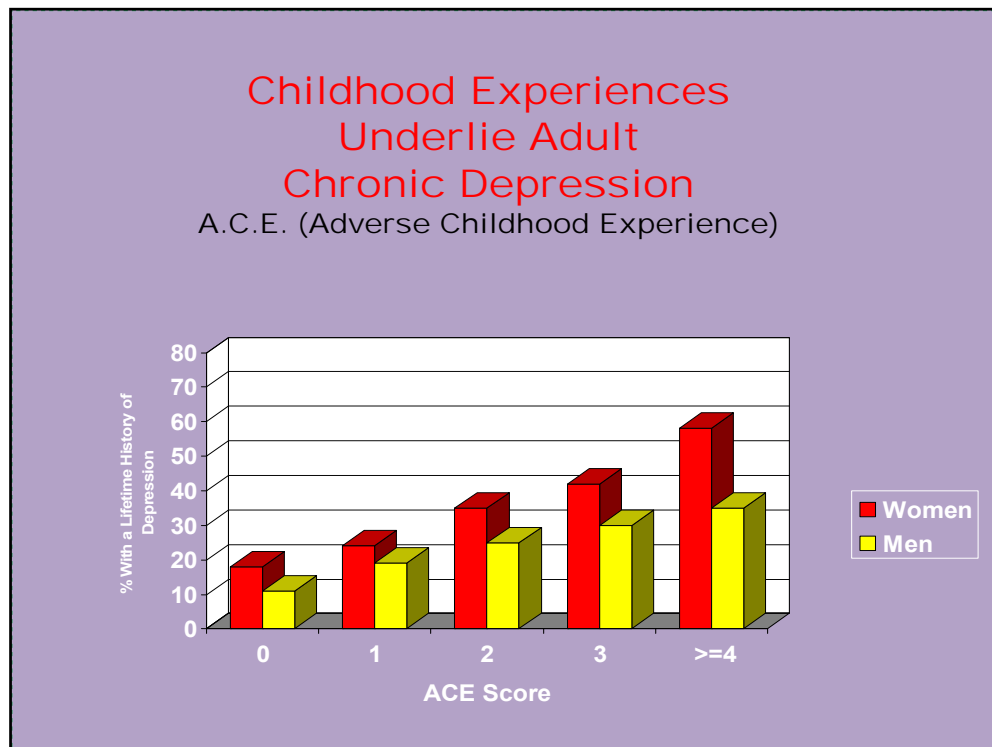
Pet Animals Act 1951

- (a) that animals will at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness;
- (b) that animals will be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals;
- (c) that animals, being mammals, will not be sold at too early an age;
- (d) that all reasonable precautions will be taken to prevent the spread among animals of infectious diseases;
- (e) that appropriate steps will be taken in case of fire or other emergency;

While there were no legal requirements to open and run a children's home in 1988, if I had wanted to open a dog kennel in 1988, the 1951 Pet Animals Act imposed conditions and restrictions to promote the animals welfare and some of which are listed in this slide



About 95% of children in care, are there because of adult problems including their neglect and abuse of children. Why then do we see the children as 'the problem'?



One thing is common to perhaps 100% of children in public care is that they will have experienced emotional trauma. This slide one of many from the now extensive studies into the impact of ACE (Adverse Childhood experiences) studies,

What the ACE studies tell us is that children are impacted by adverse experiences into their adult life

Adults with an ACE score of 4 or more were **460% more likely** to be suffering from **depression** .

The bar graph may underestimate chronic depression in men. Men tend to be covert (rather than overt) in disclosing feelings of depression. A recent study of men found 85% to be suffering from “Alexathymia” – a new DSM category of Depression for men.

In 2014, the National Audit office estimated that the annual ongoing cost to the tax payer is about **£9 billion** dealing with families with multiple difficulties.

34% of all care leavers were NEET at age 19 in 2013 compared to 15.5% of 18-year-olds in the general population. Adults with few or no qualifications are more likely to be unemployed, or be in poorly paid work. This means tax income forgone and a higher benefits bill.... The lifetime cost for not participating in education, employment or training has been estimated at **£56,000 for each young person every year.**

National Audit Office – Children in Care (2014) page 24

<https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>

The cost to society (or the tax payer) of not getting things right, are high!
The psychological costs to the individuals is beyond measure in lives ruined

How much is it costing?

£8.8bn

amount spent by local
authorities on children's
services in 2017-18

655,630

number of new children's
social care referrals in the
year ending 31 March 2018

91%

percentage of local
authorities that overspent
on their children's social
care in 2017-18

Spending £872 million total national overspend on children's social care in 2017-18
£8.0 billion budgeted spend for children's services in 2017-18

£8.6 billion budgeted spend for children's services in 2018-19

National Audit Office January (2019) Pressures on Children's Social Care

<https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf>

It's not working! These figure are in addition to all the ongoing costs, the life time costs, health and mental health costs, benefits payments, homelessness (25% of homeless people have been in care), offending and prison costs ... etc.

The National Audit Office is well known for pointing out over spending by Government bodies – this report published in January 2019 (click the link in the slide or Google The National Audit Office - Pressures on Children's Social Care) points out that failings and underspending by the Department of Education, is harming children!

Informed, child centred care evidenced by warmth, kindness and putting children's needs first!

With selective austerity, that great legal concept, in practice has turned into: 'The welfare of the *public purse* is the paramount consideration'

1) 'No good option - Report of the Inquiry into Children's Social Care in England' (2017)
The All Party Parliamentary Group for Children

<https://www.ncb.org.uk/sites/default/files/uploads/No%20Good%20Options%20Report%20final.pdf>

2) 'A Country that works for all children'(2017) Association of Directors of Children's Services

http://adcs.org.uk/assets/documentation/ADCS_A_country_that_works_for_all_children_FINAL.pdf

3) 'Storing Up Trouble – a post code lottery of children's social care' (2018) The All Party Parliamentary Group for Children

<https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20Storing%20Up%20Trouble%20%5BAugust%20Update%5D.pdf>

Here are 3 links two recent all party Parliamentary Group for Children and one by the Association of Directors of Children's services all of which present details of the devastation being caused by the governments selective austerity. What the inquiries and the report show is that doing nothing to improve spending and quality is an option which we can't afford.

What would you do?

If you were put in charge nationally, of the children's social care sector and given the £8.6 Billion, what would be the first thing that you'd do?

When a Local Authority 'fails' (using Ofsted as the test - a matter which is heavily criticised in the 2019 Audit Office report) the Department of Education requires an independent board to take over operation of children's services given. Given the two inquiries and the Audit Office report mentioned in my earlier slides, detailing failure on the part of the Department of Education, what would you do if you took over the operation of national children's social care, from the Department of Education?

In Loco Parentis

Demos report 'In Loco Parentis' (2010) compared a stable care journey of a child in care with an unstable one, the average additional cost of a child moving from placement to placement was £32,770.37 per child, per year.

At the time of publication over 20,000 children in care (33%) had placement moves during the two years.

Given the calculations in the Demos report, that is potentially an annual avoidable cost to the taxpayer of over £650 million.

https://www.demos.co.uk/files/In_Loco_Parentis_-_web.pdf

Stability is a simple quality measure this study showed that the lack of stability nationally is costing the tax payer about £650million (applied to todays figures – this is closer to £900 million.)

**It is easier to build
Strong children
Than to repair
Broken adults**

Frederick Douglass

‘The idea that a child entering the care system presents us with a problem is wrong. A child in care is a solution, an opportunity for us to display our services at their best just like we do as parents. We have to make them understand that they are the most valuable asset of our democracy as they are of a family’

Lemn Sissay Ted talk 2014 Houses of Parliament
https://www.youtube.com/watch?time_continue=479&v=B88dCHJ9Rvg
(Accessed 10-03-19)

A pathogenic paradigm

*This view of the child as “**the problem**” is endemic within the care system and has both historical and philosophical roots in a pathogenic paradigm. Historically, the provision of care for needy children in England was left to the church and charities. Charitable giving to the “**deserving poor**” was formalised by The Poor Law of 1601, an Act of Parliament which placed a duty on parishes to provide for orphans and children in poverty, who were too young to work. Previously, many abandoned, neglected, and abused children had been left to fend for themselves, viewed as responsible for their own situation and therefore “undeserving”.*

Colin Maginn (2013)

“Value people for who and what they are, rather than lamenting what they are not and trying to change them”

Linley, A., (2008) *Average to A +
Realising strengths in yourself and others.*
Centre for Applied Positive Psychology press p185

The telltale signs of strength...

- A real sense of energy and engagement when using the strength.
- Losing a sense of time because you are so engrossed and engaged in the activity. (Flow)
- Very rapidly learning new information, activities or approaches that are associated with the strength.
- Prioritising tasks that require the strength over tasks that do not.
- Exemplary levels of performance when using the strength, especially performance that evokes the respect and admiration of others.

Spotting young peoples strengths

Observe what, when and where a child is willingly expending her energies.

- Note what activities she seeks out
- When she is most engaged
- What she is good at
- What she finds fun and
- What makes her laugh

Encourage her to use her strengths, it will help put new meaning and purpose in her life.

The 4M approach to personal and professional development:

- **M**aximise your unrealised strengths;
- **M**arshall your realised strengths;
- **M**inimise weaknesses;
- **M**oderate learned behaviours.

(The Alex Linley formula)

Identifying and building on *signature strengths*

Wood, A. M. (et al) (2011) *'Using personal and psychological strengths leads to increases in well-being over time: A longitudinal study and the development of the strengths use questionnaire.'*

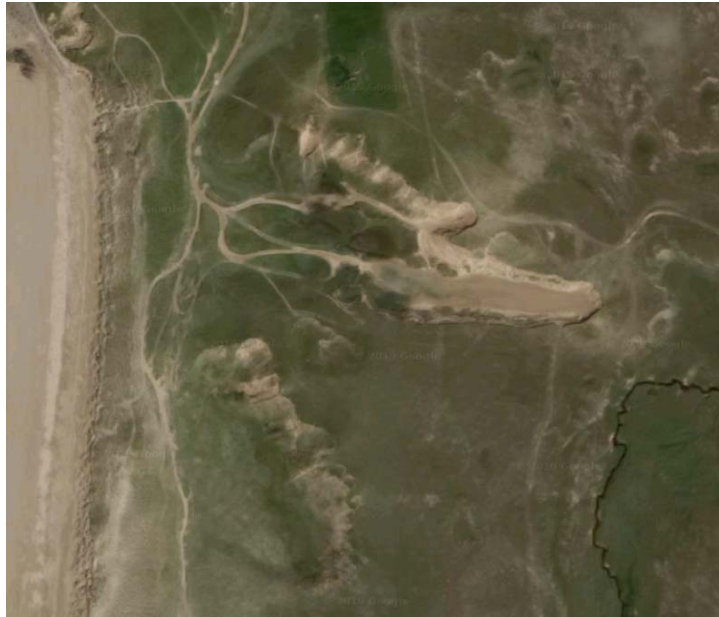
Personality and Individual Differences 50 (2011) pp 15-19

They reported that using strengths over time, leads to less stress, greater self esteem, vitality and positive affect and that 'strengths use is an important predictor of well-being.'

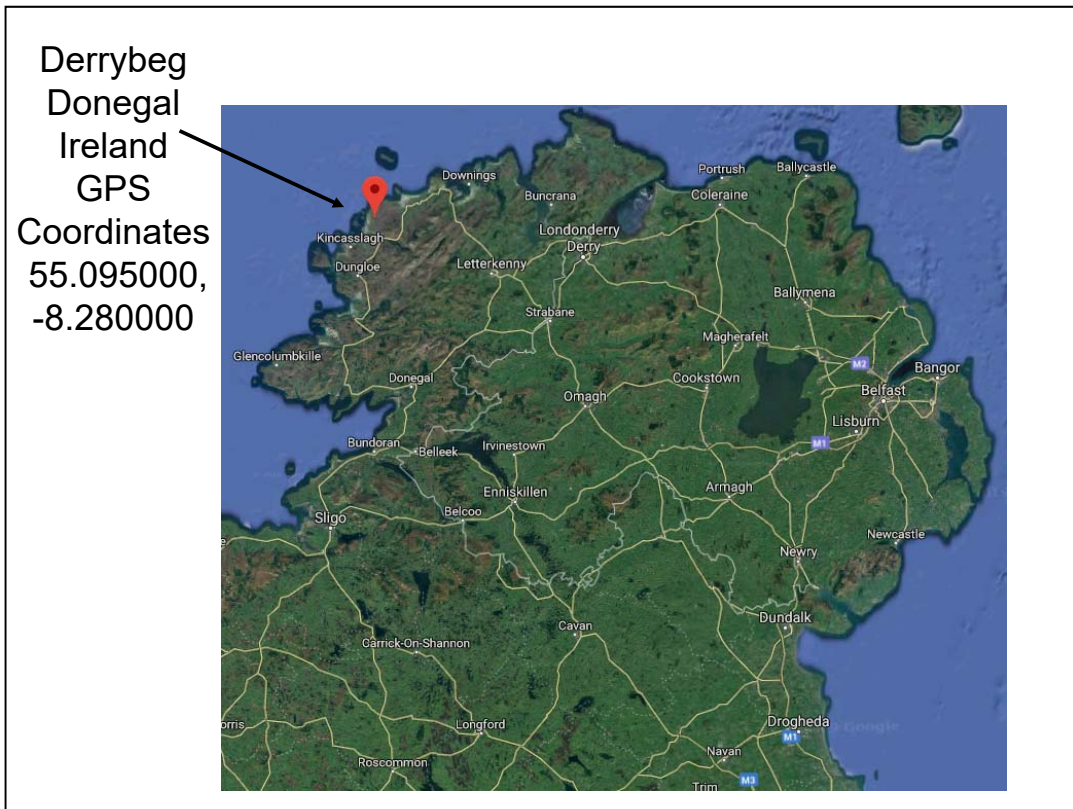
What Works?

Show me the evidence!

What is this?



This is a 'google earth' picture of a beach in Donegal Ireland!



We take the disorganised ever changing landscape but with the world wide accepted system of lines of latitude and longitude and GPS (Global Positioning System) we can share and pin point any location on our globe.

Look to other professional groups!

Fire officers?

Aviation - Imagine if each local authority in England had their own systems and procedures for air traffic control and safety. It would be chaos and very dangerous. Not unlike today's post-code lottery for children's social care.

'Storing Up Trouble – a post code lottery of children's social care' (July 2018) The All Party Parliamentary Group for Children
www.ncb.org.uk/sites/default/files/field/attachment/NCB%20Storing%20Up%20Trouble%20%5BAugust%20Update%5D.pdf

Our profession needs to be child focused yet objective, based on evidence not on opinions nor on the current budgetary cycles.

We could learn from other professions, a fire officer would know from his training that using water on an electric fire is dangerous – so if he was ordered to do that by his Fire Chief, we would explain the science (water conducts electricity and is therefore a health and safety risk) and refuse such a hair-brained request. Without us using the well documented science of attachment and insights on emotional trauma from psychology, ill-informed decisions are being made everyday in regarding children's care.

Psychology-base
Parental acceptance–rejection theory
(PA-R Theory)

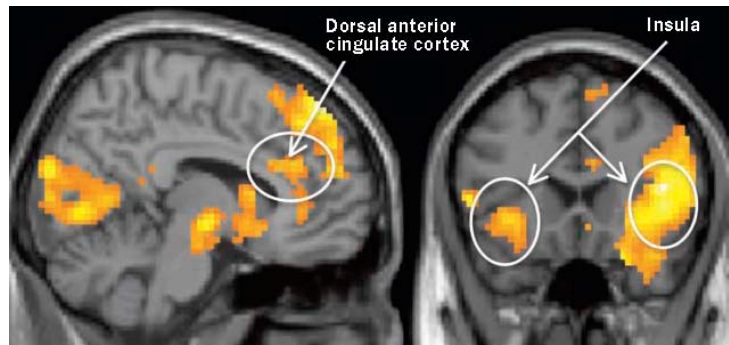
- Children need parental acceptance, not rejection;
- Rejection can be clearly *evident* to all... or it can be something which is *perceived* by the child;
- If the child's need for acceptance is unmet, emotional problems result;

Rohner (2004)

We need to look to theory to inform our practice, then we can test the theory to help us understand and to explain many of the issues for children in public care and importantly, make informed evidence based decisions, which are more likely to improve an individual child's life, than the random post code lottery of decisions based on opinions of the officers in each local authority.

Parental acceptance–rejection theory (PA-R Theory)

- Such emotional problems appear to be universal, across the human race;
- Some of the resulting emotional and behaviour problems appear to persist in the long term;
- Other factors are also involved in the adjustment of children, but parental acceptance-rejection has been shown to be particularly powerful.

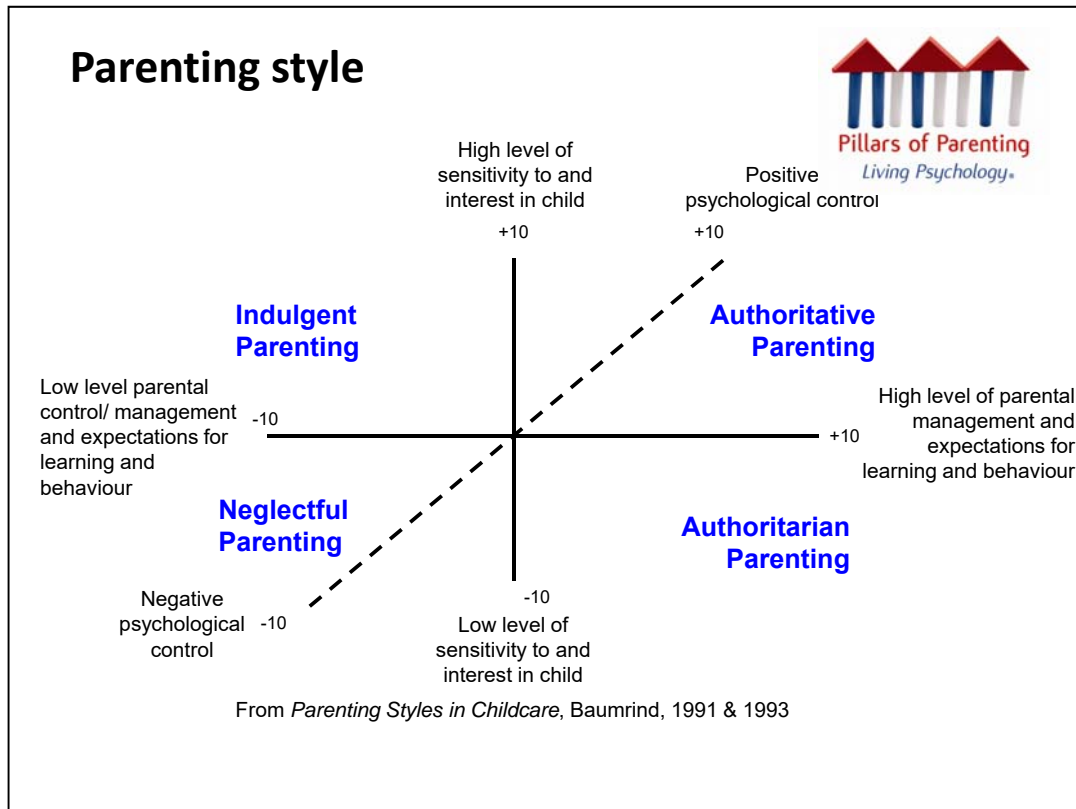


Being ignored and left out activates the dorsal anterior cingulate cortex, a region linked with the emotional aspects of physical agony, and the insula, an area instrumental in judging pain severity. Taking acetaminophen squelches both these neural responses to ostracism.

Kipling D. Williams (2011) 'The Pain of Exclusion' *Scientific American MIND*, (January).

C. Nathan DeWall (et al.) (2010) 'Acetaminophen Reduces Social Pain'.
Psychological Science, 21(7), 931– 937.

Rejection hurts! That's interesting, paracetamol reduced feelings of rejection! This scientific study confirms Rohner's PARTheory.



Turning theory into practice we use Baumrind's model to look at the parenting style of each foster parent or residential child care worker – the scales go from -10 to +10. We use a questionnaire to get the individual scores. Now we share with foster and adoptive parents, 3 important quality care issues, 1) Have a high level of sensitivity, interest and responsiveness to each individual child 2) Set high expectations of learning and behaviour based on the individual child's understanding and ability and 3) Look for the individual child's strengths, avoid humiliation and negative forms of psychological control.

A systematic approach based on evidence

- The people most likely to bring about positive change are their foster and adoptive parents or residential carers.
- These 'direct contact' carers require the knowledge to understand and respond to the child's needs.
- Psychologists have the knowledge base.
- Combine the carers' knowledge of the child with the psychologist's knowledge of research and theory.
- The resulting informed practice enables carers to provide support that can improve young people's chances of achieving more fulfilling lives.

Now some points explaining the background to our research

Combining theory with practise

“The Pillars of Parenting ‘Emotional Warmth’ model of professional childcare uses group consultation with a psychologist who shares a transparent protocol, designed to provide a deeper knowledge of the often complex needs of a young person. Such a protocol ensures that **the knowledge of research and theory which the psychologist brings is combined with the insights from the care staff** to generate strategies which meet each young person’s idiosyncratic needs.” Cameron (2019)

What happens in a consultation session?

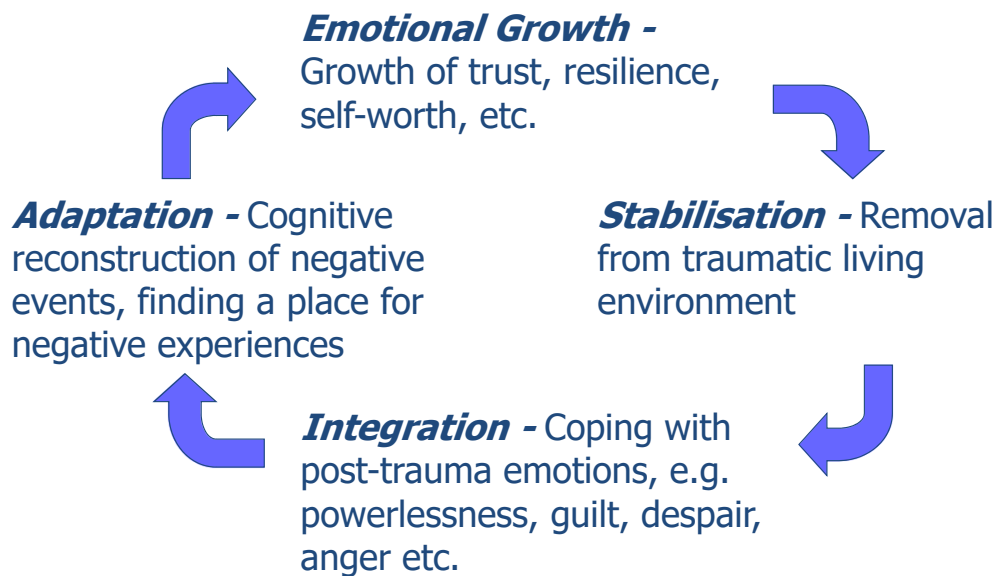
- **Short news-sharing and updating session** (20 to 30mins)
- **The Emotional Warmth consultation** (60 to 90 mins):
 - *Discussing the priority issue for the young person*
 - *Agreeing which Pillar(s) to work on with the young person*
 - *Discussing the young person's emotional development using the Cairns model and agree how to meet these needs*
 - *Identifying the young person's character strengths and assets providing opportunities and activities to practice and extend these strengths.*
- **After the consultation session there is discussion between the children's home manager and the Psychologist Consultant to:**
 - check what has happened since the last consultation session,
 - discuss the current session,
 - identify red flag issues, (incidents, absconding, follow up by staff on agreed strategies)
 - consider any improvements.
- **Within 48 hours complete a write up of the consultation will be circulated to the home manager and all staff, or the foster/ adoptive parent's group members (and to POP supervisor).**

The Pillars of Parenting

1. Primary care & protection.
2. Secure/ close relationships.
3. Positive self-perception.
4. Emotional competence.
5. Self-management/ self efficacy skills.
6. Resilience.
7. A sense of belonging.
8. Personal and social responsibility.

You can get the details from your hand out (which is attached at the end of this document. Like the GPS coordinate the shared practice model helps both the psychologist and the person in direct contact with the young person, to have a system for understanding what they should be doing and why, with each young person.

Adaptive Emotional Development



Cairns (2002)

The importance of trauma awareness can't be emphasised enough! Understanding that a child's behaviour may be a direct result of previous abuse and or emotional trauma. The child's response or strategy today may be their way of coping with what they perceive as danger today.

Our paper Progress and Development Checklist



From our long standing paper Progress and Development Checklist – we designed an online Progress and Development Checklist

Pillars of Parenting: Progress and Development Checklist

[Load unfinished survey](#)[Exit and clear survey](#)

To participate in this restricted survey, you need a valid token.

If you have been issued a token, please enter it in the box below and click continue.

Token:

Continue

This log in online progress and development system had the serendipitous effect of providing anonymised data which Dr Cameron and Dr Das, were able to analyse

Pillars of Parenting: Progress and Development Checklist

Resume laterExit and clear survey

10%

Pillar 1

Primary care and Protection

*

Choose one of the following answers

☐ 5: Child can care for him or herself effectively.

☐ 4: Child is developing own personal styles and tastes as well as a gently assertive style of interacting with others.

☐ 3: Child takes pride in his/her appearance and achievements.

☐ 2: Child allows others to offer care with appearance, health and hygiene and is aware of major health risks.

☐ 1: Child needs basic survival care.

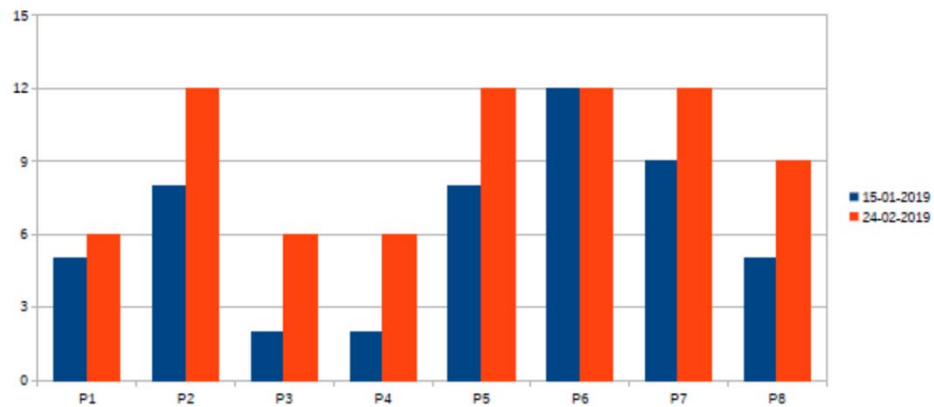
*

Choose one of the following answers



Pillars of Parenting Progress and Development Checklist The pillars

Completion Date: 24.02.2019
Unique ID: 34372629



Which 'pillars' do you think we should work on?

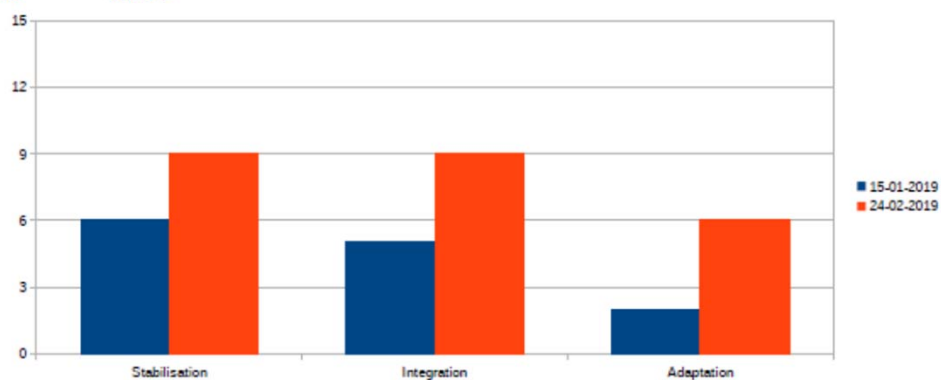
Look at your pillars hand out and tell me which pillar need some attention?



Pillars of Parenting Progress and Development Checklist

Adaptive emotional development

Completion Date: 24.02.2019
Unique ID: 34372629



Results

Results from two sites, one in the South of England and one in the North of England (Total N=53) are combined in the histograms, the primary finding was a highly significant improvement from pre- to post-intervention in total scores on the Personal and Interpersonal Development (PID) measure ($Z_{(N=53)} = 3.978, p < .001$).

In other words, the probability of getting these results by chance is less than one in a thousand.

Dr R J Cameron and Dr R Das (2019) published their results in the British Journal of Social Work – ‘Empowering Residential Carers of Looked After Young People: The Impact of the Emotional Warmth Model of Professional Childcare’

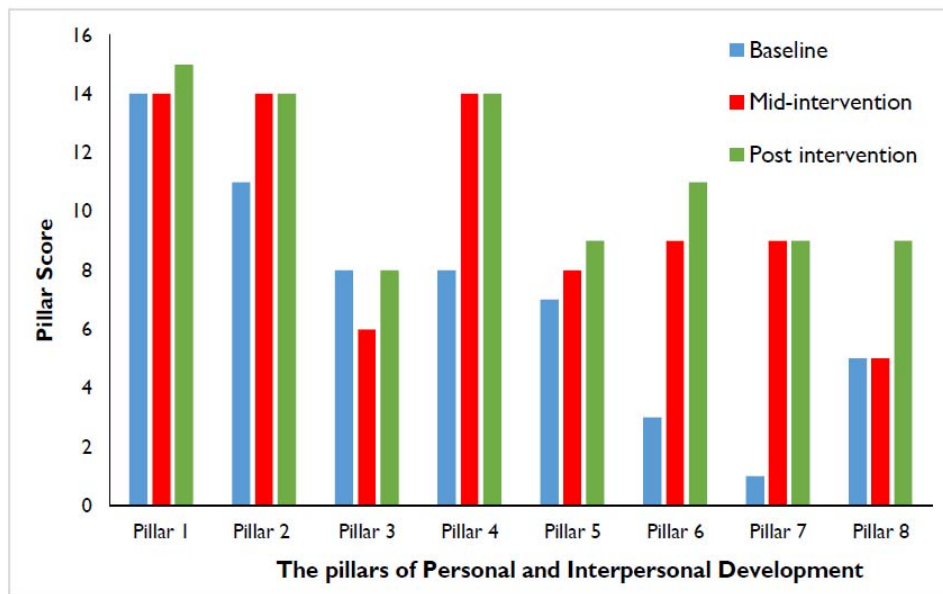


Figure 1: Results of measures taken on 04-10-16; 03-02 17 and 11-05-17.

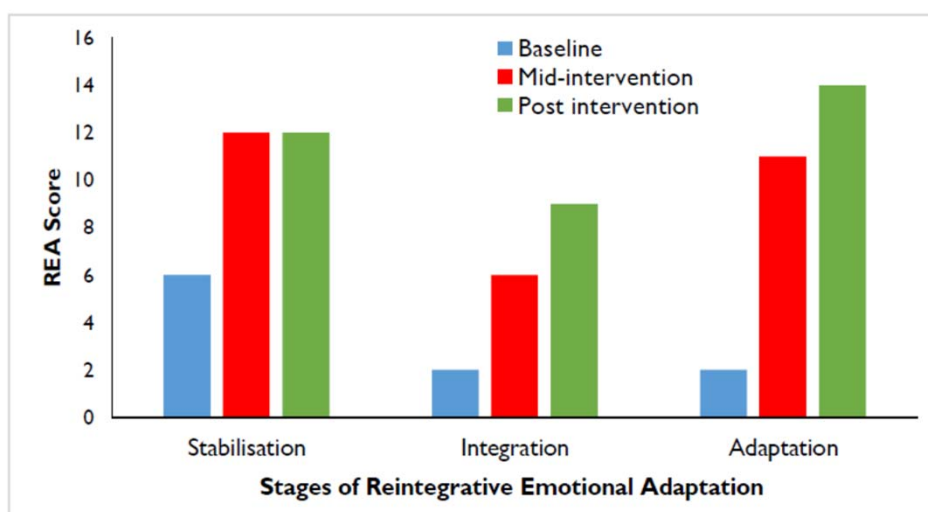


Figure 2: Results of measures taken on 04-10-16; 03-02 17 and 11-05-17.

Exploratory analyses on the individual Pillars showed significant improvements in Pillars 5 (resilience) and 6 (self-management) in the Southern sites

and in Pillars 2 (close relationships) and 4 (belonging) in the Northern sites.

Regional differences

Table 4: Descriptive and inferential statistics for the three indices extracted from the PID measure.

Personal and Interpersonal Development	Southern children's group (N= 28)				Northern children's group (N= 25)			
	Baseline	Post-Intervention	Wilcoxon Z	p value	Baseline	Post-Intervention	Wilcoxon Z	p value
Well-being and self-identity	31.32 ± 12.25	38.43 ± 13.17	2.452	.014	24.04 ± 9.72	31.76 ± 13.22	2.831	.005
Self-efficacy and self-management	12.11 ± 6.82	17.18 ± 7.54	3.32	.001	8.72 ± 5.5	12.56 ± 7.93	1.982	.047
Social interaction and responsibility	12.29 ± 7.95	14.75 ± 8.54	1.804	.071	7.32 ± 4.85	11.32 ± 7.59	2.666	.008

Tests on changes for the three sub-domains of the Personal and Interpersonal Development measure are provided in *Table 4*.

In the Southern site, improvements were primarily evident in the *wellbeing and self-identity* and *self-efficacy* factors.

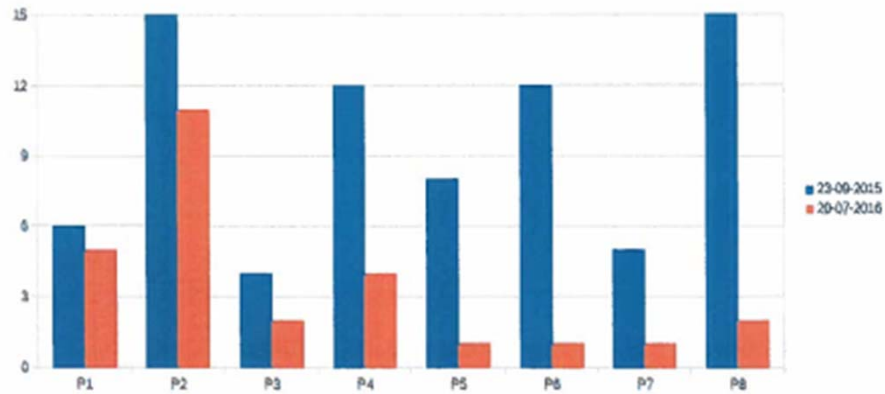
In the Northern site, improvements were primarily seen in the *wellbeing and self-identity* and *social interaction and responsibility* factors.

With my limited time today, I can only give you a few 'headlines' from the research paper, the full references to Dr Cameron's two published research papers (and other published work) are given at the end.



Pillars of Parenting Progress and Development Checklist

Young Person 14 from the Foster and adoption groups.



The results are not always positive

From Dr Cameron's research with foster and adoptive children (2017), our measure picked up that young person (14) was not doing too well! On further investigation with senior managers, we discovered that her foster mum was ill and hospitalised – and the child was moved to temporary placement. Our measure picked up that she was not doing well but we can report the foster mum recovered and the girl settled down again. The important point, this is about individual children, it is for her and the many other individuals, that we do this work.

Blue Coat Schools

This was the first of what became known all over England as the 'Blue Coat Schools' because the children wore blue coats. Blue was a cheap dye and yellow stockings because they believed that yellow repelled lice.

There was **no evidence** that the yellow stockings repelled lice, just a commonly held belief or opinion at the time.

What groundless beliefs and opinions exist in today's children's social care sector?

I'll finish with those yellow socks and a question!

Here's an example of a 'distorted belief' which is common today, the idea that children are resilient

"Adults interpret the actions, words, and expressions of children through the distorted filter of their own beliefs. In the lives of most infants and children, these common adult misinterpretations are relatively benign. In many cases, however, these misinterpretations can be destructive. The most dramatic example occurs when the impact of traumatic events on infants and young children is minimized. It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma – during infancy and childhood – adults generally presume the most resilience."

Dr Bruce Perry (1995) Childhood Trauma, the Neurobiology of Adaptation, and "Use-dependent" Development of the Brain: How "States" Become "Traits"
Infant Mental Health Journal, Vol 16, No.4, Winter 1995

One powerful example of a common misconception, children are tough and resilient! As Dr Perry's quotation shows, they are not! Just look at the ACE studies!

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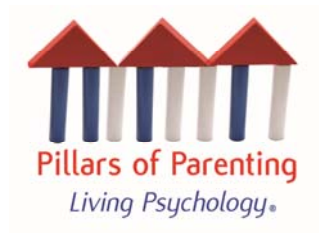
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www.pillarsofparenting.co.uk

Some links to recent reports

- *'Pressures on children's social care'* (2019) National Audit Office
<https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf>
- *'Storing Up Trouble – a post code lottery of children's social care'* (July 2018) The All Party Parliamentary Group for Children Published by the National Children's Bureau
<https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20Storing%20Up%20Trouble%20%5BAugust%20Update%5D.pdf>
- *A Country that works for all children'* (2017) Association of Directors of Children's Services
http://adcs.org.uk/assets/documentation/ADCS_A_country_that_works_for_all_children_FINAL.pdf
- *'No good option - Report of the Inquiry into Children's Social Care in England'* (2017) The All Party Parliamentary Group for Children Published by the National Children's Bureau March 2017.
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Thanks for listening and contributing!

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A summary of the psychological Pillars of Parenting

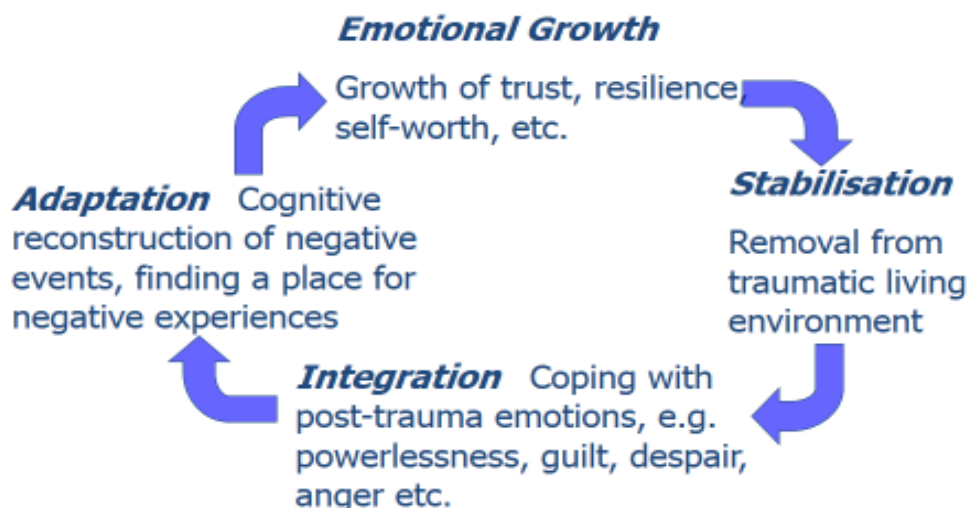
1. ***Providing primary care & protection.*** As well of providing good quality food and a safe clean and well-maintained home, foster and adoptive parents or residential carers should ensure that the child is protected from harmful adults, bullies and unkindness. Like any good parent, offering reassurance in periods of distress either verbally or with a hug, attending to a child's appearance so that he/ she feels 'good' and supporting attendance and homework to ensure continuing success at school.
2. ***Encouraging secure attachment and warm relationships.*** Key to any child thriving is having warm caring relationships with the adults who care for them. Examples include ensuring warm sensitive responses to the child's needs, high and clear expectations of behaviour and learning. Most importantly building enjoyable childhood memories by having fun, helping to make the child feel great about themselves, taking part in play activities, active listening and encouraging two-way communication.
3. ***Promoting positive self-perception.*** Examples here are helping the child or young person to develop a positive self-image, recognising and acknowledging positive qualities and seeking out their strengths, their insights, their views and when possible giving and valuing their choices.
4. ***Enhancing a sense of belonging.*** The devastating effects of rejection, particularly parental rejection, highlight 'belonging' as a major psychological need. This involves finding out about and acknowledging their past and valuing their cultural affiliations. When possible foster parents and carers should involve birth and extended family members. Valuing the child's past while building their personal identity and creating opportunities to be fully involved in their new setting with shared fun, humour and exploration of their expanding world.
5. ***Building Resilience.*** Resilient individuals seem to have the ability to bounce back from adversity. Factors which are likely to enhance resilience in a child or young person include- promoting friendships with school peers who are doing well, having positive adults who act as mentors and offers consistent support and encouragement and identifying and communicating a child's talents, skills and assets.
6. ***Teaching self-management skills.*** Self-management is the insulation, which prevents inappropriate behaviour when enticing or compelling outside factors try to break through. Examples here include-teaching self-managing skills delayed gratification (play once you finish your homework) mentoring basic skills and encouraging on-task behaviour and self-reflection.
7. ***Improving emotional competence.*** Support and encourage relationships with children and adults outside the family, teach the language of emotion and encourage the development of empathy (i.e. understanding the needs of others, as well as self).
8. ***Developing personal and social responsibility.*** This life-long process involves developing a sense of personal responsibility for others, accepting differences, treating people in a fair and valuing way and expecting the same treatment from others in return.

Adaptive Emotional Development:

The four phases of the journey through Developmental Trauma

Cairns (2003) has provided a simple, but sophisticated, framework for understanding a vulnerable child's progression from trauma-induced stress to recovery. The support required along the emotional journey of a child involves a starting point in a safe and stable environment where the child can experience reduction of stress (**stabilisation**), then a shift to a phase of processing, controlling and managing the psychological or physiological reactions resulting from the emotional trauma or maltreatment (**integration**) and later to a point where he or she can begin to achieve emotional adjustment to the negative events which have been experienced (**adaptation**) and to develop social connectedness, personal efficacy and a more optimistic view of the future (**Emotional Growth**).

Adaptive Emotional Development (Cairns, K., 2002 *Attachment, Trauma and Resilience: therapeutic caring for children* London: British Association for Adoption and Fostering.



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