**Key questions for the child’s social worker**

Methods

Suitable for self-directed learning or reflection with a colleague or supervisor.

Learning Outcome

Review your understanding of trauma and identify actions you can take to support the children you work with.

Time Required

45 minutes review and 30 minutes reflection.

Process

Thinking of your current approach, answer the following questions:

* What steps do you take to gather the fullest possible information concerning the trauma and nurture history of individual children - from the birth family, the child’s medical, social work, police, education and other professionals?
* What steps do you take to ensure that the child’s carer and all members of the team have an understanding of the child’s history, the effects of trauma on the child and his or her attachment profile?
* What is your understanding of the impact of maltreatment on child development and attachment? (See Briefing 2 on ‘Attachment theory and research’ and 4 ‘Early brain development and maltreatment’).

**Key questions for the supervising social worker**

Methods

Suitable for self-directed learning or reflection with a colleague or supervisor.

Learning Outcome

Review how you support foster carers and adopters to provide therapeutic parenting and identify actions you can take to support them.

Time Required

Two sessions of 45 minutes.

Process

Thinking of your current approach, answer the following questions:

* How does the team support foster carers and adopters to provide a therapeutic environment conducive to recovery, for instance regular routines, consistent boundaries etc?
* What steps do you take to facilitate access to specialist services?
* What steps do you take to identify the attachment styles of foster carers and adopters to ensure that attachments are compatible and relationships are not compromised?
* Are foster carers and adopters offered training that is evidenced-informed? How do you follow up training to help carers integrate what they have learned into everyday practice?
* What evidence do you have that training is influencing foster carers’ and adopters’ practice? How do you evaluate the impact of training on everyday practice?

**Key questions for foster carers and adopters**

Methods

Suitable for discussion with a social worker or as a group discussion.

Learning Outcome

Review the information and support you receive to provide therapeutic parenting support and identify how you can access additional information or support.

Time Required

Two sessions of 45 minutes.

Process

Thinking of your current situation, answer the following questions:

* How do you ensure that you have a full picture of the child’s history?
* How do you rate your understanding of child development and attachment and the impact of abuse and neglect on these?
  + Which areas would you like to know more about?
  + What training and development opportunities are available to help you understand the behaviour of traumatised children and to assist you in parenting them?
* What are the key components in developing a constructive relationship with your social worker?
* How do you ensure that your supervision helps you integrate your learning into everyday practice?
* In view of the complex needs of children who are placed for adoption, what training and support do you need once the child is adopted?

Exercise for foster carers, adopters, child’s social worker, supervising social workers, adoption social worker and independent reviewing officers

**Promoting effective attunement with the child**

Methods

Suitable for a small group activity as part of a facilitated workshop. Individuals will need a copy of the case study for Sereta, Tia and Paulo.

Learning Outcome

To identify actions that can promote recovery through therapeutic parenting.

Time Required

30 minutes group activity and 15 minutes for discussion.

Process

1. Give each group a handout of the case study for Sereta, Tia and Paulo. Ask each group to appoint someone to feedback their ideas.
2. Read the introduction to therapeutic parenting and the case study for Sereta, Tia and Paulo.
3. Using the table as a framework answer the following question:

* What activities would be appropriate for this sibling group taking into account their developmental age as well as their chronological age?

Introduction

The aims of therapeutic parenting are to help children regulate stress, to learn how to relate differently to others and to promote attachment. New neurological patterns are gradually established that are stimulated by various types of interactions and activities that compensate for the lack of attunement in their early years (Cairns 2013)[[1]](#endnote-1).

To help carers promote recovery the principles as described in the table below can be adapted to meet the developmental needs of all age groups (Cairns, 2013). It provides a helpful framework for the team to use in supporting carers to build an environment to promote affective attunement with the child.

Examples of interventions to promote affective attunement (Cairns, 2013, adapted).

|  |  |
| --- | --- |
| Environment | Activities for carers |
| *Physical Environment*  Sounds, smells, colours, images, lighting, and fabrics: notice what stimulates, and design the physical environment accordingly. | Provide rocking, rhythmic sounds, touch, massage, holding sensitively and as appropriate. |
| Establish routines for eating and sleeping, and step-by-step bring them in line with the rest of the household and the wider community. |
| *Time*  The child lives in time; structure the time to promote step-by-step normalisation of the key states of sleeping/wakefulness and stimulation/soothing. | Help with hair and skin care |
| Help with dressing, either actively helping the child to dress or symbolically helping by offering guidance and praise. |
| *People*  People are also part of the environment. Notice how the child reacts to different people in terms of stimulation and soothing. Design contact with those people to meet the needs of the child. | Encourage playfulness, singing games, physical contact, but within the limits of stimulation the child can currently tolerate. |
| Talk to the child and establish mutual vocal, verbal and non-verbal communication. |
| Provide interesting food, and encourage the growing child to form personal likes and dislikes around taste and smells. |
| Establish rituals, celebrations and family stories and games, which include the child actively, within the limits of current tolerance for stimulation. |
| Provide contact with the natural world, and encourage the child to experience and enjoy the rhythms of nature. |

References

1. Cairns, K. (2013) *Attachment, trauma and resilience: Therapeutic caring for children,* 8th edition, London: BAAF [↑](#endnote-ref-1)