

Achieving Permanence

Programme Participants' Workbook

Part 2: Module 2

Introduction

Welcome to Part 2 of the *Achieving Permanence Programme Participants' Workbook* to support and record your learning development in relation to module 2 of the programme.

The achieving permanence programme is introduced in the *Achieving Permanence Introduction and Overview* document and you are expected to be familiar with that and the outline of the programme as a whole including:

- the background and context for the programme
- the vision and purpose
- the learning process
- the programme structure and timetable.

However, *this* document (and the companion workbook parts linked to the other three modules comprising the full programme of study and learning) is intended to be a practical programme *workbook* for you to use: to complete, fill in and build up as a record of your learning and reflection throughout each module and across the programme as a whole. Having this as a 'digital' document that you can add to as you progress through the programme seemed the most useful format. We hope that the following notes help you to understand the way that the four parts of the workbook (linked to each module) can help you in your learning and development across the whole programme.

After this introduction, each of the four parts of the workbook follow the week-by-week format of each module and set out the following:

Module exercises, tasks and activities

Every module includes exercises, tasks and activities; these are set out in each of the four parts of the workbook with spaces for you to record notes and your responses to the tasks, where appropriate.

Material for preparation and use in the training workshops

The workbook also includes some material that you are likely to refer to during the formal training workshop that is included within each module of learning.

Policy and practice briefing paper

As part of the programme, you are required to undertake some project work in relation to a particular area of interest, identifying and exploring (through reading and research and reflection on practice) a specific topic of relevance to your work to achieve permanence for children and young adults.

Ideally, this would be a topic relating directly to your own specialist area of practice or service and the children, young people or young adults with whom you work and the issues that one or more may experience.

You are required to prepare a 'briefing paper' on the selected topic to share with participants on the programme, with your line manager and supervisor (as part of the portfolio requirements), with your colleagues and other professionals as appropriate – and to share the insights and expertise directly with the children, young people or young adults and their carers, with whom you work, where appropriate.

Portfolio

Finally, in order to complete the programme, participants are required to compile a *portfolio* of work that will be reviewed by their line manager, supervisor or the person within their agency who is identified to support your learning and progress and verify completion of the programme. Where there are tasks within each module (and the related workbook) that will contribute to the completion of the *portfolio*, these are indicated in the relevant part of the workbook. The final, fourth part of the workbook includes more detail on completing the portfolio work.

Additional learning material

Alongside the workbooks and the material included in them, additional learning resource material is also available including reading and case studies – this is available in the online resources that support the programme.

Module 2: Relationships – the golden thread

Introduction

Welcome to this module, through which we will be exploring the key theme of relationships:

- how relationships are key to children's development
- how to recognise those that harm from those that encourage and support children's development
- how to strengthen and build healthier relationships with, and for children and young people.

The ambition of this module is to increase your understanding of how relationships are used in working with children. You will explore the harmful nature of relationships and the impact at various times on children's growth and development as well as how relationships can be nurtured to facilitate recovery from traumatic experiences.

This module should help to move you beyond unconscious competence into conscious competence in this area of practice. An analogy may help: the Ancient Chinese Communities built the Forbidden City in Beijing on a fault line and yet it has never succumbed to an earthquake. It is only in the last few years that scientists have been able to understand why. The joists and joints are constructed in such a way that they bear heavy loads, and the pillars supporting those joists and thereby the roof were not dug into the ground where they would snap in an earthquake.

Throughout the module you are encouraged to consider, explore and reflect on the following questions:

Key questions

- how can you distinguish between relational and developmental trauma?
- how do you use relationships to bring about change?
- what resources are available within your local authority to support parents and parenting whether the parents are birth/adoptive parents, foster parents, or kinship carers?
- how does trauma impact on the needs and development of children/young adults' development?
- what constitutes good enough parenting across the developmental age range?
- why might disabled children/ young adults need different/additional parenting skills?
- how do you conceptualise your own role in creating, supporting, and promoting helpful relationships for children/young adults?
- how can you help ensure that healthy sibling relationships are sustained through childhood/young adulthood and into adulthood?
- why might it be important to think about your own responses to stress?
- what have you learned about the golden thread relationships (family, friends and community based) that sustain children and young adults?

Week 1: Optimising children's development – a trauma-informed approach

Exercises, tasks and activities

- 1) Watch 'The paradox of trauma-informed care' Vicky Kelly TEDx Wilmington
<https://www.youtube.com/watch?v=jFdn9479U3s>
- 2) Prepare a short reflective study (maximum 500 words) in response to these three questions:
 - what thoughts and feelings arose in response to Vicky Kelly's video?
 - how can you distinguish between relational and developmental trauma?
 - how do you use relationships to bring about change?
- 3) Draw an eco-map of one child/young adult known personally and one known professionally.
- 4) Compare the two eco-maps and consider the similarities and the differences.
- 5) Consider which relationships are likely to be sustained until the child/young adult reaches adult maturity in their mid to late 20s.
- 6) Review your own 'tool box' to consider what works in dealing with relational or developmental trauma? What methods do you use? When and how do you use them?

To assist with task 2)

In relation to Vicky Kelly's talk:

- What thoughts and feelings arose in response to Vicky Kelly's video?
- How can you distinguish between relational and developmental trauma?
- How do you use relationships to bring about change?

Reflections (maximum 500 words)

What do you think about Vicky Kelly's point: that any of us are able to heal others' trauma by being with and connecting to them. How do you use this knowledge in your work with children, their parents/carers and the networks around them?

The chart below is a compilation of the ideas from Bruce Perry about how, for an understanding of children's traumatic experiences, there has to be an assessment of the developmental processes they were going through when they experienced the traumatic event(s) and its likely impact on their developing brain.

The first 3 columns detail typical development and are put alongside the optimising and therapeutic suggestions to show the adaptations which may be offered to a child or adult who is too old/heavy to be picked up and carried in a sling. His point is that children need to have those experiences that they missed out on in order to develop the next layer of their brain. It is important that those experiences recognise the developmental stage the child is now at and provide the same function of the earlier stage that was missed or where trauma occurred.

Van Der Kolk (2015) explains how sensory inputs are needed before play and cognitive therapeutic ones in helping children and adults recover from childhood trauma and that it is the combination of several approaches which is required. Importantly it is not always necessary for the person, helping the child/young adult to recover, to know details of the trauma so long as the child reaches a coherent story for themselves.

Brains build from the bottom up; developing healthy children

Age	Sensitive brain area	Critical function being organised	Developmental goal	Optimising experiences	Therapeutic enrichment
3-6 years	CORTEX	Abstract cognitive functions Socio-emotional functions	Abstract reasoning Creativity Respect moral and spiritual foundations	Complex conversations Social interactions Exploratory play Solitude, satiety, security	STORY TELLING Drama, exposure to performing arts Formal education Insight oriented therapy
1-4 years	LIMBIC	Emotional states Social language Interpretation of non-verbal information	Emotional regulator Empathy Affiliation Tolerance	Complex movement Narrative social experiences	PLAY + PLAY THERAPIES Performing or creative arts /therapies/parallel play
6 months -2 years	DIENCEPHALON	Integration of multiple sensory inputs Fine motor control	Sensory integration Motor control Relational flexibility Attunement	More complex rhythmic movement Simple narrative Emotional physical warmth	MUSIC + MOVEMENT Reiki touch Therapeutic massage Equine/canine interactions
0-9 months	BRAINSTEM	Regulation of arousal, sleep and fear states	State regulation Primary attachment Resilience Flexible stress response	Rhythmic + patterned Sensory input Attuned, responsive care giving	MASSAGE Rhythm – drum, trampoline, Reiki Touch EMDR

Sturt and Young 2013 adapted from Perry 2006 'Neurosequential model of therapeutics'

To assist with tasks 3), 4) and 5)

3a) An eco-map of a child/young adult known to you personally.

3b) An eco-map of a child/young adult known to you professionally.

4) Compare the two eco-maps and consider the similarities and the differences.

Notes:

5) Consider which relationships are likely to be sustained until the child/young adult reaches adult maturity in their mid to late 20s.

Think forward and imagine those children aged 25 and what those eco maps are likely to show then.

- Who will still be around those children?
- What is it going to take for you to ensure that the child you know professionally will still have connections to their family and community in the way the child you know personally is likely to have.
- How are you going to ensure the relationships surrounding those children sustain them throughout their childhood and young adulthood – ‘the golden thread’? This is the essence of this training package.

Notes:

To assist with task 6)

Review your own 'tool box' to consider what works in dealing with relational or developmental trauma? What methods do you use? When and how do you use them?

Notes:

Week 2: capacities and capabilities

Exercises, tasks and activities

- 1) Watch 'The Untold' (Radio 4) Care or Custody (podcast). What thoughts/feelings arise from any of this material?
<http://www.bbc.co.uk/programmes/b08vxt0s>
- 2) Identify the anti-oppressive practice from the podcast. How could it have been improved?
- 3) Read Jim Kennedy's special report on Assessing Parenting Capacity, written for CareKnowledge, September 2017.
- 4) Identify the resources available within your local authority to support parents and parenting (birth parents/carers with parental responsibility/kinship carers/foster carers/adoptive parents).
- 5) Describe the eligibility criteria for these resources and identify the theories which underpin them. (N.B. you will need to complete this task and bring it to the workshop).
- 6) Identify any ideas or questions you want to bring to the workshop.

To assist with tasks 1) and 2)

'The Untold' (Radio 4) Care or Custody (podcast).

- What thoughts/feelings arise from any of this material?
- Identify the anti-oppressive practice from the podcast.
- How could it have been improved?

Notes:

To assist with tasks 4) and 5)

Consider what are the resources available within your local authority to support parents and parenting whether the parents are birth/adoptive parents, foster parents or kinship carers?

Describe the eligibility criteria and identify the theories which underpin them.

NB: You will need to complete this task and bring it with you to the workshop as you will work with your colleagues on mapping the resources available within your area.

Resource	Target group – who is this aimed at? E.g. parents, children, universal needs, specific illnesses etc.	Eligibility criteria – what is required to use the service?	Theory underpinning intervention e.g. trauma informed, behavioural support, advice and empowerment	Other – e.g. timescales, funding,,
<i>The row below gives an example:</i>				
Children’s centre	Parents and children under 5	Universal, anyone can turn up for “stay and play”, “parenting groups” are referrals by professionals to improve parenting behaviours.	Advice and support. Behavioural change – use Webster Stratton model.	12 week group. Parents need to be organised to benefit from this.
<i>Please continue with examples from your area:</i>				

To assist with task 6)

Identify any ideas or questions that you want to raise at the workshop:

Notes:



Week 3: Essential reading

- *Applying the science of child development in child welfare systems*. Harvard Center for the Developing Child.
http://developingchild.harvard.edu/wp-content/uploads/2016/10/HCDC_ChildWelfareSystems.pdf

Additional reading/study – with a further opportunity to consider these resources in week 7

- Three short films follow made by care experienced children and young people:
 - Voices from care - care leavers speak out
<https://www.youtube.com/watch?v=OBo26NoEebc>
 - Charmaine Phillips (Fixers UK) another voice from care
<https://www.youtube.com/watch?v=Tkd5KXemMbo>
 - 'Kids in care' Caitlin Gibson
<https://www.youtube.com/watch?v=6wznrKpB6gY>
- Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study Vincent J. Felitti, MD et al.
[http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
- How childhood trauma affects health across a lifetime Nadine Burke Harris TedTalk.
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- Growing an emotional brain – nurturingminds.co.uk video with Graham Music and Sue Gerhardt.
<https://www.youtube.com/watch?v=hVN0YzBVAKQ>
- The adolescent brain: TED by Sarah-Jane Blakemore.
https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain
- Siegel, Daniel (2011) *Brainstorm – The Power and Purpose of the Teenage Brain*. Tarcher.
- Siegel, Daniel and Payne Bryson, Tina (2012) *The Whole- Brain Child; 12 Proven strategies to nurture your child's developing mind*. Robinson, London.

Week 4: Workshop

Workshop preparation and review

My goals for today are:

In order to achieve these goals, I will need to:

My new learning goals at the end of this workshop:

Material linked with workshop activities

These tables and tasks are designed to help you assess parental capacity and look at where there are possibilities for change.

Development – ages and stages: Sturt and Young 2013 adapted from Perry 2006 ‘Neurosequential model of therapeutics’:

Age	Sensitive brain area	Critical function being organised	Developmental goal	Optimizing experiences	Therapeutic enrichment
3-6 years	CORTEX	Abstract cognitive functions Socio-emotional functions	Abstract reasoning Creativity Respect moral and spiritual foundations	Complex conversations Social interactions Exploratory play Solitude, satiety, security	STORY TELLING Drama, exposure to performing arts Formal education Insight oriented therapy
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The first table (below) relates to the potential expectations of parenting and needs of the child, recognising that those needs change as the child develops.

Table 1)

Parenting task	Good enough standard of parenting	Areas identified for improvement	Behaviour putting child at risk	Child requires immediate protection
Basic care				
Safety				
Emotional warmth				
Stimulation				
Guidance and boundaries				
Stability				
Ability to use family and friend support				
Social integration				
Community resources				

Table 2)

The second table includes two separate focus:

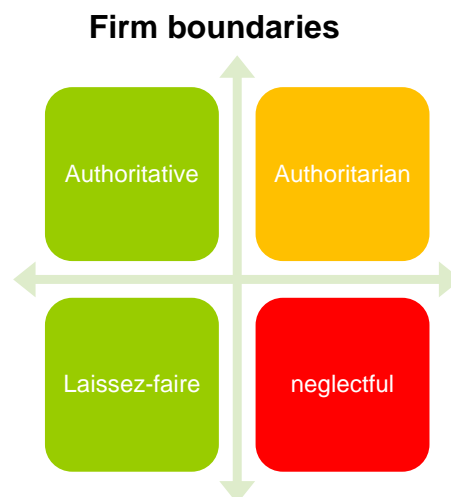
- one the extrinsic factors that interfere with parents being able to function optimally, e.g. living in poverty diminishes your ability to think, not having access to safe outside space affects your ability to offer your child creative free play.
- The other identifies those factors about the specific parenting issues which may have been identified in Table 1 and whether these relate more intrinsically e.g. to skills and knowledge which possibly can be improved or relational and developmental trauma which may require specific input. It is essential that social workers try to tease apart these factors as best as they can to ensure children are both safeguarded and given every opportunity to remain in their families.

Capabilities	Parent 1	Parent 2	Supporter(s)
Personal – confident sense of self			
Family history including loss and trauma			
Housing			
Income			
Occupation			
Health – physical and emotional			
Learning Ability			
Spiritual – sense of meaning(important for parenting resilient children)			
Relaxation			

The challenge therefore is to decide which targeted intervention can assist and improve parenting, when would be a good time to facilitate this and what additional input may be required to make this a meaningful process? It is possible to recover from a singular experience of trauma, especially in the context of good social supports (relationships).

In fact, there are concepts such as post traumatic growth suggesting that for some people trauma becomes an opportunity to re-evaluate priorities and live differently (Sandberg and Grant 2017). However, multiples of adversity, especially in early childhood, are poor prognostics for adult lives if unmediated. Parents with histories of childhood adversity may require a range of trauma informed approaches in helping them heal (Van Der Kolk 2015), while also assessing their ability to parent their own children, the change required will not always be possible in the timescales of the child but should be attempted to safeguard future children (Broadhurst 2015).

Parenting styles



Younger children flourish in situations where there is high warmth and can cope with clear boundaries. No child does well when their needs are neglected and they are ignored or not responded to.

Parenting adolescents requires consistency and responsiveness. Young people need to know where the boundaries are and also to engage in the process of negotiation about them. The network of peers and other adults around young people are also significant.

Siegel (2011) uses the concept 'alloparenting' to recognise the significance of other adults from whom young people learn - teachers, sports coaches, youth leaders etc. During adolescence it may be particularly important that there are gender specific role models for young people especially if they have a poor relationship with the parent of the same gender to themselves.

Young people need those around them to be:

- curious
- open
- accepting and adopting a loving stance.

Short case vignettes

Belvie is 13 and pregnant by her uncle. Her father sent her to England in her uncle's care for a better life from the Democratic Republic of the Congo. During the journey her uncle raped her. Since arriving in the UK, Belvie's cousin, Grasnie, has offered her a home. Grasnie does not agree with her father's actions and believes raping a child is wrong, however within her cultural tradition she will continue to see him. She will also offer support to Belvie in finishing her education and raising her baby. Grasnie has 2 children a little younger than Belvie. Belvie wants to stay with Grasnie.

- What should happen to Belvie and her baby?

Ryan and Billy are white British twin boys of 10 years old. Neither has ever managed to go to school regularly. They live in a 3-bedroomed house with their parents and 2 older sisters. Ryan and Billy share a bedroom with their mother. CAMHS have referred the twins to children's social care after 4 years of attempting to work with the family saying that the parents are unable to assert suitable boundaries and the children are at risk of emotional abuse and neglect of their needs. Billy shows traits of behaviours that could indicate an autistic spectrum disorder.

- What information do you need to know to decide what should happen to them?

Safina is a 14-year-old Bangladeshi Muslim girl regularly found out on the streets by the police at night refusing to go home. The emergency duty social worker has obtained s.20 consent from mother to an emergency foster care placement with Turkish Muslim foster carers. Mother did not want the carers to come from her Bangladeshi community.

- What does Safina need?

Keisha was taken into care at 3 after extensive help had been offered to her father to care for her. Unfortunately, Keisha moved placements several times and when a permanent placement was found for her at 7 she later made allegations of sexual abuse from the foster father. Keisha was not able to give evidence, but other children did and Ray was convicted. Keisha's older brother Tyreece has just moved into his own flat. Keisha will be 16 next birthday and plans to move in with Tyreece. Keisha is in a residential unit, frequently missing overnight and generally antagonistic to staff and other residents. The personal assistant working with Tyreece is concerned that Keisha could upset Tyreece's progress. Tyreece is at college learning mechanical engineering. Keisha is not willing to co-operate with her education plan.

- What are the issues for Keisha? What are the issues for Tyreece?

Consideration of the cross-module case study material

b) Arriving in placement

Belle, 13, River, 10, and Skye, 8, were removed into care on an emergency protection order, following their mother, Mary's heroin overdose and hospital admission. The children had been on child protection plans under the category of neglect for the preceding six months.

There were two emergency placements available; one for Belle where she would be the youngest child in placement which was felt to be beneficial for her as she was known to be carrying much of the responsibility for her two younger siblings. The other placement for River and Skye was with Norman and Audrey who were also caring for Chloe, 8 and Jack 6.

Norman and Audrey were new carers but had a large house with lots of space. They had been doing a good job with Chloe and Jack. Norman worked from home so that he could take the children to and from school and was willing to do so to maintain their routines. Audrey had impressed the fostering team with her commitment to supporting children to have contact with birth families. They also have a good relationship with their back up carer, Ann and she would be willing to look after Chloe and Jack while the introductions are done with River and Skye.

The decision was made that River and Skye would be brought to Audrey and Norman's house after Norman had collected Chloe and Jack from school and taken them to Ann's. To make this happen Janine, the social worker, arranged for a taxi to collect River from his school and meet her at the children's home, she went to collect Skye herself.

Janine is on her ASYE and wrote in her reflective journal that night:

"3 months after I started working with River and Skye, I had to take them to meet new carers tonight. My colleague, Andrea, took Belle to a placement with Phil and Sue, apparently, they are experienced carers, she's a sensible girl I hope she will be ok.

I was very shocked by how taken in I had been by Mary; her neighbour tells me she's been on drugs for years and that it's been getting really bad since Dan left. The neighbour thinks he has another family which is why he was coming and going and she's not sure how interested he is in this one. The house was dirtier than I had ever seen it, there were no clean surfaces, all the plates and cups were soiled although there were no signs of food, the fridge was completely empty. Even the children's bedrooms which have always had clean sheets when I've been in before were bare of any bedding and smelt slightly musty, again something I have not previously noticed. It looks as if Mary has been using the sofa to sleep on and there were filled ashtrays, syringes and foil lying around. How can I have missed this on my previous visits?

There were no bags for the children to put their clothes and toys in. Fortunately, I had brought the team's suitcases with me and we used those. Skye had a toy rabbit, that she had hidden behind her chest of drawers, he looked very well loved. River insisted he wanted to bring his top trumps about sea animals, I thought he might have grown out of top trumps, most children I know playing with them are younger than River. There were very few clean clothes, but Skye told me Belle always makes sure they have enough school uniform so we found that and their pyjamas which Belle also makes sure are clean for them.

Audrey and Norman were very welcoming. They told the children a bit about themselves and walked them round the house and garden. Norman's quite quiet but Audrey's chatty and warm. She also told them about Chloe and Jack. Chloe and Skye are the same age. River and Skye were really quiet, even more than they usually are. Audrey offered them pizza which they both ate.

I left them to have some quiet time together before Chloe and Jack came back. I'm going back in the morning after Norman has taken River and Skye to school. Audrey will take Chloe and Jack in to school in the morning and they have both said they will talk to the teachers about the change in circumstances. I will speak to the schools after having a proper meeting with Audrey and Norman filling in the paperwork. We did what was needed to get everyone through tonight. River and Skye said they liked their rooms and showed me where they had put their clothes. They said goodbye to me holding the toys they had chosen. Audrey was already having ideas about what they could do with her. I hate the paperwork but I have a good feeling about these carers.

Oh no I've just remembered I never said anything to the children about what had happened to Mary ...and they never asked."

Your group task is to write a diary entry imagining you are one of these children as they prepare for bed tonight - the trainer will allocate a child to think about:

River

Skye

Chloe

Jack

Belle

Diary entry:

What impact has this activity had on you? Note your immediate response here:

A 'Therapy Tree'

Karen Treisman (2017) uses the concept of 'Therapy Trees' in her book about helping children recover from relational and developmental trauma. We are going to use that imagery to develop a framework of the resources which are available locally to support you in the work of building the relationships around children so that they sustain them into their young adulthood, whoever they live with.

Firstly, we are going to use the image of a tree to think about the local resources - see work undertaken previously but then build it into a working concept for you to apply individually to a child on your caseload.

The trunk of the tree is the core relationships which will last over the child's life and the ongoing everyday activities which support those relationships – think as widely and creatively as you can so that you can see the potential in the community resources around families and what you may need to do to overcome the barriers that prevent families getting access to those supports. If it helps start with families who do not need children's social care and look at what is available in the community that these families use to raise their children well.

The branches of the tree are the specific resources each child may require depending on how they grow and develop, some of those branches may nurture the carers, some will give intermittent support to the child, others will facilitate life changing growth for that child and potentially their family. Children living away from their birth families may well require additional support at times depending on how traumatised they are, the resources available for them with the new family, whether their friendship groups can be sustained and contact with key people.

Use the space here to make notes of resources you were not aware of that are available to you locally. It is expected that these resources form the basis of the work you do helping children achieve permanence. The learning is to ensure you understand the theoretical underpinning so you can knowingly (consciously competently) select the most effective resource.

Notes:

Building your resilience

The ideas in this section are drawn from Siegal and Rock *Healthy Mind Platter* 2011.
http://www.drdansiegel.com/resources/healthy_mind_platter/

7 essential activities to maintain a healthy mind.

Focus Time	When we closely focus on tasks in a goal-oriented way, we take on challenges that make deep connections in the brain.
Play Time	When we allow ourselves to be spontaneous or creative, playfully enjoying novel experiences, we help make new connections in the brain.
Connecting Time	When we connect with other people, ideally in person, and when we take time to appreciate our connection to the natural world around us, we activate and reinforce the brain's relational circuitry.
Physical Time	When we move our bodies, aerobically if medically possible, we strengthen the brain in many ways.
Time In	When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, we help to better integrate the brain.
Down Time	When we are non-focused, without any specific goal, and let our mind wander or simply relax, we help the brain recharge.
Sleep Time	When we give the brain the rest it needs, we consolidate learning and recover from the experiences of the day.

If you are to survive in social work you need to have the personal resources to do it. Some of the responsibility for this lies with you. What we know from studies in resilience is that those who feel a degree of ownership/choice in their situation tend to fare better in situations of stress.

Developing good coping skills (Based on the work of Carver 1989, and Kinman and Grant 2014).

Activity

This exercise is designed to help you recognise how you deal with stressful events. The column on the left is a descriptor of behaviours which could describe responses to stressful situations. The blank column on the right is for you to pay attention to how you respond.

General Coping style	Me – Always, Sometimes, Never
Active coping; <i>taking your own actions, initiatives</i>	
Planning; <i>anticipating, thinking through scenarios, working out strategies</i>	
Seeking social support; <i>advice/information gathering</i>	
Seeking emotional social support	
Suppressing competing activities; <i>avoiding getting distracted and being able to focus</i>	
Spiritual support; <i>identifying and using religious/spiritual support</i>	
Positive reinterpretation and growth; <i>able to reframe a situation into a more positive light</i>	

Restraint; <i>able to identify and wait for the right time to act</i>	
Resignation/acceptance; <i>accepting a challenging situation</i>	
Focusing on and venting emotion	
Denial; <i>refusing to accept a problem exists</i>	
Mental disengagement; <i>using distraction to stop thinking about the issues</i>	
Behavioural disengagement; <i>doing other things to avoid the issues</i>	
Alcohol/drug/food use; <i>using food, drink or tablets to avoid the situation or as self-medication</i>	
Humour	

Having filled this in, you will be aware that there are no 'right' or 'wrong' answers. All of us at times use any, indeed many, of these methods. This exercise is designed to help you to challenge yourself towards more functional helping methods should you find your coping methods shifting towards avoidant rather than methods that encourage you towards being actively coping. For example, if after work you only want chocolate and/or a drink of alcohol rather than ever feeling tempted to be sociable or exercise.

Susan Cain, in her book 'Quiet' talks about the need for 'sane spaces' and 'restorative niches'. She describes research about the impact of working in open plan offices as reducing productivity, impairing memory, leading to high staff turnover by making people sick, hostile, unmotivated and insecure. Workers are more likely to suffer from high blood pressure, have elevated stress levels and get the flu. There are more arguments between colleagues. It seems that this is attributable to the rising levels of cortisol (the stress hormone), this activates the fight or flight responses leading us to become emotionally distant, quicker to anger and less available to help others. In other words, open plan offices would seem to be undesirable environments for staff needing to find their emotional, therapeutic resources to deal with traumatised and vulnerable children. Therefore, the session today is to build your resilience, increase your awareness of how you protect yourselves in the interest of providing the sensitive and attuned practice environments you need to work from with the children, their families and carers who need good, responsive workers.

In our highly connected world, especially in open-plan environments, where are the sane spaces to reflect on what you have just experienced? The places you can be quite and reflective in gathering your thoughts? If you know you need time by yourself to replenish your energy (introverted personality type) how do you carve out the restorative space you need. How do you ask colleagues for this breathing space? We all need strategies to protect and value our thinking time.

Activity

Stress busting plan

I will change this aspect of my life:

...to increase the health of my mind by doing this:

I am proud of these coping strategies:

...and am going to develop this one:

The support I need is this:

Further consideration of the cross-module case study material

c) First placement crisis

During the last year the placement had been going well. River and Skye are settling into the routines offered by Audrey and Norman. Chloe and Jack have now been in placement for 18 months and this is the longest placement they have managed, they had two short term crisis placements and the move to Norman and Audrey had been planned with the hope (on Chloe and Jack's social worker's part) that it could turn into a long-term placement, possibly a permanent one, although Audrey and Norman are only approved as short term carers.

You are Leslie, the supervising social worker for Norman and Audrey. Whenever you visit the home you are impressed at the calm, loving care on offer from both Norman and Audrey. Your role is to support Audrey and Norman and you have had regular meetings with the children's social workers. Unfortunately, you are now the most consistent social worker as both the previous social workers have been reshuffled and you have heard another reorganisation is imminent.

Audrey is becoming increasingly frustrated that her concerns about Chloe's behaviour are not being taken seriously. Chloe, now 9, targets Jack and as the youngest child in the group, the most vulnerable by age, he is now 7 and desperate to be included in the activities that the others are doing. Chloe is quick to anger and lashes out at Jack, who tends to be closest as he wants to do what Chloe and the others are doing. Chloe gets angry at school too and is regularly asked to leave the class to see the head teacher which is the school's behavioural strategy. In Audrey's opinion, this is seen by Chloe as a treat rather than a sanction as the head teacher struggles to be authoritative in her management of her and so Chloe returns to the teacher convinced that it is the teacher's behaviour rather than hers which needs to change. Chloe sorts out her problems by fighting adults and other children. Audrey has found strategies that work, such as getting Chloe to walk the dog with her. She also likes to run around, or have her hair brushed and like many other foster carers, she has discovered the importance of the trampoline as a calming mechanism. Audrey makes sure she or Norman talk to Chloe about her behaviour explaining how her behaviours hurt others and offering other ways of expressing her feelings that are less harmful. Chloe does not like being excluded from the family activities and so this has some impact. She wishes it was possible for a more unified approach between school, and in contact sessions too. Audrey wants to support Chloe and Jack in contact with their father, but again is concerned for Jack's safety as their father too cannot manage Chloe consistently and it has not been possible to arrange for the same contact supervisor to assist him in this process.

In Audrey's view Chloe needs additional input to help her settle into the placement, help her and Norman keep Jack safe from Chloe's behaviour and to manage what she anticipates being a challenging transfer to her next school. Audrey's view is that now is the time to act before Chloe enters puberty.

In the reviews, Audrey's request for help are noted. The social worker before the last one was trying to negotiate getting the contact with Dad improved so that there was the same contact supervisor. Dad is now going to AA and beginning to make changes in his behaviour, however he has made previous threats to kill foster carers and his last partner left because of violence. The school support the request for therapeutic help for Chloe; Chloe is a capable child easily distracted by others, she is already adept at identifying vulnerable children and bullying them. Chloe is engaging, capable and over the last year has been able to make some friends. She participates well in social groups such as cubs where there is lots of activities in small groups with adult supervision. Chloe likes adult attention and can be responsive to shared interests.

You are meeting in supervision with your supervisor and want to discuss the best way of supporting Audrey at Chloe's next Looked After Child Review scheduled for 2 weeks' time.

In relation to the section 'First placement crisis – supporting the carers'

What are the issues for Chloe?

What are the issues for Jack?

How is this impacting on River?

...and Skye?

What are the issues for Audrey?

How do they differ for Norman and how might you find that out?

What might be the implications for you in your role, or for the local authority?

Reviewing the workshop

What has been the main learning today?

How does that fit with my personal learning objectives?

Commitment to action – I can and I will.

Week 5: Important people

Exercises, tasks and activities

- 1) Refer to the eco-map created on week 1 of this module.
 - Draw genograms of birth family and current 'family' if relevant.
 - Review all the information known.
 - Identify any community based people (such as teaching assistants, neighbours? etc).
- 2) Contrast how you imagine the network around the child you know personally will grow over their childhood and young adulthood with the child you know professionally.
- 3) What activities, actions, opportunities will take place within *the network of the child you know personally* that will reinforce and strengthen those golden threads?

Notes:

- 4) Think about *the child you know professionally*.

Having had a renewed focus on the importance of the 'golden thread' for all children/young adults (and especially those for whom we are seeking to help achieve permanence), have they got an on-going significant (to them) relationship?

Which relationships are the 'golden thread'? Record the names and their relationship to the child (please anonymise as appropriate).

Notes:

4) Children need to be helped in making a coherent narrative of their life, that they can tell others, that make sense to them of the relationships they have and have had.

Record some of the ways you have thought about how you will sustain those relationships in each case e.g. include them in life story work, contact, photobooks, videos, VOIP calls, include in shared activities birthday parties, special occasions or social media?

How are their significant relationships talked about, remembered and where possible sustained?

Notes:

Week 6: Family structures

Exercises, tasks and activities

- 1) Watch TEDx talk Tom Weisner
<https://www.youtube.com/watch?v=gIZ8PkLMMUo>
- 2) Reflect on the TEDx talk: What is the most important influence on development?
- 3) Prepare a reflective study (maximum 500 words) in response to the question:
What have you learned about the golden thread relationships (family, friends and community based) that sustain children and young adults?

Please note that you are asked to include work in relation to task 3) in the programme portfolio (see guidance and portfolio requirements).

Notes:

What do you consider to be the most important influence on development?

Notes:

Reflective study (maximum 500 words) in response to the question:

What have you learned about the golden thread of relationships (family, friends and community based) that sustain children and young adults?

Additional reading and resources

Doing the right thing: A report on the experiences of kinship carers. Family Rights Group and Kinship care (2015) By Ashley C, Aziz R and Braun D.

Initial Family and Friends Care Assessment: A good practice guide. (2017) These assessments are commonly known as viability assessments Developed by Family Rights Group in partnership with an expert working group.

https://www.frg.org.uk/images/Viability_Assessments/VIABILITY-MASTER-COPY-WHOLE-GUIDE.pdf

https://www.frg.org.uk/images/Kinship_Care_Alliance/151013%20Report%20on%20kinship%20carers%20survey.pdf

Week 7: Essential reading

Brown, R. and Ward, H. (2013) *Decision-making within a child's timeframe: an overview of current research for family justice professionals concerning child development and the impact of maltreatment*. London: Childhood Wellbeing Research Centre.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200471/Decision-making_within_a_child_s_timeframe.pdf

Choice of further reading to be guided by specific learning goals identified by the participant with their manager/supervisor.

A repeat of the list provided in week 3 of this module.

- Three short films follow made by care experienced children and young people
 - Voices from care - care leavers speak out.
<https://www.youtube.com/watch?v=OBo26NoEebc>
 - Charmaine Phillips (Fixers UK) another voice from care.
<https://www.youtube.com/watch?v=Tkd5KXemMbo>
 - 'Kids in care' Caitlin Gibson.
<https://www.youtube.com/watch?v=6wznrKpB6gY>
- Growing an emotional brain – nurturingminds.co.uk video with Graham Music and Sue Gerhardt
<https://www.youtube.com/watch?v=hVN0YzBVAKQ>
- How childhood trauma affects health across a lifetime Nadine Burke Harris TedTalk.
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study Vincent J. Felitti, MD et al.
[http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
- The adolescent brain: TED by Sarah-Jane Blakemore
https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain
- Siegel, Daniel (2011) *Brainstorm – The Power and Purpose of the Teenage Brain*. Tarcher.
- Siegel, Daniel and Payne Bryson, Tina (2012) *The Whole- Brain Child; 12 Proven strategies to nurture your child's developing mind*. Robinson, London.