

What's love got to do with it? How to stabilise children in public care with cost-effective quality

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In March 2019, at a 'Best Practice Forum' in the House of Lords, I presented on 'the emotional warmth model of professional childcare' using evidence from two research papers by Seán Cameron (2017) and Seán Cameron and Ravi Das (2019). Both papers show significant positive results. Lord Listowel (an advocate for children in public care) seemed uneasy with a 'scientific' approach to children. This short article outlines recent insights which science has given into the human need to love and be loved, argues that a systematic evidence-based approach enables clarity about what works, why it works, and goes on to show how quality care is more cost-effective.

People working in children's homes in England have a tough consideration, the official Guide to Children's Homes Regulations (Department of Education, 2015) says that "Children in residential child care should be loved" (p. 6). Viewed through the lens of the scientist, we now know that children need love as much as they need food, shelter and protection. The famous scientist Albert Einstein has been attributed as saying: "If you can't explain it to a six-year-old, you don't understand it



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33

yourself". Any six-year-old could explain the simple human fact that every child needs to be loved no matter where they live.

However, any adult would struggle to explain and justify to a six-year-old the emotional violence to a child caused by an adult in the parental role who is 'maintaining a professional distance' when they should be offering warmth, kindness, sensitivity, responsiveness, safety and security.

Science and parental love: The good news

Science can explain the delightfully rewarding and emotionally fulfilling reciprocation which the sensitive, kind, responsive, parent or adult in the place of a parent, receives when a child 'gets' that you care about them. Our behaviour towards a child directly impacts the child's behaviour towards us. When we modify our behaviour, the 'hypothesis testing' child learns and responds. We too learn and respond. With kindness, openness, mutual respect, trust and empathy our brain and the child's brain produce the hormone oxytocin making each more responsive to the other and more aware of subtle social cues leading to increased prosocial approach behaviour. Feldman (2015) explains the modulatory role of oxytocin in the development of children's social competencies.

Warm, responsive, protective parenting from adults who are clearly enjoying their child's company and are attentive to his or her needs, is reassuring and enables the child to relax and do what children do naturally: playing and exploring their world. Alison Gopnik (2016) shows us that play improves learning and retention and how amazingly innovative even young children can be when they are safe, relaxed and able to play and explore.

Attachment is no longer just theory. It is now attachment science. An example here is the work of neuroscientist Naomi Eisenburger (2003), who has shown how rejection and separation trigger the pain systems to



July 2019

ISSN 1605-7406

34

maintain attachments by alerting to the potentially harmful consequences of separation.

Children are resourceful and will have used, developed, and perfected strategies to survive in hostile situations. These strategies are hard earned and well tested. So, an emotionally traumatised child will want to hold on to their tactics even when these are self-limiting and unhelpful. The job of a kind and informed adult is to provide safety, to spot stress, and enable the child to stay calm. To build attachments which are fun, protective, and reassuring. To help the child develop new strategies which are more adaptive to their new safe and caring environment, not to take the old strategies away as they may need them again in a future unfriendly situation. Patricia Crittenden (2015) using her Dynamic Maturational Model of Attachment, shows how considering attachment strategies rather than styles is more helpful and practical as the adult knows that change is possible and can see the child's behaviour as adaptive, in the context of their abusive background.

Science and the bad news

For survival, our brains are finely tuned to immediately detect danger and threats, so that rejecting words or even a frown on an adult's face could trigger a fear response in the child, (see McCrory, et. al., 2017). When the adult in the parenting role purposefully keeps a child at a professional distance or engages in other stress-inducing, cruel and unkind behaviour, the child's past experience of neglect are rapidly recalled by enhanced memory retrieval as a bodywide cascade of defence responses are triggered by the sympathetic nervous system, a process explained in detail by Van der Kolk (2007) in his book 'The Body Keeps the Score'.



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This process is complex. Adrenaline, norepinephrine, and cortisol are released into the bloodstream. Adrenaline and norepinephrine prepare the body to defend attack or flee with an energy boost from an increase in glucose. Perceptions become focused with increased vigilance, pupils dilate, vision narrows. The more primitive areas of the brain, the limbic system, take control from the more developed frontal lobe. Thoughts become less logical and more instinctive leading to impulsive and irrational behaviour. An informed adult will know that this is not the time to have a 'wee chat'. Instead, it is an opportunity to help the child relax and regain control. The time for talking is much later when the child is calm, regulated, amenable and using their frontal lobe, which is the part of the brain that controls, cognitive skills, judgment, language, emotional expression, problem-solving, and many other complex human behaviours.

Science and the living functional brain

For some time now we have been aware of pre-birth brain injury following exposure to drugs or alcohol during the rapid development of the brain in the womb. Catterick and Curran (2014) in their book on Fetal Alcohol Spectrum Disorder (FASD) show that this is an underdiagnosed disorder. Making FASD part of a child's assessment could help with understanding, explaining and opening up to alternative strategies when dealing with children's behaviour which seems resistant to change.

The development in recent years of functional Magnetic Resonance Imaging (fMRI) has enabled detailed images of the brain and to discover that in addition to toxic substances (such as alcohol), toxic childhood experiences also have an adverse impact on the developing brain. Teicher (2016) reports "there have been more than 180 original reports showing an association between childhood maltreatment and alterations in brain structure, function, connectivity or network architecture" (p. 652-653).



Teicher, et. al. (2006) have mapped the impact on various specific areas of the brain following different adverse childhood experiences during different stages of the child's development from early childhood to late teens.

Science and 'parenting' traumatised children

When a child is 'placed in care' the adults in the parental role have a 'duty of care' to use the best knowledge available to ensure that the child receives warm, loving, care which is responsive to each child's individual needs. The 'emotional warmth model of professional childcare', (Cameron & Daz, 2019) helps to achieve this by systematically empowering foster and adoptive parents and adults working in children's homes, by combining their knowledge and experience of the child, with the knowledge, experience and access to research which a psychologist brings to regular consultations.

This systematic approach lists each young person's strengths then, in order to evaluate what's working, we record a 'baseline' in each of the areas listed below. These are broken down to identify specific priority parenting needs which at a later date, can be used to view change compared to the baseline. These needs are: (1) Primary care and protection, (2) Attachments and close relationships, (3) Positive self-perception, (4) Emotional competence, 5) Self-management or self-efficacy skills, (6) Resilience, (7) A sense of belonging, and (8) Personal and social responsibility. Also documented is an emotional assessment of where the child is on their trauma journey using Cairns (2003) four stages: stabilisation, integration, adaptation, and emotional growth.

Working together with the psychologist in small groups, adults in the parenting role are able to review progress and agree on a personalised, responsive and tailored plan for each young person. The resulting everyday



practical tasks for the adults become part of the child's personal care plan and include strategies for dealing with the child's self-defeating behaviours, responding supportively to emotional trauma, and ensuring that the child discovers and uses their often hidden signature strengths.

Two peer-reviewed research papers, by Cameron (2017) and Cameron and Das (2019) analysed data from the application of the model and found positive results. In the first with children in foster and adoptive care, the probability of getting these positive results by chance is less than one in a hundred. The second study was with children in children's homes in different parts of England achieved even better results, the probability of getting these positive results by chance is less than one a thousand.

Stable, quality placements cost less

Having a shared language, a clear structure and an ongoing record of progress allows priorities to be agreed, goals set and enables everyone working with and responsible for a child's care to evaluate the effectiveness of the support for each child, by referring to the baseline. Accountability and effective evaluation are necessary, not only to ensure positive outcomes for the child but also to ensure that scarce public resources are being used appropriately.

Remarkably, quality care costs less (even in the short term) than the current system. Loughton, in an all-party parliamentary group for children enquiry, details the postcode lottery of services and states that "money is influencing decisions about whether to offer support to our most vulnerable children" (2018, p. 3). Hannon (2010) demonstrates that quality care is more cost effective. Her study 'In Loco Parentis' compared a stable care journey (child A) with an unstable one (child B). Hannon found the average additional cost of the unstable placement to be £32,770.37 per child, per year. Multiplying that £32k to get the national cost of unstable



July 2019

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38

placements that year, (about 33% of children in care in 2010, had unstable placements) thus the annual extra cost to the English taxpayer was about £650 million. Even if we ignore inflation unstable placements since the report was published in 2010 have cost over £6.5 billion. Hannon's report establishes the financial wisdom of achieving stability by showing the strong link to attachments, a matter which is well established in psychological research and confirmed in Seán Cameron's (2011) position that the adults in the parenting role are highly effective agents for therapeutic change.

Science and a brighter future

While there are no quick answers to supporting children emotionally traumatised by years of neglect and abuse, the Cameron and Daz research papers are recent examples of the research and psychology knowledge base which offers informed systematic support. It is paradoxical that it would cost less to provide the stability and support that children in public care need than the current, random provision across much of England. In spite of this haphazard support, a kind and informed adult can be a life-changing champion for the child in their care. It will take committed and knowledgeable leadership in central and local government to achieve both the dramatic improvements and cost savings possible. A start would be moving from a myopic one-year budgetary cycle approach to one which rewards high quality, loving childcare and considers the whole childhood as the relevant funding cycle.

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41