



Secure Base

The Secure Base model: promoting attachment and resilience

A TRAINING PROGRAMME

Mary Beek and Gillian Schofield

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Introduction

These training sessions are designed to be presented with sufficient intervals between them (weekly or fortnightly), to allow participants to practice or promote the relevant skills in between the sessions.

To allow some flexibility for discussion, precise timings are not provided, although there is guidance for the time allowance for the exercises. The amount of material to be covered requires the trainer to maintain a fairly brisk pace.

This script should be used in conjunction with the PPT presentation, The Secure Base model: a training programme <https://www.uea.ac.uk/providingasecurebase/resources>.

Preparation

It is advised that trainers read some or all of the following:

- Schofield, G and Beek, M (2014) *The Secure Base model: promoting attachment and resilience in foster care and adoption*, London: BAAF
- Schofield, G and Beek, M (2006) *Attachment handbook for foster care and adoption*, London: BAAF
- <https://www.uea.ac.uk/providingasecurebase>

Participants

The session is suitable for social work professionals who are involved with foster care or adoption or residential care and also foster carers and adoptive parents. In order to promote reflection and discussion, a total of no more than 30 participants is recommended.

Advice for trainers

- Be alert to issues of: class, culture, disability, ethnicity, family structure, gender, language, race, religion and sexuality.
- Challenge unhelpful assumptions and stereotypes (respectfully).
- Question whether the topic could be viewed from a different angle
- Confidentiality: state that all personal detail regarding adults and young people should not be shared outside the group. The only exception would be if someone was felt to be at risk, in which case the trainer would discuss with the participant in private.

Preliminaries

Ensure that:

- Participants are comfortable and able to see and hear the trainer
- Are aware of the location of toilets and fire exits
- Have phones switched off or on silent mode

N.B. This training programme provides slides for teaching material only. Trainers should create their own slides for titles, outline of the day, ground rules, housekeeping details etc.



SESSION 1

An introduction to the Secure Base model and Availability – helping the child to trust

FOR THIS SESSION YOU WILL NEED

- Lap top and projector
- Slides for Session 1
<https://www.uea.ac.uk/providingasecurebase/resources>
- A whiteboard or flip chart and pens
- Handouts 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 (pages 22–28)

PART 1:

An introduction to the Secure Base model

SLIDE 1: **What is the Secure Base model?**

- A framework for therapeutic caregiving
 - Based in every day interactions of family life
 - Promotes security and resilience
 - Drawn from theory, research and practice
-

Notes

- The Secure Base model represents the processes involved in therapeutic caregiving for children who have been affected by abuse, neglect, separation and loss. Most children will feel the impact of these harmful experiences, to some degree, throughout their lives. But many children from troubled backgrounds will benefit from therapeutic caregiving experiences in foster care, adoption and residential care and go on to lead stable lives as adults, partners and parents.
- The model suggests that the moment by moment, every day interactions of family life have the potential to be therapeutic for children. So every 'event' – getting up in the morning, mealtimes, playtimes, going out, going to bed and so on, if managed within the framework of the Secure Base model, can have a therapeutic value for a child.
- The model represents caregiving approaches that promote children's security and resilience. That is, approaches that help them to feel more positively about themselves and others and to cope with challenges in different aspects of their lives.
- The Secure Base model is based in theories of attachment and resilience. The goal of caregiving within the model is to gradually move children towards greater security and to build resilience.
- The model is also drawn from research. The key research studies to inform the model were studies of foster care conducted at the University of East Anglia by Gillian Schofield and Mary Beek (1997 – present). These studies provide information about different aspects of caregiving that combine and interact with each other to promote security and resilience for children. The Secure Base model was developed from these findings.
- Finally, the model is informed by practice. Gillian Schofield and Mary Beek have social work backgrounds and their ongoing connection with practice in foster care, adoption and residential care has also informed the model.

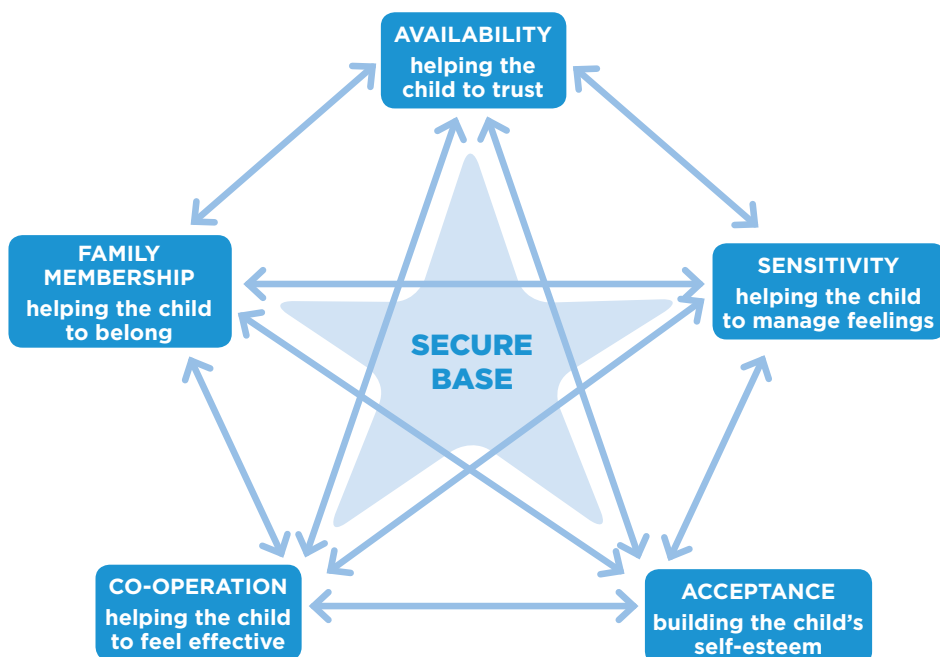
SLIDE 2: **Who can use the Secure Base model?**

- Foster carers and adopters
- Social workers
- Residential workers
- Any professionals involved in promoting children’s learning and development

Notes

- *Foster carers and adopters* can use the model as a way of structuring their caregiving so that they can more actively support children’s development and build their security and resilience.
- *Fostering and adoption social workers* can use the model with foster carers and adopters to help them think about their children’s behaviour and development and to develop positive caregiving approaches. It is also used as a framework for recruitment, assessment and support/supervision in foster care and adoption.
- *Residential workers* can use the model as a framework for building children’s trust and security in a setting where there are a range of caregivers working with children at different times.
- *Anyone who is involved in promoting children’s development* (e.g. teachers or youth workers) might use the model as a framework for assessing children’s developmental needs and the ways in which they are being met.

SLIDE 3: **Secure Base model**



Notes

- The five blue boxes represent five key dimensions of therapeutic caregiving and also the benefit that this type of caregiving has for the child.
- Briefly, they are as follows:
 - Availability – helping the child to trust
 - Sensitivity – helping the child to manage feelings
 - Acceptance – building the child’s self esteem
 - Co-operation – helping the child to feel effective
 - Family membership – helping the child to belong
- All of these dimensions of caregiving relationships are important from infancy to adolescence.
- They combine and interact with each other to create a secure base for the child.
- Over the next 5 sessions, each will be discussed in turn. There will be discussion and examples of how caregivers can use the caregiving dimensions to structure their daily routines and interactions within the family and how social workers can support them to do this.
- There will be suggestions for practicing some of the skills and approaches suggested by the model in between each session.

EXERCISE 1

20 mins

What is a secure base?

Ask participants to think of a relationship that is significant/positive/supportive/‘special’ for them in their (current) lives. This might be with a partner, a close friend, extended family member or a group such as a faith or support group. Ask them to consider:

What is it about this relationship that makes it special for you?

Record responses on flip chart/white board.

Typical responses are:

- ‘He’s always there for me’
- ‘She can read me like a book’
- ‘He makes me feel good about myself’
- ‘We work as a team’
- ‘We’re like family’

When all responses have been received, use the PPT of the Secure Base model to point out that many of them relate to the five caregiving dimensions. For example:

- 'He's always there for me' – suggests *availability*. The participant trusts that this person is available to them.
- 'She can read me like a book' – suggests that this person shows *sensitivity* to what the participant is feeling. This might help them to understand and *manage their feelings*.
- 'He makes me feel good about myself' – suggests that this person or group accepts the participant for who they are. This builds self-esteem.
- 'We work as a team' – suggests a co-operative relationship. This helps the participant to feel effective and competent.
- 'We're like family' – suggests a sense of family membership. This promotes a feeling of belonging.

Demonstrate the links to the five caregiving dimensions by circling examples from each dimension in different colours. Some may overlap and it can be pointed out to the group that the arrows in the model suggest that the dimensions combine and interact with each other. Explain that the group, collectively, has described some of the key elements of a secure base relationship.

Note that secure base relationships are important for adults as well as children.

SLIDE 4: **Why are secure base relationships important?**

- Provide comfort and reassurance, reduce anxiety – and so promote exploration, learning and development.
- Particularly important for fostered and adopted children
- Have the potential to change the child's sense of self and others

Notes

- Secure base relationships provide *comfort, closeness and reassurance*. This is especially important for babies and young children who have to learn to cope with the many 'ups and downs' of life (for instance, hunger, thirst, discomfort, separation, etc.).
- These things cause anxiety for children, but when they have secure base relationships, *their anxiety is reduced*. They do not have to be anxious about their fundamental needs being met.
- When anxiety is reduced in this way, children of all ages are freed up to *explore, learn and develop*. They can 'get on with their lives' because they know and trust that their needs will be met and that support and help will always be available to them.

- All children need secure base relationships, but for fostered and adopted children, these relationships are especially important. For these children, secure base relationships can become *therapeutic* because they have the potential to change the child's often negative sense of self and others. That is, secure base relationships can help fostered and adopted child to believe that they are loved and loveable and that adults are available and trustworthy. As they move towards greater security, they can be supported to explore safely and fulfil their potential.

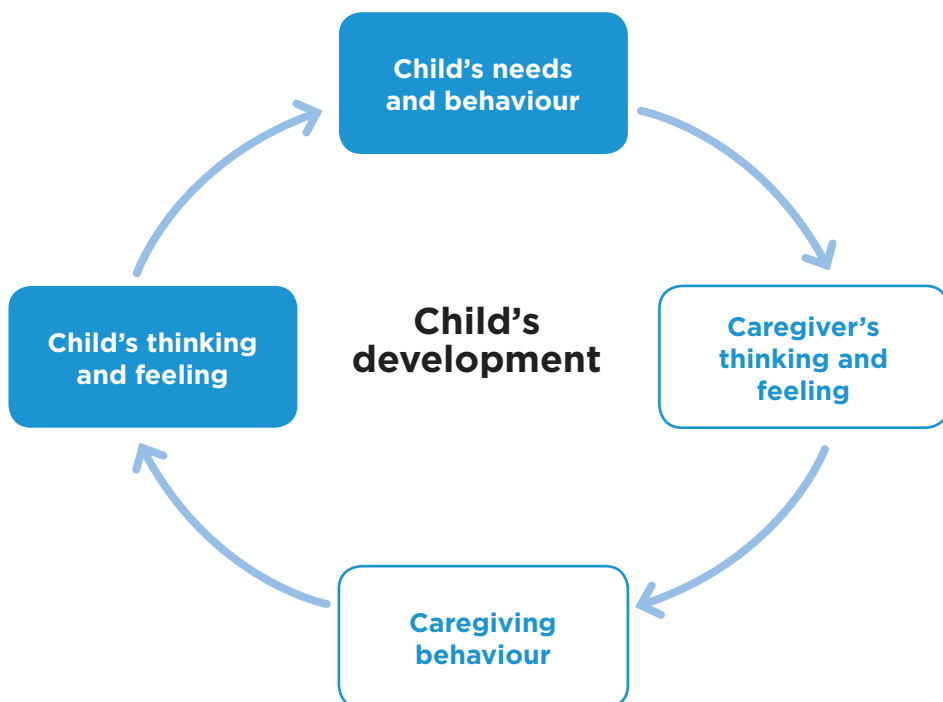
The Caregiving Cycle

TRAINING NOTE

The caregiving cycle underpins the Secure Base model. It is key to the model because it explores in more detail the *therapeutic interactions* between the caregiver and the child.

The caregiving cycle introduces the idea that caregivers may frequently need to pause and reflect on what their child is thinking and feeling about themselves and others, and adjust their approach in line with this. This may lead them to use different approaches to those that they have used before. These approaches are likely to be effective because they are specifically targeted to change the child's thinking and feeling in a positive direction.

SLIDE 5: **The caregiving cycle**



Notes

- The Secure Base model is underpinned by the Caregiving Cycle. This cycle illustrates the *process* of how secure base relationships can be therapeutic for children. The Caregiving Cycle emphasises the link between thinking and doing.

Beginning at the top of the cycle, we can trace the following process:

- The *child's needs and behaviour* affect the thinking and feeling of the caregiver.
- The caregiver's *thinking and feeling* influence the ways in which he or she behaves in response to the child.
- This *caregiving behaviour* affects the child's *thinking and feeling* about him/herself and others.
- And, finally, as the *child's thinking and feeling* changes, so this has an effect on his or her needs and behaviour.

The aim in therapeutic caregiving is to create a positive cycle in which:

- Caregivers pause and reflect on this child's thinking and feeling. i.e. 'What is this child thinking and feeling that is making them behave in this way?'
- *The caregiving approach* is then adjusted so that it is attuned to the individual child's thinking and feeling, aiming to shift this thinking and feeling in a positive direction.
- The child's more positive thinking and feeling promotes behaviour that reflects greater security and resilience.

SLIDE 6: **Therapeutic caregiving might involve:**

- Thinking differently
- Doing differently
- Being persistent
- Trying different approaches

Notes

- Children who have had difficult experiences have had to find ways of coping and surviving these experiences and so their ways of thinking can be very different from children who have lived only in secure, stable environments.
- Caregivers may need to work hard to understand what is in their child's mind, to see the world from the child's perspective and therefore to think differently about their approach.

- Caregiving approaches may need to be different to those that have previously been successful with another child. They must be sensitively adjusted to the thinking and feeling of this child.
- Children's deeply entrenched thinking and feeling can be very resistant to change. Caregivers may need to be persistent and repeat their approaches many times before the child's thinking and feeling begins to change.
- We can never know exactly what a child is thinking and feeling and so we may not always get it right. Caregivers may need to try different approaches at different times in order to find a way that is truly helping this child.

TRAINING NOTE

Check that participants now:

- Understand (in outline) what the Secure Base model is and how it might be used
- Understand what we mean by a 'secure base'
- Understand that the key point of the caregiving cycle is that the caregiver must try to connect with the child's thinking and feeling in order to develop approaches that change the child's thinking and feeling about himself and others, and move him/her towards security.

PART 2:

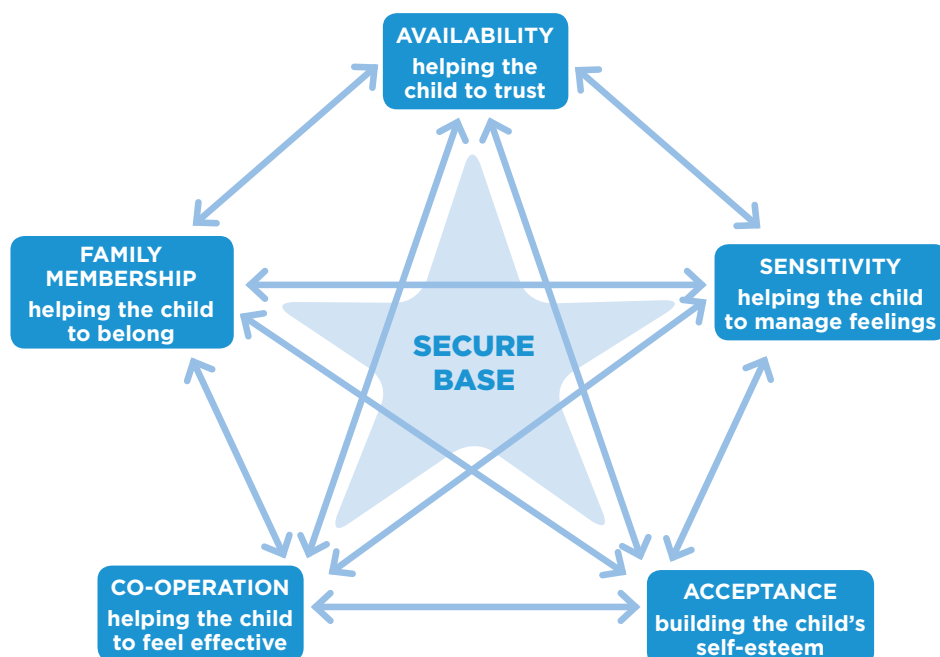
Availability – helping the child to trust

TRAINING NOTE

Availability – helping the child to trust

- Availability is both physical and emotional. Just ‘being there’ is not enough if the caregiver is preoccupied with their own emotional needs.
- The process of being available/building trust must be tailored and *adapted to the individual child*, and based on that child’s previous experiences, and individual characteristics. If the approach is to be effective, the child must feel *comfortable* with it.

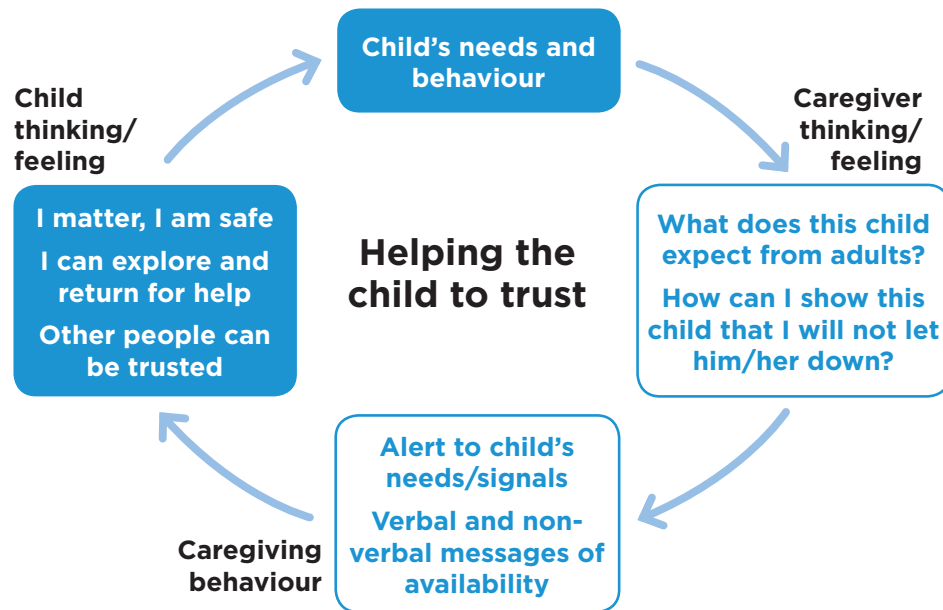
SLIDE 7: The Secure Base model



Notes

The first dimension to be discussed is *availability – helping the child to trust*.

SLIDE 8: **Availability**



Notes

a) What do we mean by availability?

Availability refers to physical and emotional availability. Physical availability involves the caregiver having plenty of time and energy to focus on meeting the child's developmental needs. Emotional availability involves the caregiver having the emotional space to focus on the child's needs; that is, not being pre-occupied with their own emotional needs, to the point where this prevents them from connecting with the child's needs. N.B. there are times in all families when it is harder for caregivers to be fully physically and emotionally available. Practical and emotional support may be needed to compensate for this.

When caregivers consistently show that they are physically and emotionally available, children begin to trust that they will receive reliable care and nurture and to believe that they deserve this sort of care, that they matter and are loveable.

b) The caregiving cycle

- The caregiving cycle underpins each of the caregiving dimensions of the secure base model
- It refers to the caregiver and child's thinking, feeling and behaviour within the care-giving dimension.
- This cycle will be followed as each dimension is explored.
- So we start with thinking about the child's *needs and behavior when he or she lacks trust in adults*

EXERCISE 2

15 mins

Behaviour that suggests lack of trust

Display Slide 9. Ask whole group the following question:

Think of children (in different age groups) that you have cared for or are known to you. Have you observed behaviours that suggest a lack of trust in adults?

Ask the group to think of small indicators e.g. ‘looks wary when I talk to him’ and also bigger issues e.g. ‘tells lies all the time’. This helps to build a picture of how a lack of trust can affect children and be experienced in different ways and with different intensity.

Ask for specific examples of behaviours. For example ‘goes to bed without saying goodnight’ rather than a more general statement such as ‘emotionally detached’. Encourage participants to consider children who reject closeness, those who want closeness but are rarely satisfied by it and those who appear ‘frozen’, fearful or confused by closeness. Gather examples for each age group.

Record responses on the board.

SLIDE 9: Behaviour that suggests lack of trust

- Infants (0 – 18 months)
- Early childhood (18 months – 4 years)
- Middle childhood (5 – 10 years)
- Adolescence (11 – 18 years)

SLIDE 10: Why do some children find it hard to trust?

- Previous caregivers may have
 - rejected the child’s emotional demands
 - responded unpredictably
 - been frightening or frightened
- Children may have developed defensive strategies to cope

Notes

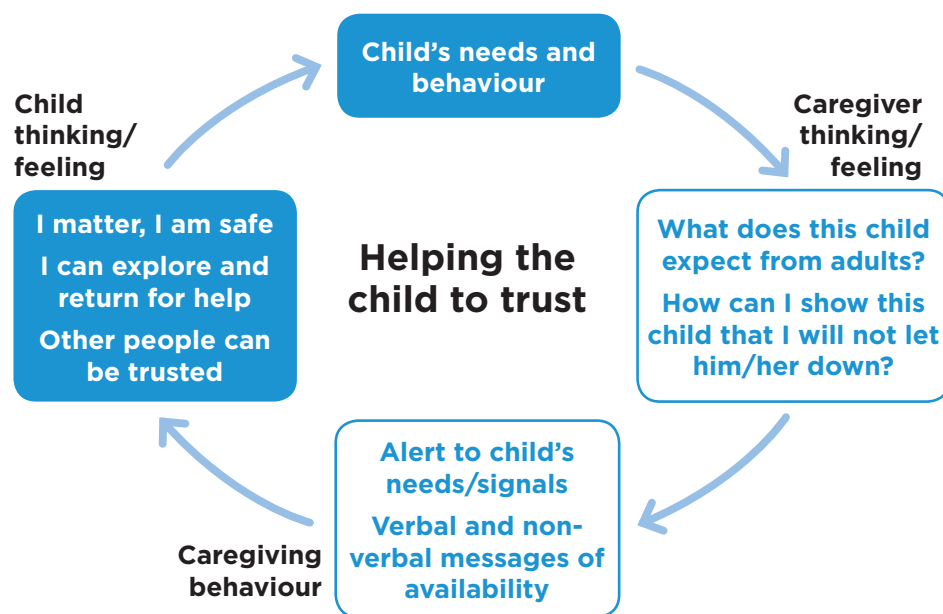
- Inconsistent care and protection can be connected with previous caregivers’ drug/alcohol misuse, mental health problems, learning disabilities, own childhood experiences. Multiple moves within the care system may also make it hard for some children to trust.

- Children may have developed defensive strategies as they try to get their needs met in difficult circumstances. These strategies can include:
 - Shutting down feelings, becoming self-reliant and resistant to care.
 - Showing feelings excessively, becoming needy and clingy but hard to satisfy
 - Trying to control adults in an attempt to find predictability and safety.

SLIDE 11: **Refreshment break** 

20 mins

SLIDE 12: **Availability: caregiver thinking/feeling**



SLIDE 13: **Availability: caregiver thinking**

- What does this child expect from adults?
- How can I show this child that I will not let him/her down?

Notes

- Providing availability involves thinking about: *What does this child expect from adults?* The caregiver thinks about the child's behavior and how this might link with his or her previous experiences of caregivers. N.B. It is important to remember that children's earlier experiences are usually mixed: some experiences may have helped the child to trust adults, others may have caused the child to lose trust in adults.
- Caregivers also think about *how they can show this child that they will not let him/her down*. Bearing in mind the individual child's current behavior

and previous experiences, the caregiver thinks about ways of building trust for this particular child. That is ‘what can I say and do that will help this child to develop trust?’

SLIDE 14: **Availability – caregiver behavior**

- ‘Being there’ – physically and emotionally
- Alert to child’s needs and signals
- Take the relationship at the child’s pace
- Verbal and non-verbal messages of availability – including when apart.

Notes

- *Physical availability* includes having time and energy to focus on the child’s needs. *Emotional availability* implies that the caregiver is able to reflect freely on the child’s emotional state. When caregivers are troubled by their own difficult and unresolved emotional issues, it can be more difficult for them to respond to the emotional needs of the child.
- It is important for caregivers to be *alert to child’s needs and signals* so that they can give reassurance when it is needed. This reassurance may need to be given repeatedly in many different situations, especially at times of potential anxiety, such as eating, sleeping, separation etc. It is also important to recognize the child’s needs for more distance at times and ensure that he or she is comfortable with the caregiving approach.
- It is important to *take the relationship at child’s pace*, and to be ready to respond to the smallest signals from the child. At the same time, some children may not signal their needs or they may give misleading signals. Caregivers may need to gently ‘prompt’ the child by talking about their needs and then respond to these needs in ways that are comfortable and acceptable to the child.
- Caregivers should give *verbal and non-verbal messages of availability*. It is important for caregivers to explain clearly and explicitly to the child that they will be safe and reliably cared for. But this will not be enough for some children – they may not understand or believe these words. Caregivers will also have to think about what they can do to demonstrate their physical and emotional availability to this particular child, taking into account the child’s individual history and experiences.

This will include helping the child to know that they are thinking of him or her when they are apart.

Examples of availability

Show Chapter 1 of DVD¹

OR

SLIDE 15: **Being alert to the needs and signals of a small baby**

When Jennie came to me at 12 weeks old, she was completely unresponsive, not waking for feeds, not responding to me, not showing any emotion. She had just switched off. I had to stay close to her and respond to even the slightest sound or facial movement and keep talking to her and touching her. It took time to replace those first weeks, but gradually she started to show different feelings and become more responsive. (Foster carer)

SLIDE 16: **Helping a child to trust in the caregiver's availability when they are apart**

When Aiden (4) had contact with his father he was always very anxious about what might happen and whether he would come back to me and I would be here for him. On one occasion I gave him a small cushion to take with him so that he had something to hold onto, but also so that he would know he would be coming home. (Foster carer)

SLIDE 17: **Demonstrating availability to teenagers**

I try, if they talk to me, to stop what I'm doing. Because there's a lot of young people in the house, I feel it's important because otherwise, opportunities disappear. With Liam (13) in particular, I might take the long road home if I sensed he wanted to talk about something. (Adopter)

1 DVD 'The Secure Base model: voices of foster carers, adopters and young people', included in Schofield G and Beek M (2014) *Promoting attachment and resilience*, London: BAAF and Schofield G and Beek M (2014) *The Secure Base model*, London: BAAF.

EXERCISE 3

20 mins

Availability: caregiving behaviour

Display Slide 18. Divide into small groups.

Allocate one case study (Handout 1.1) to each group and ask them to discuss:

- What does this child expect from adults?
- How might foster carers show this child that they are available and help him/her to build trust?
- What might we look for as signs of progress?

Encourage a range of creative approaches, and specific examples, with attention to detail of caregiving. Ask participants to list as many ideas as they can. Feedback range of ideas to whole group.

Note ideas on board. Ideas from each session may be collated and given to participants at the end of the course.

SLIDE 18:

Availability: caregiver behaviour

- What does this child expect from adults?
- How might foster carers show this child that they are available and help him/her to build trust?
- What might we look for as signs of progress?

Jamil (9 months)

Early life

- Parents were drug users with chaotic lifestyle
- Domestic violence
- Minded by many different people.

Current difficulties

- Cries almost constantly
- Fretful when being held and bottle fed
- Rejects affection, wriggles away when cuddled

Seb (3)

Early life

- Parents had mental health problems
- Believed food was poisoned
- Provided a lot of physical affection

Current difficulties

- Cannot settle to any play or activities
- Won't sit at the table for meals – instead runs around and does 'naughty' things

Emily (7)

Early life

- Single mother severely depressed
- Often cared for her mother and younger sister
- Stole food from local petrol station, hid in the attic when social workers came

Current difficulties

- Behaves like much older child
- Self-reliant, does not want carers to get close
- Sometimes takes herself to bed without saying anything to foster carers

Marcia (14)

Early life

- Mother died and Marcia cared for by Aunt
- Severely neglected by Aunt
- Socially isolated

Current difficulties

- Fearful of new situations
- Low self esteem
- Has started to have panic attacks at school – only feels safe when at foster home

Additional support needs

TRAINING NOTE

The following section should be presented in a way that is empathic and sensitive to caregivers, with emphasis on the fact that *all* caregivers, at times may experience these difficulties, especially when children are very troubled. Promote a supportive environment that makes it comfortable for all participants, regardless of their role, to discuss difficult issues openly and respectfully. Allow time for sharing of experiences.

SLIDE 19: **Availability: additional support needs**

- Time and energy depleted by needy child
 - Child's needs trigger difficult memories/feelings
 - Child rejects availability
-

Notes

- *Time and energy depleted by needy child:* Troubled children can be extremely time consuming to care for. Their additional needs can arise at any time, and in many different forms. Foster carers and social workers may have found it impossible to predict the amount and intensity of input that a particular child might need. And even the most available carers can find their energy drained by their foster child at times. It is easy at these times, for caregivers to feel overwhelmed by the child's demands and they may need practical and emotional support to release time and renew their energy levels.
- *Child's needs trigger difficult memories/feelings:* If caregivers have been let down by adults in the past, their own difficult feelings and memories can sometimes re-surface as they become close to children who find it hard to trust. Caregivers may need support to recognise a possible connection with their own experiences and feelings, and to know that this is normal and understandable. This can help caregivers to separate their own experiences and focus more fully on the child's needs.
- *Child rejects availability:* If children reject closeness, caregivers may feel disappointed, or that they are not 'right' for the child, or that the child does not need them. They may need additional support in recognising the child's underlying needs and finding ways of being available that are comfortable for this particular child.

EXERCISE 4

20 mins

Supporting availability

Display Slide 20. Whole group discussion or small groups.

Consider the following question:

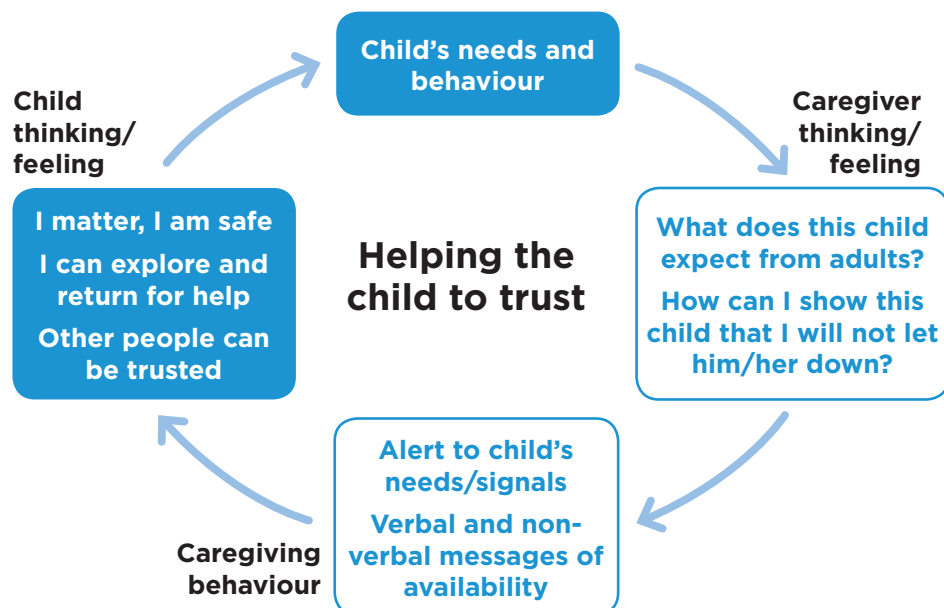
- What might a supervising social worker say and do to help Ann and Steve to be available/build Ellie’s trust?

List key points on board

SLIDE 20: Supporting availability

- Ann, foster carer, is feeling increasingly distant from Ellie (8). Ellie seems suspicious of Ann. She smiles in a ‘false’ way and lies to Ann all the time. She rejects cuddles from Ann, but wants them from Steve, her foster father.
- Ann feels that Ellie doesn’t like her and that she might do better in another foster family. Steve recognises the problems but feels they should keep trying with Ellie. Ann is allowing Ellie to spend more and more time in her bedroom or playing computer games as she feels stressed when Ellie is near her.

SLIDE 21: Availability



SLIDE 22: **Availability: child thinking and feeling**

- I matter. I am safe
- I can explore and return for help
- Other people can be trusted

Notes

- Consistent physical and emotional availability over a period of time can help a child to think and feel more positively about themselves and others. He will begin to feel that he loved and wanted, that he is safe and that his caregivers are trustworthy and will not let him down. When thinking and feeling becomes more positive, over time, there will be a beneficial effect on the child's needs and behaviour.
- N.B. These changes in thinking and behaviour may be very small and very gradual and progress may be erratic. It is important for caregivers to value small steps of progress and to have realistic timescales for change (perhaps months, rather than weeks).
- Trainer – refer back to case studies and suggest or ask the group what small steps we might look for in one or more of these cases?

Skills practice

(To be tried at home or in work setting before the next session)

TRAINING NOTE

Distribute Handout 2.1 and talk through with whole group.

Caregivers

- Consider a caregiving approach that demonstrates availability/builds trust. This should be simple, achievable and repeatable, but in addition to all that they normally do. For example, you might decide to sit down with their child at breakfast time, rather than doing chores.
- Note any benefits and challenges (however small) of this approach.

Social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to agree a caregiving approach that demonstrates availability/builds trust. This should be simple, achievable and repeatable, but in addition to all that they normally do. For example, they might decide to sit down with their child at breakfast time, rather than doing chores.
- Note any benefits and challenges (however small) of this approach.

In the next session, the group will reflect on how these approaches have worked, what difficulties have arisen, and how they might be overcome.

Exercise 3: Availability – caregiver behaviour

JAMIL (9 months)

Early life

- Parents were drug users with chaotic lifestyle
- Domestic violence
- Minded by many different people.

Current difficulties

- Cries almost constantly
- Fretful when being held and bottle fed
- Rejects affection, wriggles away when cuddled

SEB (3)

Early life

- Parents had mental health problems
- Believed food was poisoned
- Provided a lot of physical affection

Current difficulties

- Cannot settle to any play or activities
- Won't sit at the table for meals
– instead runs around and does 'naughty' things

EMILY (7)

Early life

- Single mother severely depressed
- Often cared for her mother and younger sister
- Stole food from local petrol station, hid in the attic when social workers came

Current difficulties

- Behaves like much older child
- Self-reliant, does not want carers to get close
- Sometimes takes herself to bed without saying anything to foster carers

MARCIA (14)

Early life

- Mother died and Marcia cared for by Aunt
- Severely neglected by Aunt
- Socially isolated

Current difficulties

- Fearful of new situations
- Low self esteem
- Has started to have panic attacks at school – only feels safe when at foster home

Skills practice

To be tried at home or in work setting before the next session

Caregivers

- Consider a caregiving approach that demonstrates availability/builds trust. This should be simple, achievable and repeatable, but in addition to all that they normally do. For example, you might decide to sit down with their child at breakfast time, rather than doing chores.

Social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to agree a caregiving approach that demonstrates availability/builds trust. This should be simple, achievable and repeatable, but in addition to all that they normally do. For example, they might decide to sit down with their child at breakfast time, rather than doing chores.

Both groups

Use this sheet to note any benefits and challenges of this approach (however small). In the next session, the whole group will reflect on your approaches, what difficulties have arisen, and how they might be overcome.

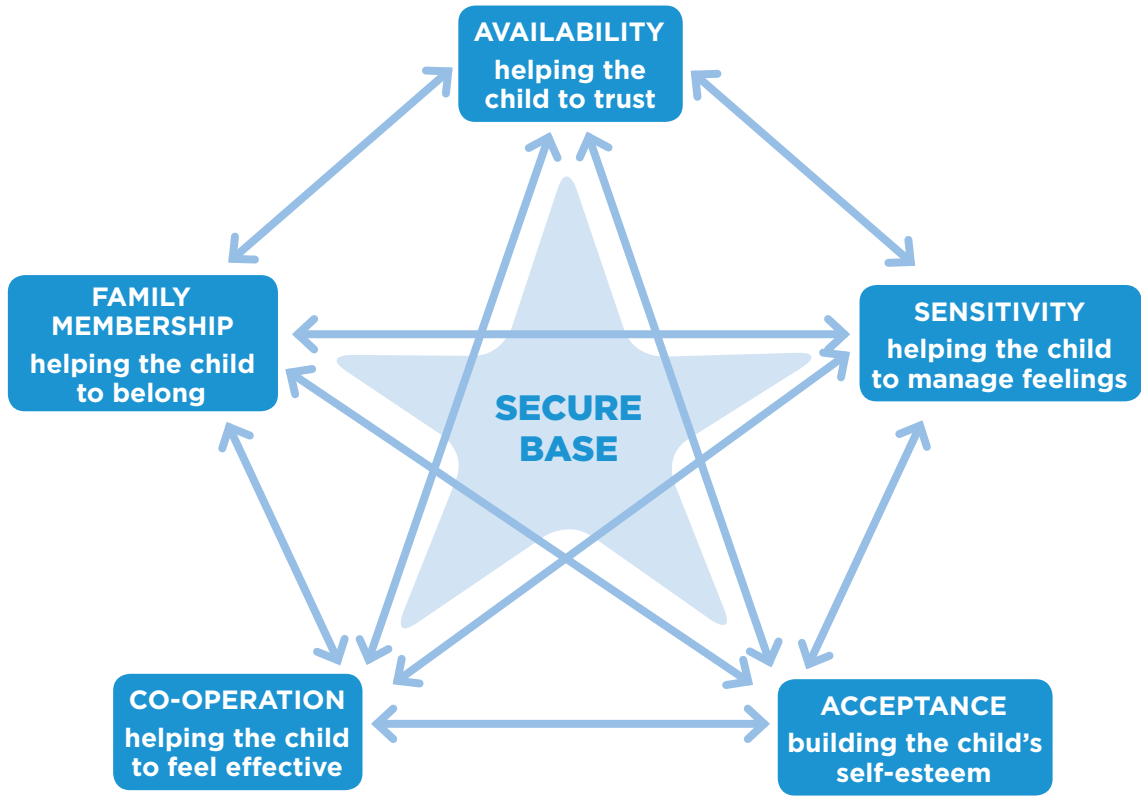


Approach

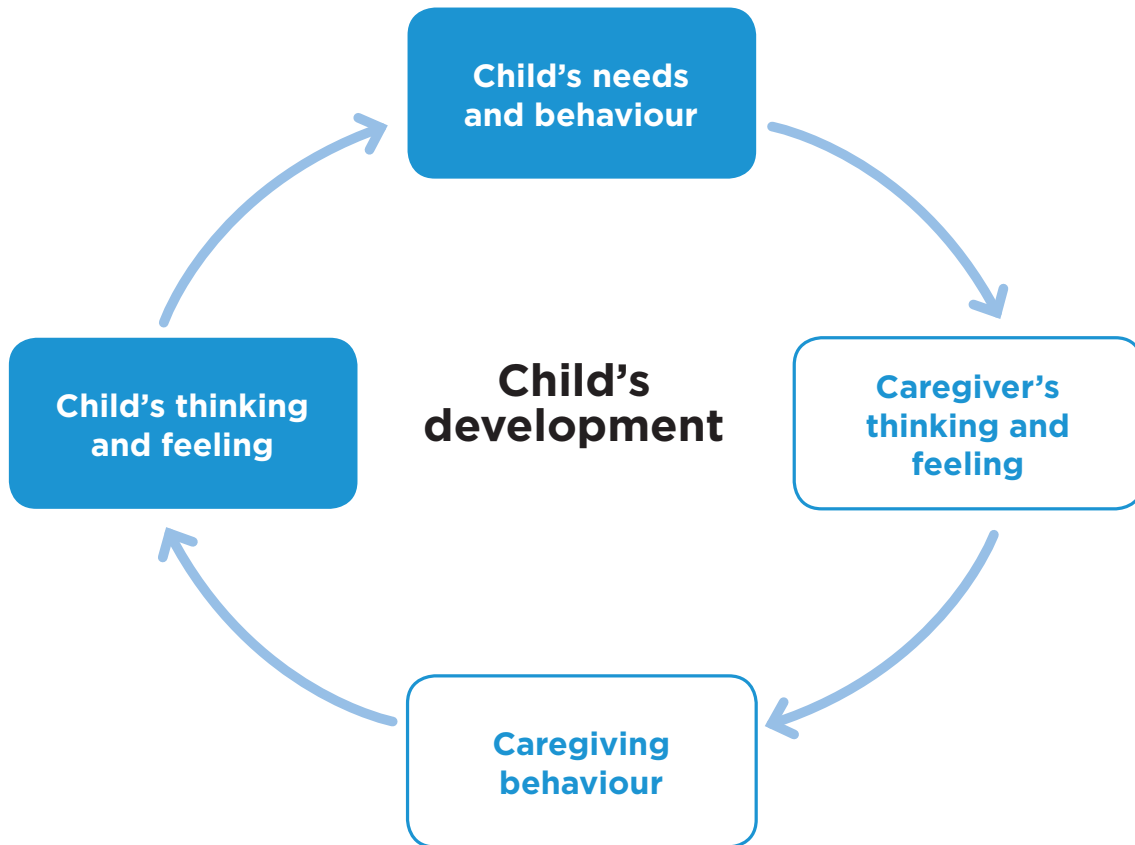
Benefits

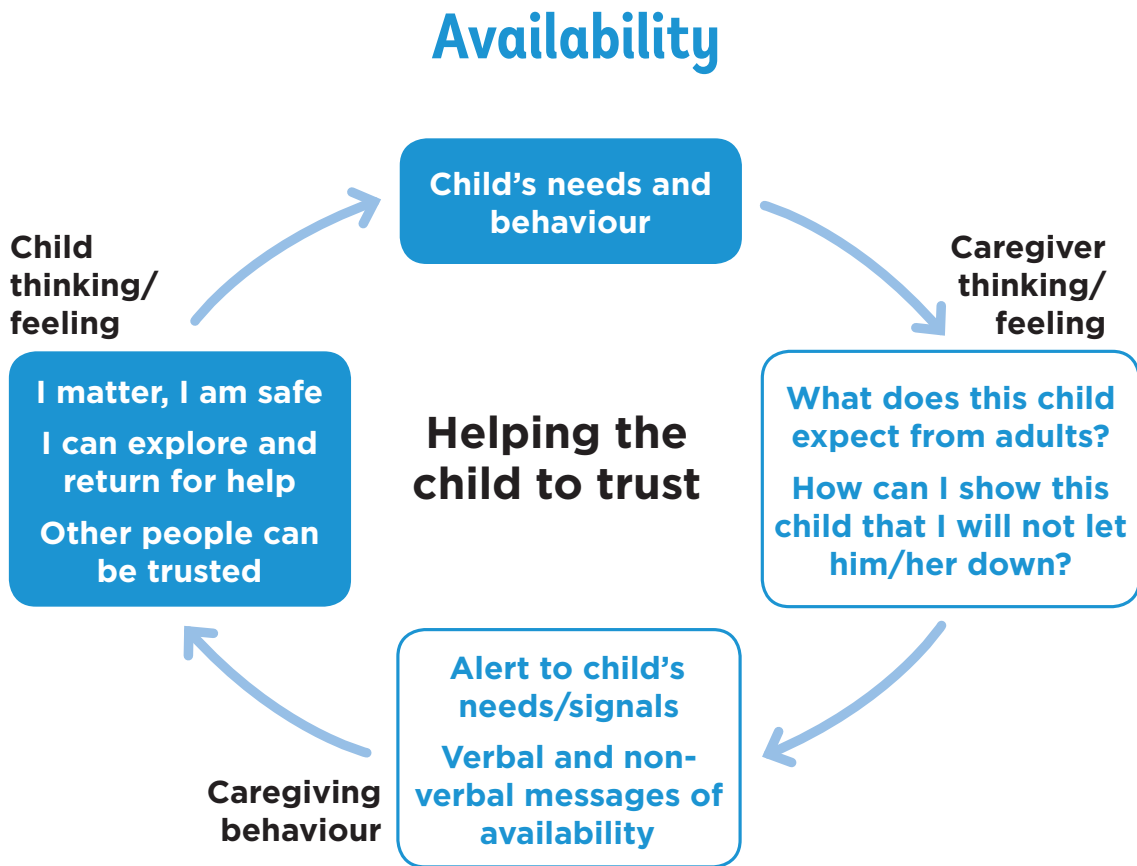
Challenges

Secure Base model



The caregiving cycle





Approaches for helping children to build trust

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

Day-to-day activities

- Establish predictable routines around mealtimes, getting up and going to bed.
- Ensure that the child always knows where to find you when you are apart. Manage separations carefully, with open communication about why it is happening, how long it will be and clear 'goodbyes' and 'hellos'.
- Use calendar or diary chart to help the child predict and anticipate events.
- Ensure that the child feels specially cared for and nurtured when ill, hurt or sad.
- Be 'unobtrusively available' if the child is anxious but finds it hard to talk or accept comfort (for example, suggest a ride in the car).
- Offer verbal and non verbal support for safe exploration.

Building trust when caregiver and child are apart

- Allow child to take small item or photo from home to school.
- Use mobile phone or text to help child know that you are thinking of him.
- Place small surprise on child's bed when he is at school to show you have thought about him during the day.
- Keep a 'goodies tub' in the kitchen and put small treats in it for child to have in the evening.

Activities that help children to think about trusting

- Ask child to draw a fortress or make one in clay or sand. Child may choose miniature toys or animals to stand for the main people in his life. Ask child to show and talk about which ones he would let into his fort and which ones he would keep out and why (from Sunderland 2000).
- Ask child to draw a bridge with themselves on one side and someone they trust on the other. Ask them to draw a speech bubble coming out of their mouth and write in it what they are thinking or saying. Do the same with the other person (from Sunderland 2000).

Games and activities that help to build trust

- Hand holding games such as 'ring a roses'.
- Clapping games.
- Reading stories with child on lap or sitting close.
- Leading each other blindfold.
- Face painting.
- 3-legged race.
- Throwing a ball or beanbag to each other.
- Bat and ball.
- Blowing and chasing bubbles together.
- Rocking, singing, gently holding child.
- Rub lotion onto each others hands and arms.
- Brush and plait hair, paint nails.
- Teaching a new skill or learning one together.



SESSION 2

Sensitivity – helping the child to manage feelings

FOR THIS SESSION YOU WILL NEED

- Lap top and projector
- Slides for Session 2
<https://www.uea.ac.uk/providingasecurebase/resources>
- A whiteboard or flip chart and pens
- Handouts 1.2, 2.2, 3.2, 4.2 (pages 41–45)

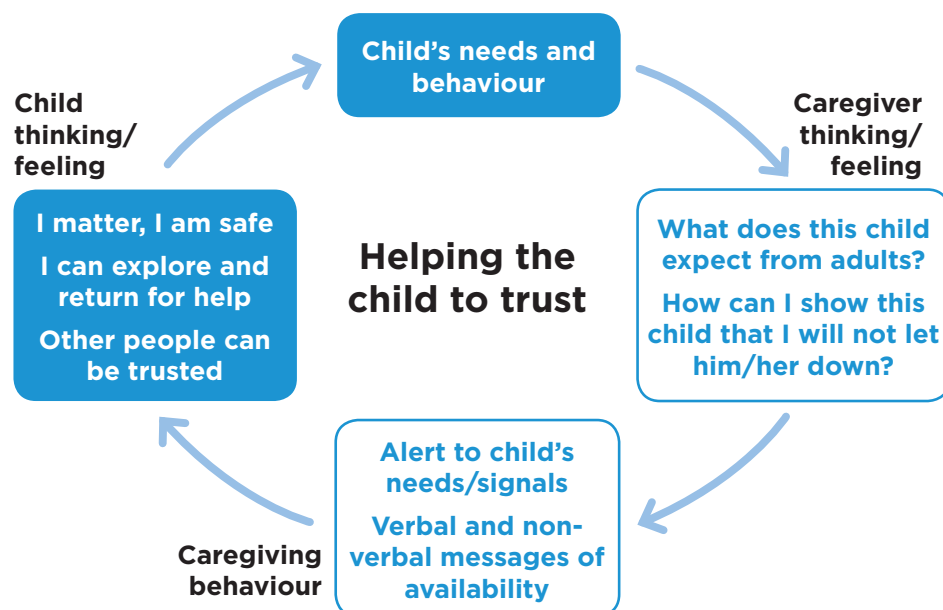
PART 1: Discussion of Availability skills practice

40 mins

TRAINING NOTE

This discussion may need to be tightly managed as it can become lengthy, especially in a larger group. If there are 2 trainers and a large group, the group may need to be split, and ideas summarised and shared at the end of the discussion.

SLIDE 1: **Availability**



Notes

- Display slide 1. Briefly recap the Availability cycle and the Availability skills practice.
- Ask each participant who has tried the skills practice to share their ideas and progress/barriers with whole group. Discuss what helped, what did not, why this might have been the case for a particular child (for instance, age, developmental delay, characteristics).

- Emphasise that progress can take time, small steps should be valued, often it is a case of trying different approaches until a more successful one emerges – or changing approaches if something becomes ineffective.
- Generate a list of approaches which can be typed and given to participants at the next session, or at the end of the series.

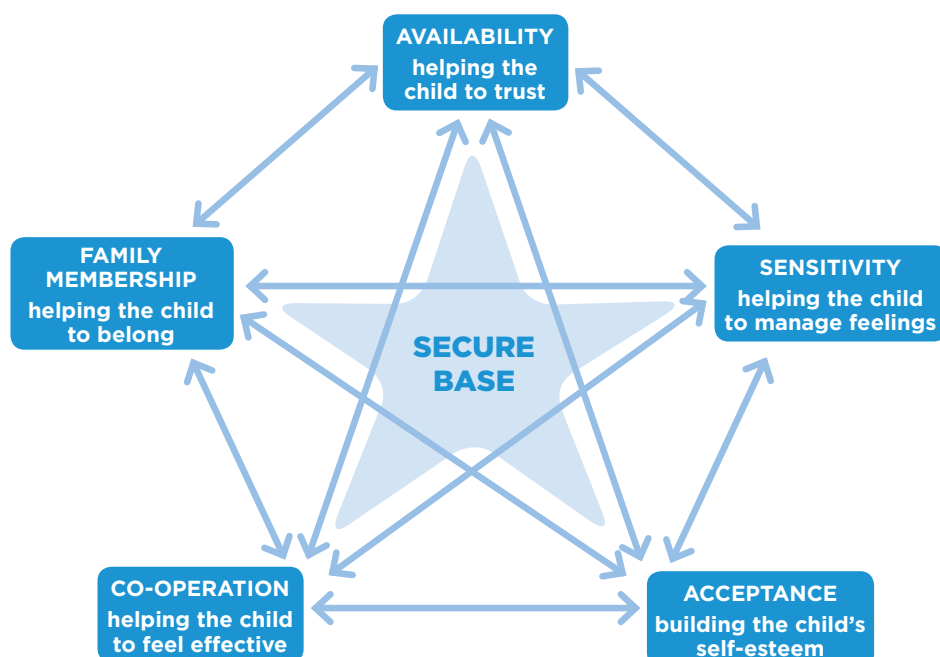
PART 2: Sensitivity – helping the child to manage feelings

TRAINING NOTE

Key ideas in Part 2

- Children experience the same range of feelings as adults.
- The caregiving goal is to help them to *understand and manage* their feelings, and to express them appropriately and in ways that get their needs met.

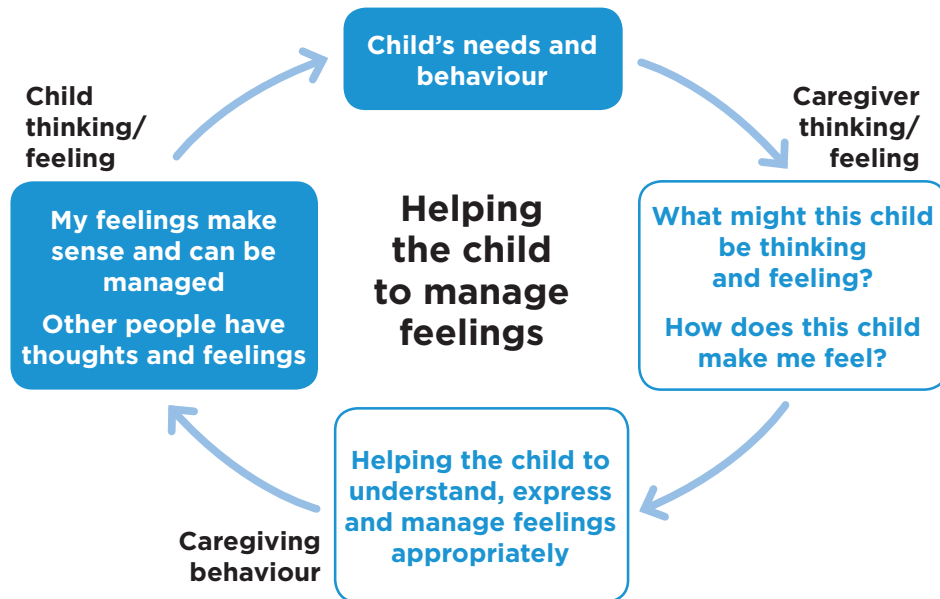
SLIDE 2: Secure Base model



Note

- The caregiving dimension to be discussed in this session is *sensitivity* – helping the child to manage feelings.

SLIDE 3: **Sensitivity**



Notes

- Sensitivity is one of the key elements of therapeutic caregiving. It refers to the caregiver’s capacity to ‘tune in’ to the child. To think about *what the child might be thinking and feeling* and to reflect this back to the child. Over time, and in the context of the other caregiving approaches outlined in the model, this helps children to begin to understand and to manage their difficult feelings – and reduce the troubled behaviour that often accompanies difficult feelings.
- This part of the session will follow each element of the caregiving cycle within this dimension, beginning with the child’s needs and behaviour.

SLIDE 4: **Children’s behaviour when feelings cannot be managed**

- Feelings shown excessively
- Feelings denied or repressed
- Feelings chaotic or dissociated
- Feelings expressed through bodies

Notes

- All children are in the process of learning how to manage their feelings and most will have difficulties with this at times. However, children who have not been helped to understand and manage their feelings in their birth families may have developed patterns of behaviour that have helped them to ‘survive’ in difficult circumstances.
- Some children may *express their feelings excessively*. That is they may easily become very angry, sad, tearful, excited, and then find it hard to regulate these feelings and respond to comfort, calming and so on.
- Some may *deny or repress their feelings*. For these children, showing feelings may be too threatening or frightening.
- In some cases, the expression of feelings may be *chaotic or dissociated*. That is, children respond unpredictably, or with a chaotic mix of feelings, or they seem to separate themselves from their feelings.
- Feelings may also be *expressed through children’s bodies* in confused ways, such as stomach pains, self-harm, over/under eating etc.

EXERCISE 1

15 mins

Difficulty in managing feelings

Display Slide 5. Ask whole group the following question:

Think of children (in different age groups) that you have cared for or are known to you. Have you observed behaviours that suggest difficulties in managing feelings?

Ask the group to think of small indicators – perhaps issues that occur in normal development, e.g. a toddler who gets upset during an ‘exciting’ event such as a birthday, as well as more serious issues of managing anger, sadness etc. This helps to build a picture of the full range of behaviours and intensity.

Ask for specific examples of behaviours and the context in which they occurred. Gather examples for each age group.

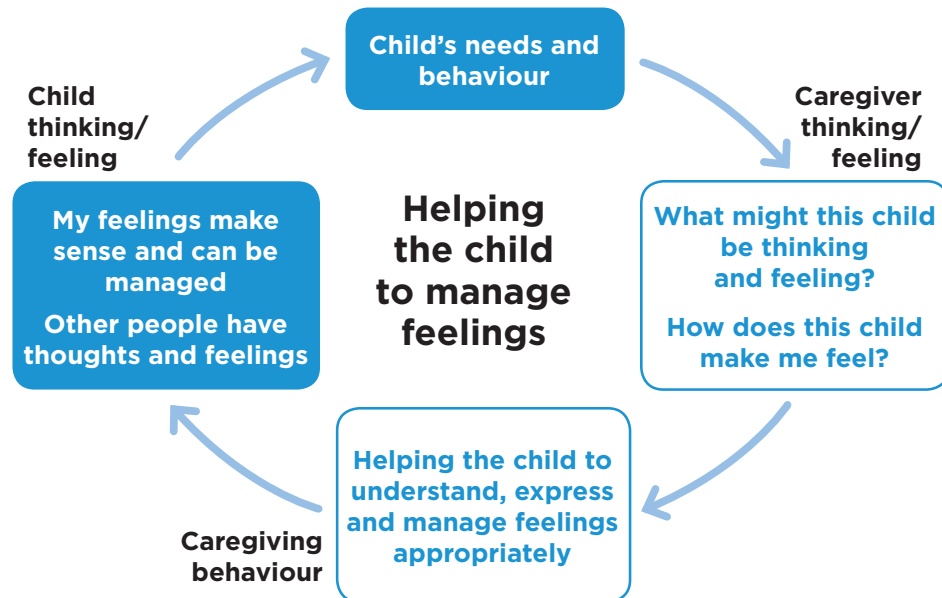
Record responses on the board.

SLIDE 5:

Behaviour that suggests difficulty in managing feelings

- Infants (0–18 months)
- Early childhood (18 months–4 years)
- Middle childhood (5–10 years)
- Adolescence (11–18 years)

SLIDE 7: **Sensitivity**



SLIDE 8: **Sensitivity: caregiver thinking and feeling**

- What might this child be thinking and feeling?
- How does this child make me feel?

Notes

- It is important for caregivers to be able to think flexibly about what the child *might be thinking and feeling*, in any particular situation. They must be thoughtful about the child's previous experiences and how these may have shaped his or her thinking and feeling. When children have grown up in the family, parents can 'read' their thinking and feeling more easily and responses are attuned. Pausing and thinking about *this* foster child's thinking and feeling, especially when feelings are expressed in difficult behaviour, is an important skill for foster carers to learn.
- It is also important for caregivers to be aware of their *own feelings*. Caring for a troubled child can trigger strong and often mixed feelings in caregivers and it is important that these feelings are acknowledged and managed so that they do not become overwhelming to the caregiver and affect the child. The relationship with the supervising social worker can be key in providing a safe space for caregivers where difficult feelings can be discussed and dealt with appropriately.

EXERCISE 2**20 mins****Children and caregivers: thinking and feeling**

Display Slide 9

Divide into pairs or small groups and allocate a case study to each group (Handout 1.2).

Ask the groups to:

- Reflect on the child's possible thinking and feeling.
- Write 3 statements *from the child's perspective*. For example 'I am not loveable'.
- Reflect on a caregiver's possible thinking and feeling.
- Write 3 statements *from the caregiver's perspective*. For example 'He doesn't like me'.

Emphasise that there is no 'correct' response. Different people will have different views. It is important to capture *the range* of possible thinking and feeling in each case. For each case, ask for 2 examples of child's perspective and 2 examples of caregiver's perspective. Display slide 10 during feedback.

SLIDE 9: Child and caregivers: thinking and feeling

- What might this child be thinking and feeling?
- Write some statements *from the child's perspective*. E.g. 'I am not loveable'.
- What might this caregiver be thinking and feeling?
- Write some statements *from the caregiver's perspective*. E.g. 'He doesn't like me'.

SLIDE 10: Case examples

Jay (6 months) has just come into foster care. Previously, Jay had many caregivers, many were neglectful. Jay rarely cries. He appears pale and lifeless and he sleeps a lot. He doesn't smile or interact with his foster carers.

Connor (3) has recently been placed in an adoptive family. He spent nearly 2 years with his bridge foster family. He is tearful over the smallest things. He says he wants things (e.g. a bath or certain foods) and then changes his mind and refuses them.

Ashley (6) is in bridge foster care. Her single birth mother was depressed and she neglected Ashley. Ashley has monthly contact with her birth mother. She looks forward to it but afterwards is very quiet for several days and does not enjoy food or play.

Alisha (15) is in a new foster placement. She was rejected in her birth family and has had three placement moves, including an adoption breakdown. She spends most of her time in her bedroom and has started to scratch her arms.

SLIDE 11: **Sensitivity – caregiver behavior**

- Describe and name feelings
- Provide a verbal and non-verbal ‘commentary’ to daily events
- Use practical tools to help the child reflect on feelings
- Promote empathy in the child

Notes

- The key task for a sensitive caregiver is to *help the child to understand, express and manage feelings appropriately*. Caregivers can use the following approaches to achieve this.
- *Describing and naming their own feelings, and those of the child*. This helps the child to distinguish their own feelings and those of others
- *Providing a verbal and non-verbal ‘commentary’* to daily events e.g. feeds, nappy change, getting ready for school etc. gives a predictable shape to events and helps the child to anticipate and manage the associated feelings.
- *Practical tools* (e.g. an ‘experiences book’ containing descriptions of the child’s experience, tickets, postcards, labels, photos etc associated with a significant event) can help the child to organise their thinking and reflect on the associated emotions.
- Caregivers can *‘model’ the expression and management of feelings* by talking (as and when appropriate) about their own feelings and describing how they are managing them.
- Talking about how the child/other people think and feel can help to *promote empathy* in the child. This can be done through conversation, reading stories or watching TV together and speculating on the thoughts and feelings of others (e.g. “I wonder how he felt when he scored the goal?”).

Examples of sensitivity

Show Chapter 1 of DVD¹

OR

SLIDE 12: **Using stories to promote empathy**

I think Jenna (9) spent so long in self-defence and looking after herself that she never learned to look at things from anyone else's point of view. Even things like stories. When you say, 'why is that person doing that?', she hasn't got a clue, she doesn't follow the motives of what people are doing, or how they are feeling. So we do a lot of story reading together and I talk it through. (Adopter)

SLIDE 13: **Naming feelings**

He gets really rude and sort of anti-everything and I will say, 'You know what, I think you're angry, what are you annoyed about?' And then he will suddenly blurt it out. (Foster carer)

SLIDE 14: **The worry jar**

Sometimes he will really shout and stomp about, so you know something is brewing and he won't tell anybody, because he doesn't want to upset anybody. So he has a worry jar, he writes it and puts it in a worry jar and that goes under his bed and then when he wants me to read it, he gives me the jar and I read his worries. Because if it is out of you, you feel better. (Foster carer)

1 DVD 'The Secure Base model: voices of foster carers, adopters and young people', included in Schofield G and Beek M (2014) *Promoting attachment and resilience*, London: BAAF and Schofield G and Beek M (2014) *The Secure Base model*, London: BAAF.

EXERCISE 3**20 mins****Helping children to manage their feelings and behaviour**

Display Slide 15.

Using the same case examples as previous exercise, ask each group to list different things that they might say and do to help this child to manage their feelings and behaviour.

Ask participants to consider different parts of their daily routines and activities. Encourage creativity, and approaches that are attuned with the child's thinking and feeling, as identified in previous exercise.

Each group to feedback 3 of their ideas, and record on the board.

Display Slide 10 during feedback.

SLIDE 15: Jay, Connor, Ashley and Alisha

How might we help these children to manage their feelings and behaviour?

Additional support needs**TRAINING NOTE**

The following section should be presented in a way that is empathic and sensitive to caregivers, with emphasis on the fact that *all* caregivers, at times may experience these difficulties, especially when children are very troubled. Promote a supportive environment that makes it comfortable for all participants, regardless of their role, to discuss difficult issues openly and respectfully. Allow time for sharing of experiences.

SLIDE 16: Sensitivity: Additional support needs

- Thinking about what is in the child's mind can be painful
 - Child's difficult feelings may be transferred to caregiver
 - Hard to 'pause for thought'
-

Notes

- *Thinking about what is in the child's mind can be painful:* Children may have had experiences which are difficult for us to contemplate, especially physical, emotional and sexual abuse and extreme neglect. It is often extremely painful to think about these experiences and to begin to

imagine their impact on the child. Caregivers may need additional help in understanding what is known of the child’s (good and harmful) earlier experiences and the ways in which these might have shaped his or her thinking and expectations.

- *Child's difficult feelings may be transferred to caregiver:* It is common for caregivers to find themselves taking on the child’s difficult feelings (anger, sadness, powerlessness etc) and experiencing them as if they were their own. Caregivers may need help to recognise what is happening, to take a step back, and to separate their own feelings from those of the child.
- *Hard to ‘pause for thought’:* When children are finding it hard to manage their feelings, caregivers may feel under pressure to respond ‘in the moment’. They may need help to ‘pause for thought’ and reflect on what the child might be thinking and feeling and how they can respond positively.

DISCUSSION (WHOLE GROUP)

20 MINS

Supporting sensitivity

When caregivers are experiencing difficult feelings (e.g. anger, disappointment, lack of confidence), what do they need from social workers or other professionals? /what can social workers offer?

Note key points on the board.

SLIDE 17: **Sensitivity: child thinking and feeling**

- My feelings make sense to others and so can be managed
 - Other people have thoughts and feelings
-

Notes

- Gradually, the child becomes aware that her caregiver *understands her feelings and can make sense of them*. This helps the child to also make sense of her feelings and to feel that they are ‘understandable in the circumstances’. Gradually, empathy will develop and the child will become increasingly aware of *other people’s feelings* and more able to respond appropriately to them.
- The long-term goal is for the child to recognise, express appropriately and manage their own feelings – but small steps towards this e.g. expressing anger in words should be acknowledged and celebrated.
- **Trainer** – refer back to case studies and suggest or ask the group what small steps we might look for in one or more of these cases?

Skills practice

(To be tried at home or in work setting before the next session)

TRAINING NOTE

Distribute Handout 2.2 and talk through with whole group.

Caregivers

Practice this skill as often as possible with your child/children:

Naming feelings

Use a range of opportunities (e.g. stories, TV, toys, conversations) to reflect on and name your own feelings, the child's feelings and other people's feelings. Make sure your body language and tone of voice correspond with the feeling.

Examples

- I feel happy when you sing that song.
- That little boy looks cross because his Dad is busy and can't play with him.
- The Mummy owl has gone hunting. I wonder how the babies feel?
- I wonder if you felt a bit sad and a bit cross when your team lost the match?
- I wonder how she felt when she got that text?

Note any responses, benefits and challenges (however small) of this approach.

Social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to try the above approach.
- Note any benefits and challenges (however small) of this approach

Both groups

- Use the handout sheet to note any benefits and challenges of this approach (however small). In the next session, the whole group will reflect on different approaches, what difficulties have arisen, and how they might be overcome.

Exercises 2 and 3

Jay (6 months) has just come into foster care. Previously, Jay had many caregivers, many were neglectful. Jay rarely cries. He appears pale and lifeless and he sleeps a lot. He doesn't smile or interact with his foster carers.

Connor (3) has recently been placed in an adoptive family. He spent nearly 2 years with his bridge foster family. He is tearful over the smallest things. He says he wants things (e.g. a bath or certain foods) and then changes his mind and refuses them.

Ashley (6) is in bridge foster care. Her single birth mother was depressed and she neglected Ashley. Ashley has monthly contact with her birth mother. She looks forward to it but afterwards is very quiet for several days and does not enjoy food or play.

Alisha (15) is in a new foster placement. She was rejected in her birth family and has had three placement moves, including an adoption breakdown. She spends most of her time in her bedroom and has started to scratch her arms.

Skills practice

Caregivers

Practice this skill as often as possible with your child/children:

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Examples

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Social workers

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- Work with them to try the above approach.
- Note any responses, benefits and challenges (however small) of this approach.

Both groups

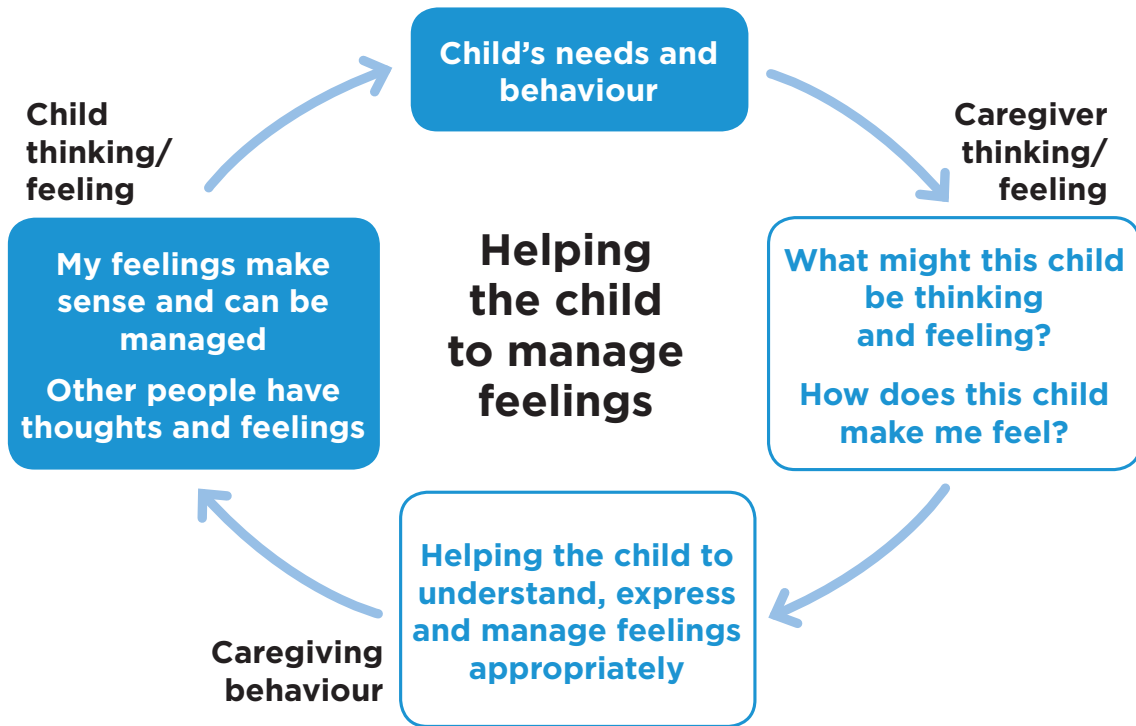
- Use this sheet to note any benefits and challenges of this approach (however small). In the next session, the whole group will reflect on different approaches, what difficulties have arisen, and how they might be overcome.

Approach

Benefits

Challenges

Sensitivity



Approaches for helping children to manage feelings and behaviour

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Observe child carefully – perhaps keep a diary, note patterns, the unexpected etc, try to stand in the child’s shoes.
- Anticipate what will cause confusion and distress for the child and avoid if possible.
- Read cues for support and comfort – be aware of ‘miscuing’.
- Express interest, at a level that is comfortable for the child, in his/her thoughts and feelings.
- Provide shared, pleasurable activity and a ‘commentary’ on the feelings experienced by self and child.
- Find time for interactions that promote synchrony of action, experiences, expressions of feeling (simple action rhymes and songs, clapping games for younger children, ball and beanbag games, learning a dance together, building or making something together, share an ‘adventure’ or new experience together, a game that involves a shared experience of both winning and losing).
- Make a ‘me calendar’ to help a child to see and remember what is going to happen next.
- Collect tickets, pictures, leaflets, stickers etc. and make an ‘experiences book’ to help a child to remember and reflect on positive events.
- Name and discuss feelings in everyday situations (happy, proud, sad, confused, angry, worried, peaceful, excited, guilty, lonely, pleased, etc. Also discuss mixed feelings and feelings that change over time.
- Play ‘sensory’ games (involving touch, sound, smell, observation).
- Use clay, paint, crayons to express feelings.
- Use play and real examples to make sense of the world, how things work, cause and effect
- Encourage children to *stop* and *think* before reacting.
- Help children recover/repair the situation/ make things better after losing control of feelings – praise them for doing this.
- Use stories or puppets to develop empathy in the child – ‘poor owl, how does he feel now his tree has been cut down’, etc.
- Use television programmes/films to focus on why people feel different things and how they can feel different things at the same time.
- Speculate on and give names to the possible feelings of others in everyday conversations.



SESSION 3

Acceptance – building the child's self esteem

FOR THIS SESSION YOU WILL NEED

- Lap top and projector
- Slides for Session 3
<https://www.uea.ac.uk/providingasecurebase/resources>
- A whiteboard or flip chart and pens
- Handouts 1.3, 2.3, 3.3, 4.3, 5.3 (pages 57–62)

PART 1: Discussion of Sensitivity skills practice

40 mins

TRAINING NOTE

- This discussion may need to be tightly managed as it can become lengthy, especially in a larger group. If there are 2 trainers, the group may need to be split, and ideas summarised and shared at the end of the discussion.

SLIDE 1: Sensitivity



Notes

- Display Slide 1. Briefly recap the Sensitivity cycle.
- Ask each participant who has tried the skills practice to share their experiences and progress/barriers with whole group. Discuss what went well, what did not, why this might have been the case for a particular child etc.

- Emphasise that progress can take time, small steps should be valued, often it is a case of trying different approaches until a more successful one emerges – or changing approaches if something becomes ineffective.
- Generate a list of approaches which can be typed and given to participants at the next session.

PART 2:

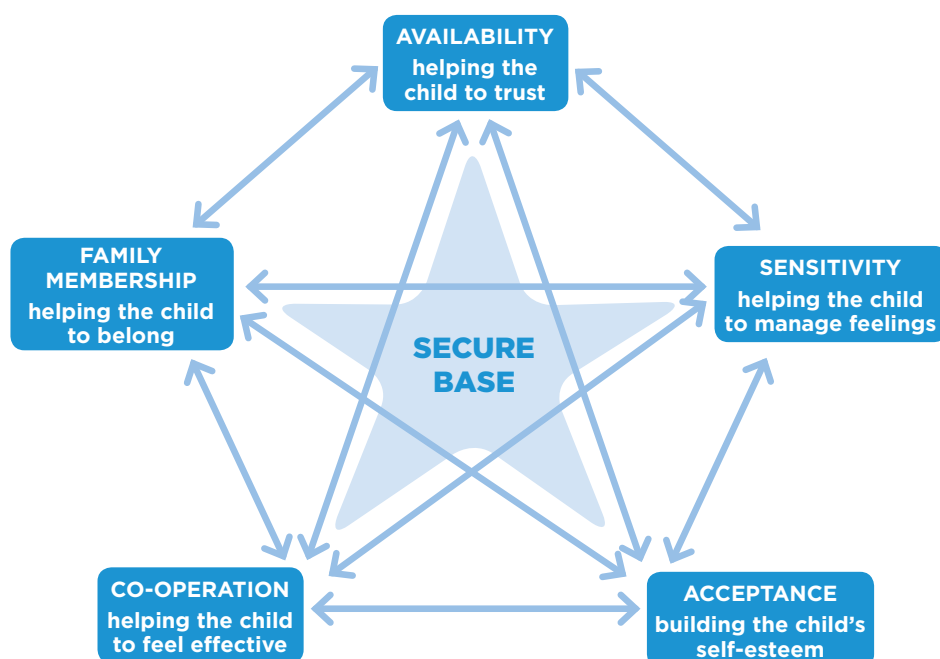
Acceptance – building the child’s self-esteem

TRAINING NOTE

Key ideas in Part 2

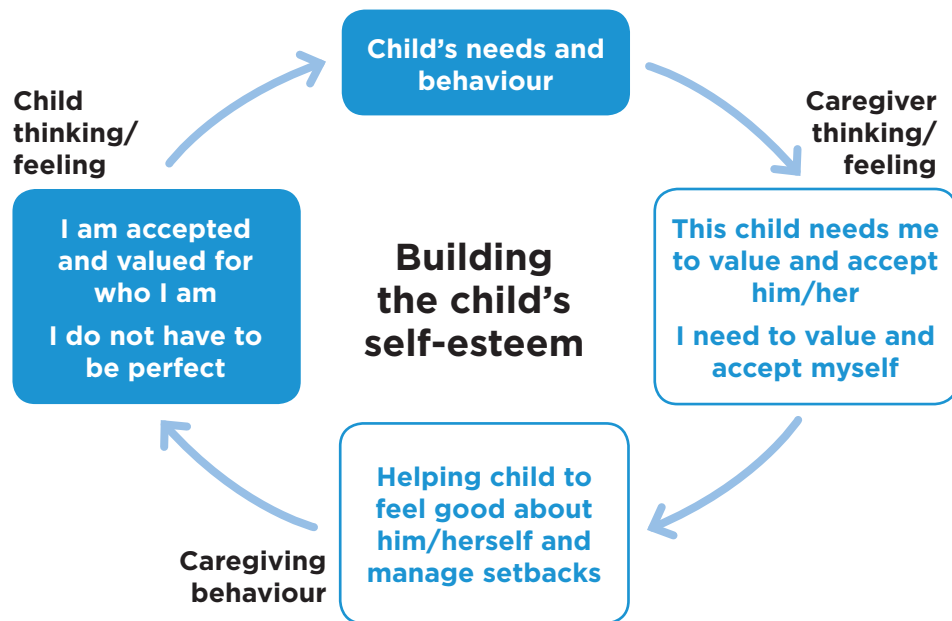
- Acceptance means accepting the whole child, unconditionally, as somebody who is of interest, value and concern.
- The caregiving goal is to convey this acceptance, even when children are resistant or challenging, and have behaviours that need to change.

SLIDE 2: **Secure Base model**



Note

- The caregiving dimension to be discussed in this session is *acceptance – building the child’s self-esteem*.

SLIDE 3: **Acceptance****Notes**

- The third dimension to be discussed is Acceptance. Acceptance refers to a fundamental acceptance of the child for who he/she is, and as a person of value, interest and concern. It includes promoting and celebrating the child's successes in every aspect of their lives, in small things and in bigger things.
- Acceptance also includes supporting the child through setbacks and disappointments. The message is 'Nobody is perfect. You do not have to be perfect to be loved and valued'. At these times the caregiver may need to emphasise that their acceptance and support for the child remains unchanged. Acceptance helps to build the child's self-esteem.
- Good self-esteem is an important aspect of resilience (that is, the capacity to 'bounce back' following adversity and to face new challenges with confidence).

SLIDE 4: Children with low self-esteem

May:

- Have had experiences of abuse, neglect and loss
 - Feel unworthy of love, success, praise
 - Fear failure
 - Defend themselves with untrue claims
-

Notes

- All forms of abuse and neglect, especially parenting that was negative, lacked warmth/sensitivity can make children feel profoundly worthless. Some children may blame themselves for family difficulties and their own and their siblings removal from the family and this can build on existing low self-esteem. Moves within the care system can also contribute to low self-esteem.
- Children who have not been supported to manage setbacks may have a deep fear of failure and so *will not take risks* /try new things, or they may *refuse to join in* with games, activities and so on. Children may develop a sense of being inferior, outside the mainstream, unworthy of success
- Children may defend against feelings of worthlessness and become *boastful*, or make exaggerated/untrue claims (for example, 'I am the best in my class at football', 'I've got hundreds of friends').

EXERCISE 1**15 mins****Behaviour that suggests low self-esteem**

Display Slide 5. Ask whole group the following question:

- Think of children (in different age groups) that you have cared for or are known to you. Have you observed behaviours that suggest low self-esteem?

Ask the group to think of small indicators – perhaps issues that occur in normal development, e.g a young child who is nervous about taking a risk, as well as more serious issues such as self- destructive behaviour in older children. This helps to build a picture of the full range of behaviours and intensity.

Ask for specific examples of behaviours. e.g. 'She won't allow me to take a photo of her', as well as 'she doesn't like the way she looks'. Gather examples from each age group.

Record responses on the board.

SLIDE 5: **Behaviour that suggests low self-esteem**

- Infants (0-18 months)
- Early childhood (18 months-4 years)
- Middle childhood (5-10 years)
- Adolescence (11-18 years)

SLIDE 6: **Refreshment break** ☕**20 mins**SLIDE 7: **Acceptance**SLIDE 8: **Acceptance: caregiver thinking and feeling**

- This child needs me to value and accept him/her
- I need to value and accept myself

Notes

- Caregivers must hold in mind that *this child needs me to value and accept him or her* - whatever may be the stresses of caring for the child.
- Alongside this, and especially if caring for the child is challenging, it is important for caregivers to hold in mind the need to *value and accept themselves*, so that their own emotional resources do not become depleted. This may be a key area of intervention for support workers. Caregivers who are feeling overwhelmed by their children's needs and finding it hard to parent positively may need to be reminded of their

strengths and skills and that it is the child's history that is creating problems in the family, making it difficult for them to parent the child in the way they would want to.

EXERCISE 2

15 mins

Valuing yourself¹

Display Slide 9. Distribute Handout 1.3.

Suggest that acknowledging one's own strengths and skills doesn't come easily to everyone and it is important for caregivers and social workers to practice this as part of maintaining positive self-esteem. It is also important to model self-praise to children so that they can learn to recognise and celebrate their own strengths and skills.

Ask participants to complete the following statements – and then to add two more positive statements about themselves.

- I am good at caring for/working with children because...
- My best qualities are...
- I am proud of the way I...
- I have helped a child/children by...

Participants do not need to share their comments. Instead, after they have completed their statements, introduce a brief discussion about how it feels to praise oneself, why it can be hard, what things are easier/harder to acknowledge and why this might be the case.

SLIDE 9: **Exercise: Valuing yourself**

- I am good at caring for/working with children because...
- My best qualities are...
- I am proud of the way I...
- I have helped a child/children by...

SLIDE 10: **Acceptance – caregiving behaviour**

- Praise and positive attention
- Encourage activities and interests
- Model and teach the child to accept and celebrate difference – ethnicity, personality, talents
- Support setbacks and disappointments

1. Pallet C, Blackeby K, Bengo C, Yule W, Weissman R, Scott S and Fursland E (2015) *Managing Difficult Behaviour*, London, CoramBAAF.

Notes

- Young people who have grown up in foster care or adoption say that what they want most of all is to be loved and *accepted for themselves* – whatever their difficulties might be.
- Praise and positive attention can be powerful in helping children to feel accepted for who they are and good about themselves.
- *Activities and interests where the child can feel successful* – for example, caring for a pet, small tasks in the home, following a sport or activity. Interests and activities are important for building resilience. They can have a ‘ripple effect’ in helping children to gain confidence, relate to peers, use their time productively, improve skills and so on.
- *Caregivers should model and teach the child to accept and celebrate difference of all types* – including ethnicity, personality, talents, ability and so on.
- All children have *setbacks and disappointments at times* and need to be supported through these. It is important for caregivers to have realistic expectations of the child and to reassure the child that he/she is still loved – whether or not things go well. They can promote the idea in the caregiving family- ‘Nobody’s good at everything but everybody’s good at something.

Examples of sensitivity

Show Chapter 1 of DVD¹

OR

SLIDE 11: Building self-esteem through activities

We encourage a lot of activities, because we want to build her confidence and get her to be more sociable. So she goes to theatre school, and since she has done this we feel her confidence has grown more. I mean this year she took the part of the main character in the school play and she was amazing – and she knew she was. (Foster carer)

SLIDE 12: Being alert to low self-esteem

You have to mind what you’re saying to him. You can’t say ‘you’re silly’. You have to say ‘you’re acting silly’, or else he’ll pick up on it straight away, then he’ll really get a down on himself and say ‘I’m rubbish.’ (Foster carer).

1 DVD ‘The Secure Base model: voices of foster carers, adopters and young people’, included in Schofield G and Beek M (2014) *Promoting attachment and resilience*, London: BAAF and Schofield G and Beek M (2014) *The Secure Base model*, London: BAAF.

EXERCISE 3**20 mins****Building self-esteem**

Distribute Handout 2.3. This may be a small group or whole group exercise. Allocate 1 or 2 case studies per group or discuss all case studies as a whole group. Consider:

Slide 13: Case examples

- Chloe (6 months) is tiny for her age and is in foster care because she was failing to thrive. She is very quiet, easily startled and appears anxious and tense.
- Scott (3) will not take the risk of anything new. He only eats about 5 different foods and will not try new toys or activities, or wear new clothes.
- When Jamilla (7) is praised or admired, she seems angry and says 'don't say that'. Often she will then do something 'naughty' to invite a negative response.
- Shayne (11) has mild learning difficulties and is due to start High School soon. He is very anxious and says he doesn't want to go because he won't be able to do the work.

Record ideas on the board. Display Slide 13 during feedback.

Additional support needs**TRAINING NOTE**

The following section should be presented in a way that is empathic and sensitive to caregivers, with emphasis on the fact that *all* caregivers, at times may experience these difficulties, especially when children are very troubled. Promote a supportive environment that makes it comfortable for social workers and caregivers to discuss difficult issues openly and respectfully. Allow time for sharing of experiences.

SLIDE 14: Acceptance – additional support needs

- Children's troubled behaviour may erode carer self-esteem
 - May withdraw/lose empathy for child
 - May become anxious that they cannot meet child's needs
 - Make placement conditional on child changing
-

Notes

- These are common and understandable responses when children are very challenging and foster carer self-esteem starts to become eroded. Physical and emotional energy can become drained, and children may respond to this by increasing their demands or resistance.

EXERCISE 4**15 mins****Discussion: What can help?**

Display Slide 15.

- Ask the group to discuss the example and generate a list of what can help. Include strategies for dealing positively with Asha’s behaviour, as well as emotional and practical support for the foster carers.

SLIDE 15: What can help?

Asha (14) has made great progress in her foster family. But recently, her behaviour has changed. She frequently tells her foster carer, Sally, that she doesn’t like her, calls her unpleasant names and rejects her attempts to offer warmth and care. Asha does not behave in these ways towards Steve, the male foster carer. Sally is becoming worn down by this and feels that Asha must leave if she doesn’t change her ways.

SLIDE 16: Acceptance: child thinking and feeling

- I am accepted and valued for who I am
- I do not have to be perfect

Notes

- When children begin to feel accepted and valued for who they are and that this does not depend on being ‘perfect’, they will gain confidence, enjoy their successes and manage their setbacks. Small steps towards this should be acknowledged and celebrated.
- Self-esteem can be vulnerable throughout childhood and adulthood, especially in unfamiliar or stressful situations. Self-esteem building does not only take place within the family. Schools and community groups can also play an important role in building self-esteem.

Skills practice

(To be tried at home or in work setting before the next session)

TRAINING NOTE

For caregivers

- Distribute Handout 3
- Ask participants to look for any opportunity to comment positively or praise their child, using 'tips for giving praise' (Handout 3).
- Ask them to note some of the comments or praise offered and any observations of what happened as a result
- Next time the whole group can reflect on the benefits and challenges of this approach.

For social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to try the above approach.

Both groups

Use the handout sheet to note any benefits and challenges of this approach (however small). In the next session, the whole group will reflect on your approaches, what difficulties have arisen, and how they might be overcome.

Acknowledging our own strengths and skills

- I am good at caring for/working with children because...

- My best qualities are...

- I am proud of the way I...

- I have helped a child/children by...

Chloe (6 months) is tiny for her age and is in foster care because she was failing to thrive. She is very quiet, easily startled and appears anxious and tense.

Scott (3) will not take the risk of anything new. He only eats about 5 different foods and will not try new toys or activities, or wear new clothes.

When **Jamilla** (7) is praised or admired, she seems angry and says 'don't say that'. Often she will then do something 'naughty' to invite a negative response.

Shayne (11) has mild learning difficulties and is due to start High School soon. He is very anxious and says he doesn't want to go because he won't be able to do the work.

Skills practice

Caregivers

- Look for any opportunity to comment positively or praise your child, using ‘tips for giving praise’ (below).
- Note some of the comments or praise offered and any observations of what happened as a result

Social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to try the above approach.

Both groups

- Use this sheet to note any benefits and challenges of this approach (however small). In the next session, the whole group will reflect on your approaches, what difficulties have arisen, and how they might be overcome.

Tips for giving praise

- Praise for doing. E.g. listening well, taking turns, achievements
- Praise for being. E.g. thoughtfulness, being kind and caring, enthusiasm
- Be specific. e.g. ‘thank you for doing what I asked straight away, as well as ‘good girl’.
- Be sincere. E.g. make eye contact, use warmth and energy in your voice, smile, use touch (if child comfortable).
- Be immediate. E.g. offer praise as soon as child starts doing the desired behaviour, or straight after the event.
- Praise as appropriate. E.g. ‘You did the first half of that really well’.
- Avoid diluting with criticism. E.g. ‘You did the first half of that really well – but the second half isn’t very good at all’.
- Praise small steps towards a goal. E.g. ‘Well done, you put three of your toys in the box’
- Praise for trying, even if something isn’t achieved.
- Shape praise for this child. E.g. If a child is uncomfortable with direct praise, make sure he overhears a conversation in which you are telling someone how well he has done.

P.T.O.

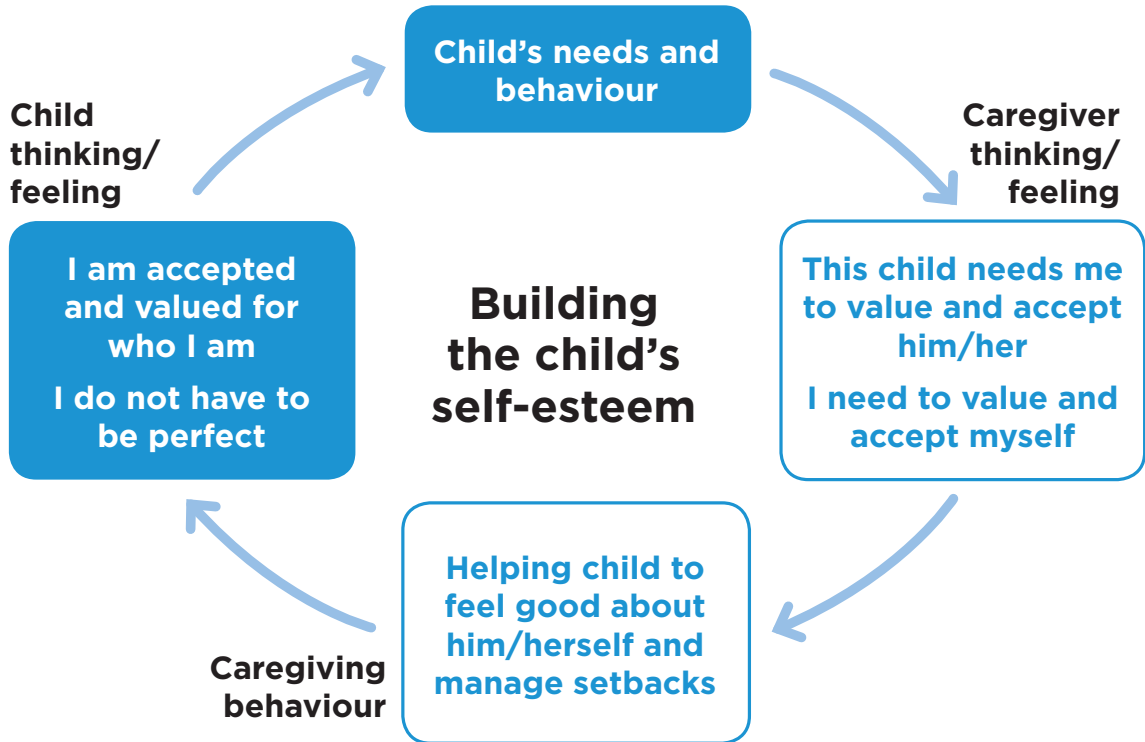


Approach

Benefits

Challenges

Acceptance



Approaches for building self esteem

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Praise child for achieving small tasks and responsibilities.
- Provide toys and games that create a sense of achievement.
- Liaise closely with nursery and school to ensure a sense of achievement.
- Use positive language. For example, 'hold the cup tight – good, well done', rather than 'don't drop the cup'.
- Offer a brief explanation of why behaviour is not acceptable and a clear indication of what is preferred. For example: 'If you shout it's really hard for me to hear what you want to say. I want to be able to hear you, so please talk in an ordinary voice'.
- Help child to list and think about all the things he/she has done that he/she feels proud of.
- Help child to think about times, events, occasions when he/she felt valued and special. Use photos and other mementos to record these events.
- List alongside child, all the things that make you feel proud of him/her. Can include acceptance of limitations (e.g. a time when the child tried but did not succeed at something, was able to accept losing etc).
- Encourage child to draw, paint, make a clay model or play in music how it feels when she feels good about herself. Do the same for yourself.
- As a family group, suggest that each person in the family writes down one good thing about all other family members, so that each child gets given a set of positive things about themselves.
- Make a poster with the child of 'best achievements'.
- Ask child to teach you something that he is good at – such as a computer game or a joke.
- Buy a small treat and place it in the child's bedroom as a surprise.
- Discover and support activities and interests that the child enjoys and can be successful in. May need active support (liaison with club leader, becoming a helper at the club etc.).
- Use dolls, toys, games and books that promote a positive sense of the child's ethnic, religious and cultural background.
- Ensure that the child's ethnic, religious and cultural background is valued and celebrated within the household.
- Model the acceptance of difference in words and behaviour.
- Model a sense of pride in self and surroundings.
- Model within the family that it is OK not to be perfect, that no one is good at everything but everyone is good at something.



SESSION 4

Co-operation – helping the child to feel effective

FOR THIS SESSION YOU WILL NEED

- Lap top and projector
- Slides for Session 4
<https://www.uea.ac.uk/providingasecurebase/resources>
- A whiteboard or flip chart and pens
- Handouts 1.4, 2.4, 3.4, 4.4 (pages 75–79)

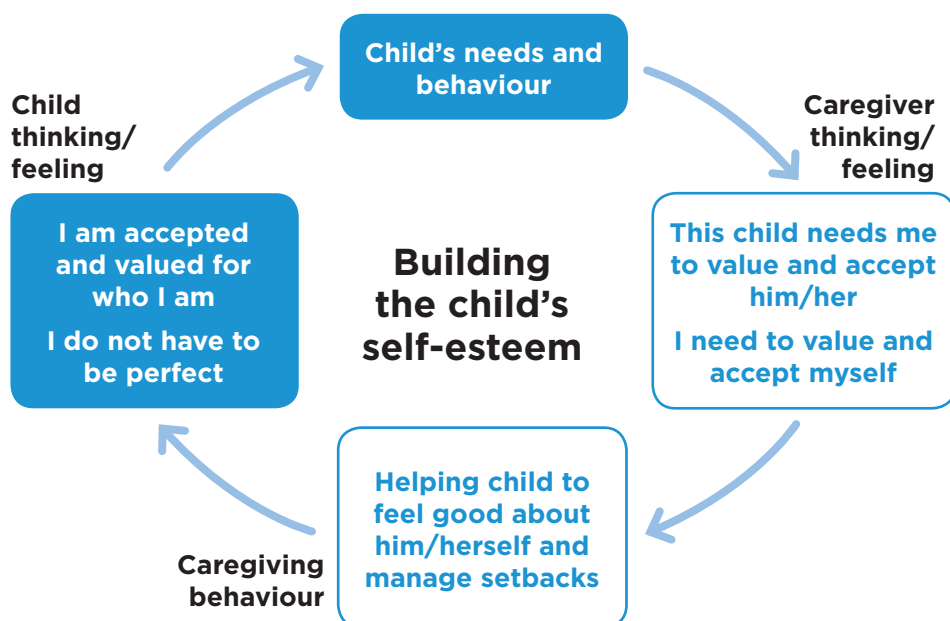
PART 1: Discussion of Acceptance skills practice

40 mins

TRAINING NOTE

This discussion may need to be tightly managed as it can become lengthy, especially in a larger group. If there are 2 trainers, the group may need to be split, and ideas summarised and shared at the end of the discussion.

SLIDE 1: Acceptance



Notes

- Display Slide 1. Briefly recap the Acceptance cycle.
- Ask each participant who has completed skills practice to briefly share their experiences and progress/barriers with whole group. Discuss what helped, what did not, why this might have been the case for a particular child etc.

- Emphasise that progress can take time, small steps should be valued, often it is a case of trying different approaches until a more successful one emerges – or changing approaches if something becomes ineffective.
- Generate a list of ideas which can be typed and given to participants.

PART 2:

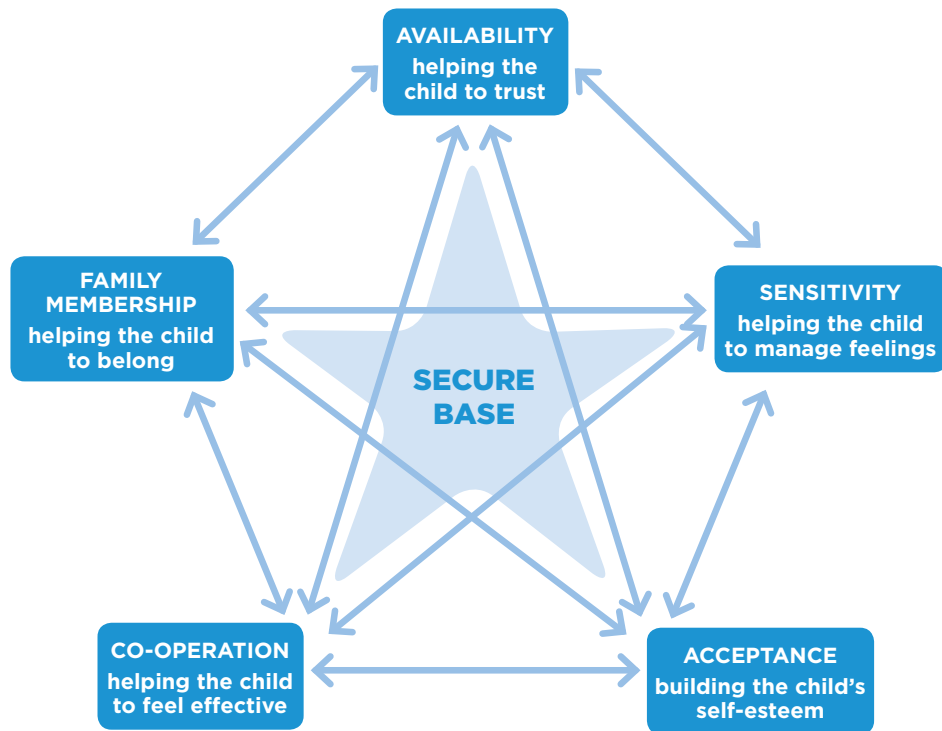
Co-operation – helping the child to feel effective

TRAINING NOTE

Key ideas in Part 2

- This session allows more time for discussion than previous sessions, as the link between effectiveness and co-operation can be more difficult to grasp.
- Effectiveness is connected with competence, agency, a feeling that you can have some influence over events that affect you. The more effective we feel, the more likely we are to co-operate and compromise.
- This dimension can be problematic for caregivers who have cared for children who are highly unco-operative and seek to control adults and their environment. It is understandable for caregivers to feel that they have to reassert control and this can lead to unwinnable control battles.
- It is important, therefore, to emphasise that co-operation does not imply a lack of boundaries or structure.
- The key is to set appropriate boundaries, but to allow the child to have some agency and choice within them.
- Some caregivers may need reassurance that it is acceptable and often beneficial to take this approach.

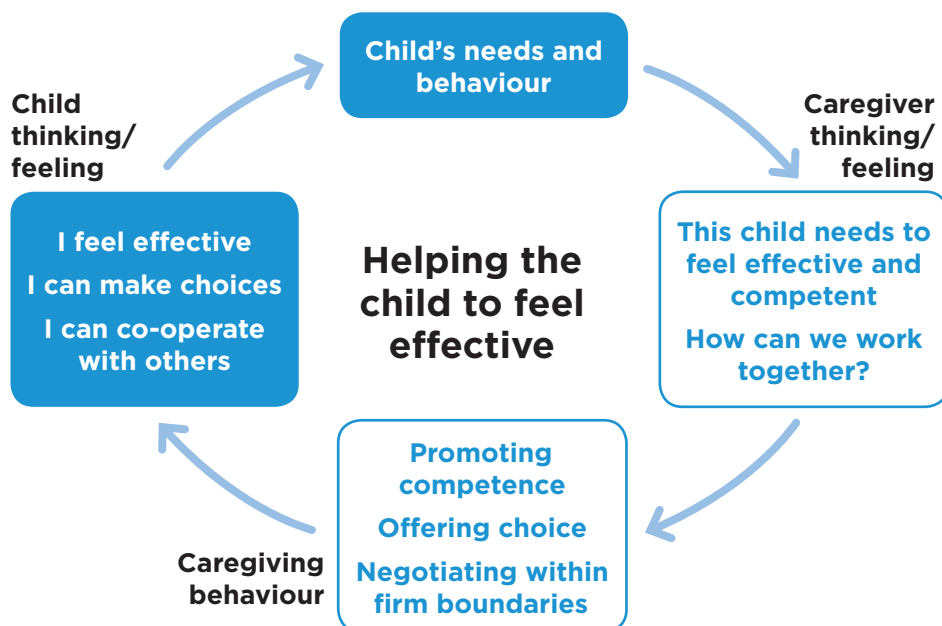
SLIDE 2: **Secure Base model**



Note

- The caregiving dimension to be discussed in this part of the session is *co-operation – helping the child to feel effective*

SLIDE 3: **Co-operation**



Notes

- What do we mean by co-operation? Co-operation means setting firm boundaries, but, within these boundaries, working together to achieve shared goals (e.g. tidying up toys before having a snack) and achieving co-operation with the child wherever possible.
 - What do we mean by ‘feeling effective’? For children and young people, feeling effective means feeling competent, able to have some choice and control over what they do and what is done to them.
-

SLIDE 4: **Why do some children find it hard to co-operate?**

- Little experience of co-operation with others
 - Lack confidence in getting their needs met
 - The care system may have increased sense of powerlessness
-

Notes

- Many children who enter the care system have rarely experienced co-operative parenting – their parents were often either too controlling and intrusive or too passive and ineffective. Boundaries may have been harsh, rigid or unreasonable – or weak and variable. They may lack confidence in getting their needs met
- Children may feel acutely powerless when they are placed into care, or moved within the care system. They may have had little preparation for their moves and been left feeling that they do not have a say in what happens to them.
- Some children may feel *too powerful* and become *controlling*. They may try to control adults, both at home, and at school. They may not accept the family or classroom rules and small issues become ‘battles’. They may also be bossy/controlling with peers and become unpopular at school. Alternatively, some children may become over-compliant, unable to assert their views and wishes – and vulnerable as a result.

EXERCISE 1**15 MINS****Behaviour that suggests feeling ineffective**

Display Slide 5. Ask whole group the following question:

Think of children (in different age groups) that you have cared for or are known to you. Have you observed behaviours that suggest feeling ineffective?

Ask the group to think of small indicators – perhaps issues that occur in normal development, e.g. a toddler who refuses to comply, as well as more serious issues of extreme compliance/controlling behaviour in an older child. This helps to build a picture of the full range of behaviours and intensity.

Ask for specific examples of behaviours. E.g. ‘gives away her dinner money’, as well as ‘too compliant with peers’. Encourage participants to consider children who are too compliant as well as those who are unco-operative and controlling.

Record responses on the board.

SLIDE 5: Behaviour that suggests feeling ineffective

- Infants (0–18 months)
- Early childhood (18 months–4 years)
- Middle childhood (5–10 years)
- Adolescence (11–18 years)

SLIDE 6: Refreshment break **20 mins**

SLIDE 7: Co-operation: caregiving thinking

- This child needs to feel effective and competent
- How can we work together?

Notes

When children are trying to be too powerful and controlling, it can be hard to think that they need to feel more effective, but thinking in this way can lead to strategies that promote co-operation.

SLIDE 8: **Lois (14)**

The foster family rule is that everyone sits down together at the table for their evening meal. Lois, newly placed, refuses to do this. Her foster carer, Joe, thinks of Lois' need to have a sense of choice and control in her currently chaotic life. He suggests that he will lay Lois' place at the table each evening, but it is up to her whether or not she joins the family. If she chooses not to, he will keep her dinner and she can have it at the table after the family have finished. After several weeks, Lois chooses to join the family – quietly at first, then with full participation.

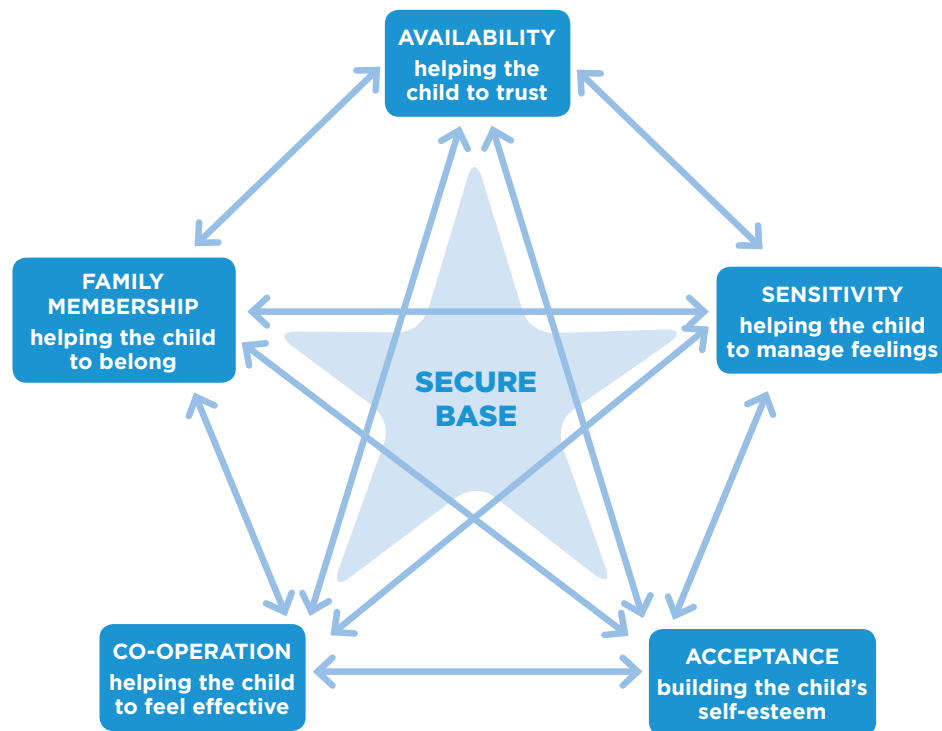
Notes

- This is an example of a foster carer thinking of the child's need to feel effective and looking for a way in which they can work together.
- Joe has a clear rule, but he thinks that Lois' needs to feel more effective and competence in managing her life are leading to this (and other) refusals. Joe looks for a way of working together on this issue. He finds a way to hold on to one part of the family rule (i.e. Lois has her dinner at the table), but allows Lois to choose the point at which she feels ready to move closer to the family.

EXERCISE 2**Discussion: Re-cap on Secure Base model**

- Display Slide 9
- Suggest that the 4 dimensions of the model discussed so far interact and overlap with each other, as indicated by the arrows in the diagram.
- Display Slide 8. In the example of Joe and Lois, Joe is thinking in all four dimensions.
- Ask the group to consider:
 - **How is Joe showing availability?**
(Possible response: He is thinking that she needs to build trust and he is supporting this through providing a reliable routine, time and attention).
 - **How is Joe showing sensitivity?**
(Possible response: He is thinking that she might feel nervous/ anxious/embarrassed etc. and he is helping her to manage this by finding an approach that reduces these feelings)
 - **How is Joe building Lois' self-esteem?**
(Possible response: He is thinking that Lois needs to feel valued and accepted, and he shows this by laying her place at the table).

SLIDE 9: **Secure base model**



SLIDE 10: **Co-operation: caregiver behaviour**

- Clear rules and boundaries/willing to negotiate within them
- Offer 'safe' choices
- Help the child to achieve results
- Use fun and playfulness where possible
- 'Attending' - allowing child to take the lead

Notes

- It is important that caregivers *have clear rules and boundaries*, which are appropriate and reasonable for the child's age and stage of development. These should be clearly explained to the child, along with the reasons behind them (see Resources for tips on boundary setting).
- Caregivers should also *be willing to negotiate and compromise* within these boundaries (see Resources for examples).
- *Offering some choice* (within safe limits), even in small things, can help children to feel more effective and able to have some influence in their lives. E.g. 'Would you like to wear your blue T shirt or the red one?'

- Supporting children to *achieve positive results* (for example, completing small household tasks, planning an activity) can also be beneficial.
- Use fun and playfulness to achieve co-operation, where possible. This will help the child to understand that it is 'safe' and rewarding to co-operate.
- Attending is a way of allowing children to feel effective and competent in a safe, structured setting. It can be done for short periods (about 10 minutes) each day and it should be named as a special activity (e.g. Special Playtime). Attending is the skills practice for this session and guidance for attending will be provided in a handout.

Examples of co-operation

Show Chapter 1 of DVD¹

OR

SLIDE 11: **Attending**

George (3) would only relax in the garden, so although it was winter we wrapped up warm and everyday we spent time outside. He would potter about, looking at stuff and I would follow him sometimes and talk occasionally and he would stop and he'd look at an insect, or whatever it was he'd found. I pretty much let George lead, but sometimes I'd draw his attention to things. (Foster mother)

SLIDE 12: **Helping an oppositional child to feel effective**

We try, actually, never to tell Salim (7) to do anything. It's a matter of phrasing it differently, so that you are not triggering his feelings of threat. So, instead of saying, 'Please wash your hands before you have a sandwich' we might just say 'Would you like to come and have a sandwich after you've washed your hands?' (Adopter)

SLIDE 13: **Using fun to achieve co-operation**

Kane (7) often doesn't want to go to bed. He loves stories and when it is bedtime, (I) might say 'race you up the stairs. First one up gets to choose the story'. This works well as Kane knows that I will choose a shorter story, and Kane wants a long story. Kane is eager to run upstairs first so that he can choose his long story. Bedtime is no longer a battle. (Foster carer)

1 DVD 'The Secure Base model: voices of foster carers, adopters and young people', included in Schofield G and Beek M (2014) *Promoting attachment and resilience*, London: BAAF and Schofield G and Beek M (2014) *The Secure Base model*, London: BAAF.

EXERCISE 3**20 mins****Helping children to feel effective**

Display Slide 14.

Divide into small groups, or remain in whole group.

Ask participants to consider these behaviours and suggest a range of ideas for what caregivers might **say** and **do** to deal with them in ways that could help the child to feel effective/be co-operative.

Record responses on the board.

SLIDE 14: Helping children to feel effective/be co-operative

- Taylor (6 months) resists attempts to engage him with toys
- James (4) can't sit still, runs around, jumps on furniture
- When Toby (8) is angry, he often kicks the cat
- Annette (15) stays out later than agreed

Additional support needs**TRAINING NOTE**

The following section should be presented in a way that is empathic and sensitive to caregivers, with emphasis on the fact that all caregivers, at times may experience these difficulties, especially when children are very troubled. Promote a supportive environment that makes it comfortable for social workers and caregivers to discuss difficult issues openly and respectfully. Allow time for sharing of experiences.

SLIDE 15: Co-operation: additional support needs

- Child's needs trigger difficult memories/feelings:
- Lack of co-operation can be undermining and dispiriting

Notes

- *Child's needs trigger difficult memories/feelings:* If caregivers have had difficult experiences of controlling relationships in the past, their own difficult feelings and memories can sometimes re-surface as they become close to children who seek to control adults or who are over-compliant. Caregivers may need support from trusted professionals to recognise

a possible connection with their own experiences and feelings, and to recognise the impact that this may have on the child. This can help caregivers to separate their own experiences and focus more fully on the child's needs.

- *Lack of co-operation can be undermining and dispiriting.* Caregivers may feel helpless and inadequate when children are unco-operative. They may find it hard to share these feelings with professionals. They may need reassurance that their feelings are normal and understandable and that they are valued and trusted as caregivers. Peer support can be helpful for some caregivers in this situation.

SLIDE 16: **Co-operation: child thinking and feeling**

- I feel effective
- I can make choices
- I can co-operate with others

Note

- When children begin to feel more effective and appropriately in control of their lives, they will be more able to let go of inappropriate control and more willing to compromise and co-operate.
- **Trainer** – refer back to case studies and suggest or ask the group what small steps we might look for in one or more of these cases?

Skills practice

(To be tried at home or in work setting before the next session)

TRAINING NOTE

Distribute Handout 1.4 and talk through with group.

Caregivers

Practice this skill as often as possible with your child/children:

For younger children

- Spend 10 minutes giving your child full attention in a safe setting, suitable for play. You might select a few favourite toys to be available, or you might make yourself available when the child is showing interest in some toys or activity. Toys and activities with creative potential such as cars, dolls, bricks, drawing, play do etc are ideal.

Allow the child to take the lead while you follow

DO

- Give undivided attention, show and express interest and pleasure
- Follow his ideas and instructions – whatever it may involve. E.g. ‘crawl on the floor like a spider!’
- Gently mirror his actions and words sometimes, to demonstrate your full attention
- Provide a neutral commentary – E.g. ‘you are cuddling the doll’
- Go at the child’s pace, however boring or repetitive this might be

DO NOT

- Suggest ideas
- Correct what he is doing
- Suggest feelings or physical states. E.g. ‘The doll likes being cuddled’. ‘Perhaps the doll is tired and wants a sleep?’
- Suggest a ‘better’ way of doing something, or an alternative activity
- Ask ‘Why?’ ‘What? Where? How? questions

For older children

- Use a similar approach, regularly showing interest and pleasure in observing something that the young person does well. For example, laying the table, swimming, choosing the right clothing for an occasion etc. Provide a neutral commentary and avoid suggesting what the young person might be feeling, how they might improve further etc.

Supervising social workers

- Identify a caregiver (or more than one) who is willing to work with you in between these sessions.
- Work with them to try the above approach.

Both groups

- Use the handout sheet to note any benefits and challenges of this approach (however small). In the next session, the group will reflect on your approaches, what difficulties have arisen, and how they might be overcome.

Skills practice: Attending¹

Caregivers

- Practice this skill each day, if possible, with your child/children:
- Spend 10 minutes giving your child full attention in a safe setting, suitable for play. You might select a few favourite toys to be available, or you might make yourself available when the child is showing interest in some toys or activity. Toys and activities with creative potential such as cars, dolls, bricks, drawing, play do etc are ideal.

Allow the child to take the lead while you follow

DO

- Give undivided attention, show and express interest and pleasure
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Both groups

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1 Drawn from: Pallett C, Blackeby K, Bengo C, Yule W, Weissman R, Scott S and Fursland E (2015) *Managing Difficult Behaviour*, London: CoramBAAF.

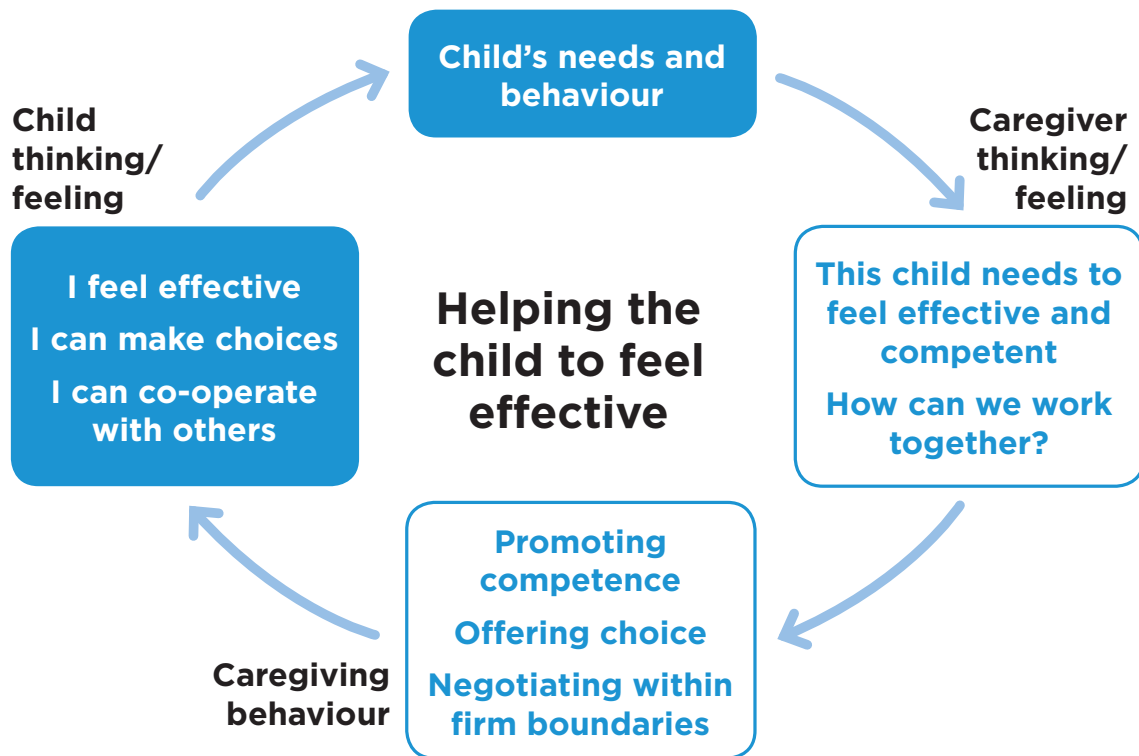


Approach

Benefits

Challenges

Co-operation



Tips for setting clear rules and boundaries

Be brief and clear

Ensure that family rules and expectations are brief, simple and clear. Too many points or too much detail can be overwhelming and confusing.

For example, one foster family has just three rules:

- Be kind to each other
- Be kind to our home
- Be kind to yourself

Aim to work together within the boundary

Link the boundary to a positive outcomes for the child or young person. Then try to work together to come to an agreement within it. E.g.

'I want you to have at least seven hours sleep, so you will feel good the next day. What time shall we agree you stop using your phone?'

Offer flexibility

Explain that there can usually be flexibility for good reason. E.g. 'If all goes well, we agree a later time when you're 16'

Be positive

Suggest positive behaviours and positive outcomes, rather than the reverse. For example 'if you clean your teeth straight away, we will have time for a longer story', rather than 'stop messing about or you won't have a story'. Offer plenty of praise for compliance, and help the child to make the connection between co-operation and positive outcomes. E.g. 'we had a lovely, fun bedtime this evening because you were so quick and helpful getting ready'.

Be polite

A polite, respectful approach is likely to increase children's feelings of safety and trust and can be used as a model for family norms and values – 'E.g. 'In this family, we don't shout and swear at each other'.

Reminders

Provide gentle, proactive reminders and positive feedback when things are going well. E.g. 'It's been a really good afternoon – everyone has been so kind and thoughtful to each other'.

Approaches for helping children to feel effective/be co-operative

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Find individual activities that the child enjoys and that produce a clear result. For example, give the child a disposable camera to use on holiday or on a day out, help him to get the photos developed and give him a small album for the results.
- Within the house and garden, minimise hazards and things that child cannot touch and keep 'out of bounds' areas secure so that the child can explore without adult 'interference' when he is ready to do so.
- Suggest small tasks and responsibilities within the child's capabilities. Ensure recognition and praise when achieved. If they become an issue, do them alongside the child – a chance to show availability.
- Introduce toys where the action of the child achieves a rewarding result. For example, pushing a button, touching or shaking something.
- Make opportunities for choices. For example, allow child to choose the cereal at the supermarket, a pudding for a family meal, what to wear for a certain activity.
- Ensure that daily routines include time to relax together and share a pleasurable activity.
- Respond promptly to child's signals for support or comfort or reassure an older child that you will respond as soon as possible. For example 'I must quickly finish what I am doing and then I will come and help you straight away'.
- Do not try to tackle several problem areas at any one time. Set one or two priorities and work on them gradually until there are sustained signs of progress. Ensure that these are acknowledged.
- Use co-operative language wherever possible. For example 'Would you like to come and have a sandwich after you've washed your hands', rather than 'Wash your hands before you eat your sandwich'.
- Find shared activities that the child enjoys and that produce a clear result. For example, baking cakes.
- Seek opportunities for the child to co-operate with other children – you may need to be present so that this is managed successfully.
- Help the child to identify a target that they would like to achieve, do, change etc. Settle on one where something done now will make a difference. Discuss what the young person can do and negotiate simple, relevant and achievable steps that they can take. When agreed, draw a simple staircase and write one task in each of the bottom steps of the staircase. For example, if the target is 'go to see Manchester United play at home', steps might be – use internet to find out dates of home games this season, settle on suitable date and put on calendar, find out train times, etc. Set a time to review progress and think about further steps needed.



SESSION 5

Family membership – helping the child to belong

FOR THIS SESSION YOU WILL NEED

- Lap top and projector
- Slides for Session 5
<https://www.uea.ac.uk/providingasecurebase/resources>
- A whiteboard or flip chart and pens
- Handouts 1.5, 2.5, 3.5, 4.5 (pages 91–95)

PART 1:

Discussion of Co-operation homework

40 mins

TRAINING NOTE

This discussion may need to be tightly managed as it can become lengthy, especially in a larger group. If there are 2 trainers, the group may need to be split, and ideas summarised and shared at the end of the discussion.

SLIDE 1: Co-operation



Notes

- Display Slide 1. Briefly recap the co-operation cycle.
- Ask each participant who has completed skills practice to briefly share their experiences and progress/barriers with whole group. Discuss what helped, what did not, why this might have been the case for a particular child etc.
- Emphasise that progress can take time, small steps should be valued, often it is a case of trying different approaches until a more successful one emerges – or changing approaches if something becomes ineffective.
- Generate a list of approaches which can be typed and forwarded to participants.

PART 2:

Family membership – helping the child to belong

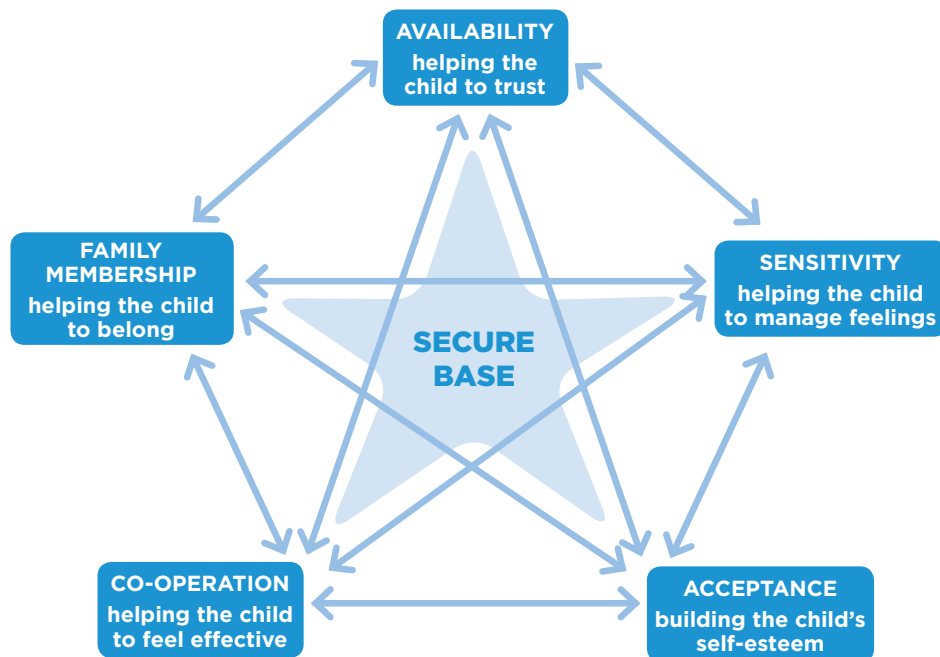
TRAINING NOTE

Key ideas in Part 2

The balance of foster family membership and birth family membership will vary depending on the length and purpose of the placement and it will also vary over time.

Caregivers may need to make sensitive judgements to ensure that membership of both families is promoted and supported at a level that is comfortable for this child at this time.

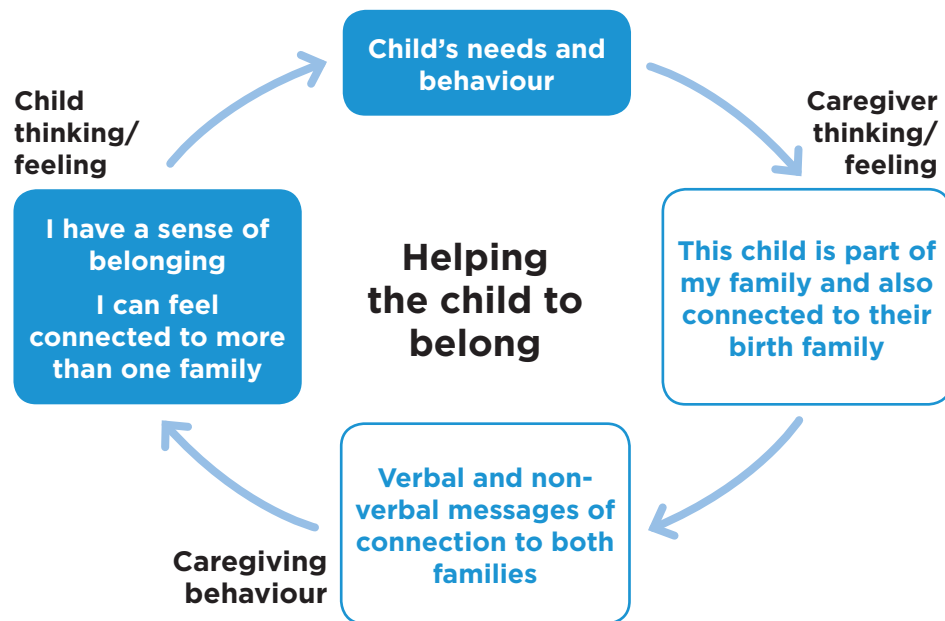
SLIDE 2: **Secure Base model**



Note

- The caregiving dimension to be discussed in this part of the session is *family membership – helping the child to belong*.

SLIDE 1: **Family membership**



Notes

- This dimension refers to the capacity of the caregiver to include the child as a family member. At the same time, the caregiver must help the child to establish an appropriate sense of connection and belonging to his birth family. In this way, the child can develop a comfortable sense of belonging to more than one family.
- *Family membership* is important because it confers a wide range of practical, social and psychological benefits. In a family based society, a child who has no close family relationships may feel psychologically and socially dislocated. Family membership can be extended to several households and does not have to involve biological or legal ties, provided there is a commitment to inclusion.

EXERCISE 1**15 mins****Family membership**

- Display slide 4.
- Ask the whole group to consider the first question.
- Record responses to first question on board. Ensure the following themes are covered:
 - Security of relationships
 - Identity
 - Cultural norms and values
 - Support throughout childhood and into adulthood,
- Ask the whole group to consider the second question. The following themes may be covered:
 - Managing membership of more than one family
 - Managing a dual identity, especially when there are difficult issues in the birth family
 - The significance and meaning of dual family membership will vary over time – issues can re-surface unexpectedly
 - Contact can support or disrupt comfortable sense of membership of either family
 - Permanence planning can be lengthy and uncertain, permanence can be hard to achieve, or very successful.
 - Children may not accept the patterns/rituals of new family
 - Carers feel that children don't want to belong and placements can become vulnerable as a result.

SLIDE 4: Family membership

- Why is family membership important for all children?
- Which of these things can present additional challenges for looked after and adopted children?

SLIDE 5: Family membership: caregiver thinking and feeling

- This child is part of my family
- And also connected to their birth family

Notes

- Children and young people in or adopted from the care system place high value on feeling fully included as part of their foster or adoptive family and it is important for caregivers to think about ways of conveying a sense of inclusion that is compatible with the circumstances or likely duration of the placement.

- But they also need to acknowledge the child's *birth family membership* and to recognise that this is a fundamental aspect of the child's identity.
- The role of the birth family and its meaning for the child will vary according to the nature of the plan and the quality of relationships in both the birth family and the foster/adoptive family.

SLIDE 6: **Family membership: caregiver behaviour**

- Help the child to feel welcome in the family
- Make physical space for child
- Promote birth family identity
- Manage contact positively

Notes

- *Help the child to feel welcome in the family.* Ensure the child understands how this family does things; include the child in family life. Consider what will help *this* child to feel welcome and included. For example, one child said that she knew her new long-term foster carers really wanted her because when she arrived, she found that they had placed a duvet cover representing her favourite band on her bed.
- *Make physical space for child.* Have special places for the child in the family home – for their clothes, at table, in the garden
- *Promote birth family identity*, at a comfortable level. Enable the child to talk about and value their birth family identity. And to develop a realistic and balanced appraisal of both strengths and difficulties in their close and wider birth family.
- *Manage contact positively* (whether frequent or infrequent, face to face or indirect), in ways that promote the child's well-being and a comfortable and appropriate sense of belonging in both families.
- Examples of family membership

Examples of co-operation

Show Chapter 1 of DVD¹

OR

SLIDE 7: **Foster family membership**

We always say – from the moment you walk through the door, you are part of us. No matter how long you're staying or how many other families you relate

1 DVD 'The Secure Base model: voices of foster carers, adopters and young people', included in Schofield G and Beek M (2014) *Promoting attachment and resilience*, London: BAAF and Schofield G and Beek M (2014) *The Secure Base model*, London: BAAF.

to, you are part and parcel of our family, the same as everyone else who lives here. We say it and we show it to them as well. (Foster carer)

SLIDE 8: Birth family membership

My foster family is amazing! They have given me opportunities that I would have never been able to have and it is really lovely how much they are there for me. You know, because I am not with my family, they sort of fill that space, but never replace. They wouldn't, they are respectful, they know how much I love my family, they know that I care so much equally about all of them and that I could never choose between them. (Young person in long-term foster care)

SLIDE 9: Refreshment break 

20 mins

SLIDE 10: Birth family membership: promoting positive contact

- Contact has the potential to be helpful or harmful to children
 - The Secure Base model can provide a framework for assessing the benefits and risks of contact
-

Notes

- Birth family contact, whether indirect or face to face has the potential to help children in managing their dual identities and to develop or sustain positive relationships with their relatives built on realistic understandings and appreciation of their strengths and difficulties.
 - However, contact can involve difficult transitions, the arousal of painful memories and feelings, and the exploration of relationships that have been destructive in the past. For all children it is important that the potential risks of contact are managed and balanced in ways that enable them to feel secure, comfortable, supported and free from anxiety when they connect with their birth families.
 - The five dimensions of the Secure Base model can help to identify positive **and** potentially harmful elements of contact,
-

SLIDE 11: Caregiving dimensions and contact

- Availability – helping the child to trust
 - Sensitivity – helping the child to manage feelings
 - Acceptance – building the child's self esteem
 - Co-operation – helping the child to feel effective
 - Family membership – helping the child to belong
-

Notes

- *Availability – helping the child to trust*
Positive contact arrangements should be such that the child has access to his or her current source of security (usually the foster carer/adoptive parent) or can hold the secure base in mind.
Example of potentially harmful contact: Transport provided by taxi or unfamiliar drivers.
- *Sensitivity – helping the child to manage feelings*
Contact is likely to involve some difficult/mixed feelings. Caregivers may need to name and acknowledge these feelings, showing the child that it is OK and understandable to feel a mixture of excitement and trepidation, love and anger and so on.
Example of potentially harmful contact: Child overwhelmed by feelings before, during or after contact, unable to respond to reassurance.
- *Acceptance – building the child’s self esteem*
Contact arrangements should be such that before, during and after the contact, children feel accepted, valued and good about themselves.
Example of potentially harmful contact: Child criticized or ignored during contact.
- *Co-operation – helping the child to feel effective*
Children need to feel appropriately included in planning and discussing contact arrangements.
Example of potentially harmful contact: Child not consulted or listened to when planning contact.
- *Family membership – helping the child to belong*
Contact arrangements should aim to promote a comfortable sense of belonging in both families.
Example of potentially harmful contact: Birth relative or caregiver habitually expresses negative feelings about each other to child.

EXERCISE 2	20 mins
<p>Promoting positive contact</p> <ul style="list-style-type: none"> ● Distribute Handout 1.5 ● Depending on time available, discuss one, two or all of the case study exercises in small groups or whole group. 	

SLIDE 12:

Family membership: child thinking and feeling

- I have a sense of belonging
- I can belong (comfortably) to more than one family

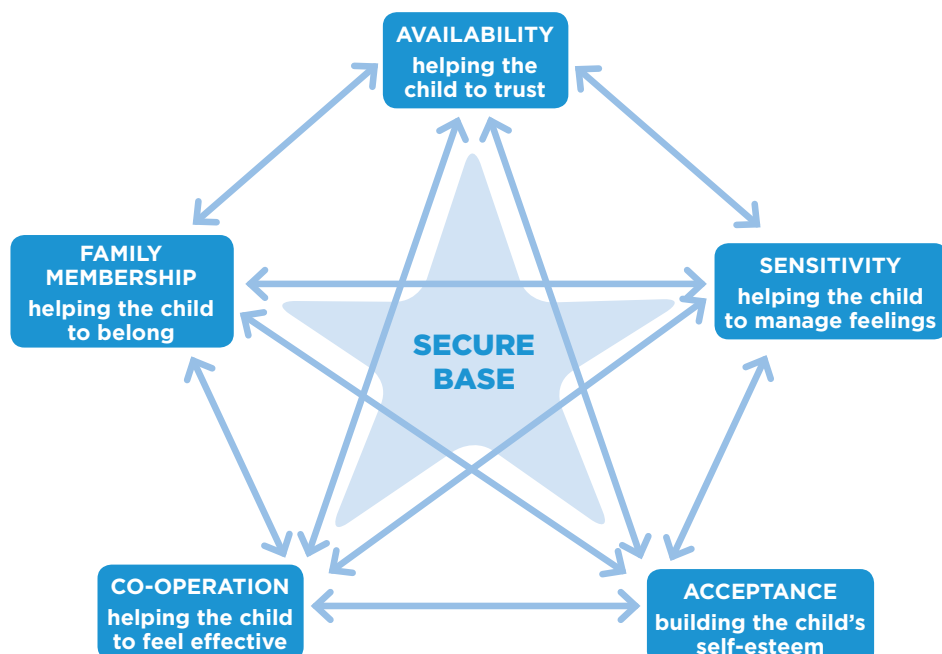
Notes

- The combination of inclusion and recognition of the possibility of being a member of more than one family can enhance the child's felt security - 'I am safe and secure in this family or group, but I can also think and talk about how it feels to be a member of another family.'
- Over time, this will allow children to process their complex feelings, recognise and express different and mixed feelings and manage their dual or sometimes multiple memberships at a level that feels compatible with their particular circumstance, wishes and feelings.
- They can move towards a position where their thinking and behaviour reflects a coherent sense of self and acceptance that 'I can belong comfortably to more than one family'.

SLIDE 13: **Summary of the model**

- Dimensions of model do not exist in isolation
- They combine and interact with each other to form a secure base for the child

SLIDE 14: **Secure Base model**



Notes

It is important to see that the 5 caregiving dimensions work together (see inter-connecting arrows). Many caregiving approaches contain elements of different dimensions and promote different aspects of the child's development. For example, when the caregiver takes part in an activity alongside a child, this might

- show their availability/build the child's trust
- be sensitive to the child's mixed feelings (perhaps excitement and anxiety) about the activity/help the child to manage their feelings
- show acceptance of the child/help to build the child's self-esteem
- promote the child's sense of belonging in the family

TRAINING NOTES**Summary of the model**

- Caregivers vary in their strengths and capacities in each dimension.
- Children vary in their needs within each dimension
- Individual caregivers may need additional support to identify strengths and develop capacities in some dimensions.

 SLIDE 15: **Lunch** 
20 mins

PART 3:

Using the Secure Base model

(1 hour total)

 SLIDE 16: **Using the Secure Base model**

- Assessment of children in any context
 - Assessing, preparing and supporting foster carers and adopters
 - Matching
 - Placements – assessing progress, setting goals and monitoring progress
 - Assessing placements in difficulties
-

Notes

- The Secure Base model has a range of applications in foster care and adoption. There is insufficient time, in this session, to explore these applications in detail.
- They are outlined, and tools and guidance provided, on the website:

SLIDE 17:

<https://www.uea.ac.uk/providingasecurebase>

EXERCISE 3

40 mins

Using the Secure Base model

- Display Slide 17
- Distribute Handout 2.5
- Arrange groups according to the roles and preferences of the participants (e.g. all carers together, mixed carers/professionals, professional teams together etc).
- Suggest 15 minutes of discussion, then a focus on the questions.
- Encourage everyone to make a personal/team plan, which they can take away and start to implement fairly quickly.
- Feedback: groups briefly outline their plans.

SLIDE 18: **Using the Secure Base model**

- How might you/your team/your organisation use or develop the use of the Secure Base model?
 - List the next steps that you would need to take to achieve this
-

Promoting positive contact

Taylor (6 months)

- Fostered for assessment.
- Mother has learning difficulties, Taylor failed to thrive in her care.
- Mother visits in foster home three times a week for 3 hours.
- Mother usually tired and preoccupied, reluctant to engage with baby.
- Taylor unsettled and fretful for a day afterwards

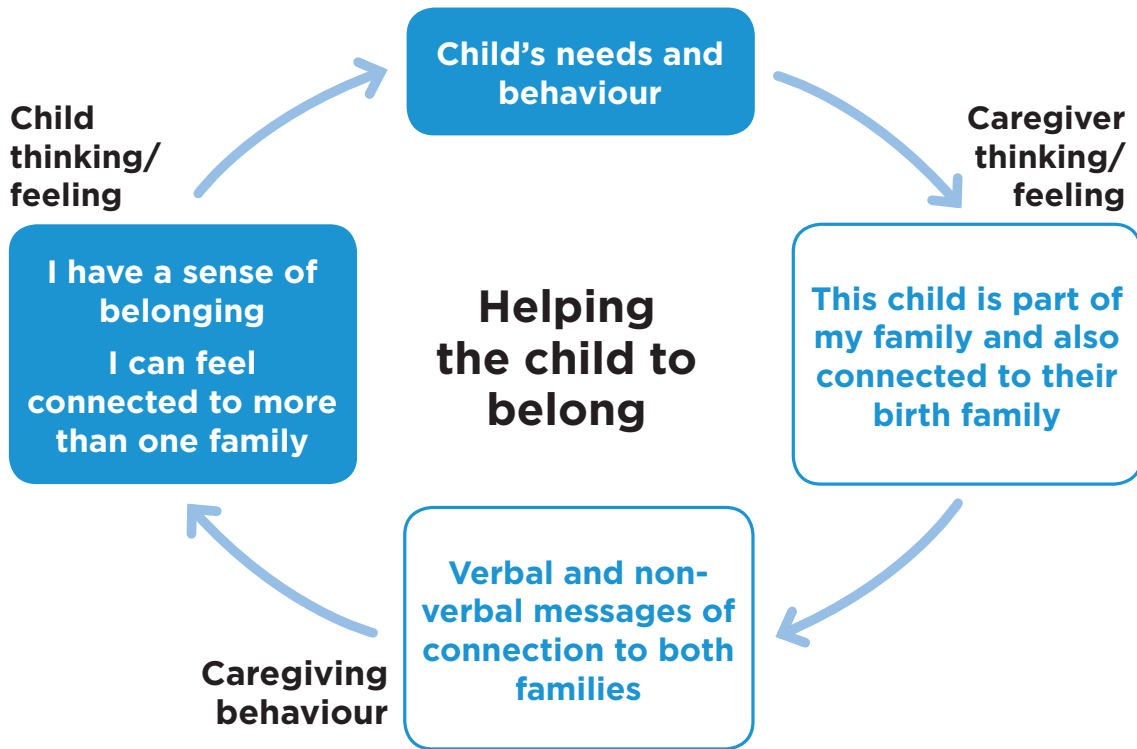
Use the Secure Base model to make a contact plan that ensures Taylor's needs are met. Include the detail of his caregiving during the contact.

- How might you/your team/your organisation use or develop the use of the Secure Base model?
- List the next steps that you would need to take to achieve this

Consider:

- The longer term goal (e.g. 'routine use of model in support and supervision', 'use the model as a framework for caring for my foster child')
- The detail of 'what next' to work towards this goal (e.g. discuss with manager, discuss at team meeting, look at website, share with carer group)
- Any resources needed (e.g. time, money, books)
- Support needed
- Short and longer term timescales
- Points at which progress can be reviewed (e.g. team meeting, carer review)

Family membership



Approaches for helping children to belong

N.B. It is important to choose approaches for helping children to belong that are suitable for the individual child and the plan for this child.

- Explain to the child from the beginning how the family/group works – its routines and expectations, its choice of food and favourite television programmes – so that the child can see how to fit in.
- Adapt those routines where possible and reasonable to accommodate the child's norms and help the child feel at home e.g. meal times or bedtime.
- Have special places for the child in the home e.g. a hook for the child's coat; a place at the table; the child's name on the bedroom door or in fridge magnets on the fridge; bedding and bedroom decoration (posters etc) that reflect the child's age and interests.
- Promote family/group mealtimes and activities (e.g. going bowling) where the child can feel fully accepted as part of the family/group.
- Ensure extended family members and friends/all staff members welcome the child and treat the child as one of the family/part of the group.
- Have photographs of the child and of the child with the foster or adoptive family or residential caregivers on display – alongside photographs of other children who have lived in the foster or adoptive family or residential unit and moved on/grown up.
- Use memory and experience books of events and feelings about events during the child's stay to build a family story to help the child be able to reflect on the meaning of family/group life and, if the child moves on, to take home to the birth family or to a new placement.
- Make sure the school knows (and the child knows that the school knows) that you are the family/residential unit caring for the child and need to be kept informed of any concerns but also of things to celebrate.
- Plan family/group life-and talk about plans that will include the child, even if this is just an expectation that they will all go swimming together next week.

Belonging to the birth family when separated

- Develop or build on an existing life story book that contains information, pictures and a narrative that links the child to birth family members and birth family history. Ensure that it includes key documents e.g. copy of birth certificate, provides a full and balanced picture (see also Chapter 12) and is nicely presented, robust, valued and cared for. Even children who return to birth families benefit from making sense of complex family histories and their place in the family.
- Have photographs of the birth family where the child would most like to put them, e.g. bedroom or living room.
- Ensure that conversations about the birth family happen appropriately and are carefully managed within the family/group, so that the child does not have to make sense of negative, contradictory or idealised ideas about the birth family.
- Where direct or indirect contact is occurring, be actively involved in planning and facilitating contact so that the child's welfare is paramount and contact promotes security as well as roots and identity.



Managing memberships of more than one family

- Adults need to demonstrate their own flexibility about children's family memberships and what they might mean to the child.
- Both informally and in a planned way, talk with the child about the benefits and the challenges of having more than one family and help the child to understand and manage these relationships.
- Find models around the child of children who manage multiple families e.g. in friends' families, on television, in books.
- Help the child think about/talk about the inevitability of mixed feelings
- Watch for possible pressure points e.g. Mother's Day, Father's Day, Christmas, and find ways of indicating (where appropriate) that it is OK to give cards to more than one parent or to choose one rather than the other at different times.
- If necessary and with the child's permission talk to the teacher about family issues that may disturb the child if raised in class, i.e. help others outside immediate family circle be aware of the child's task in managing their multiple loyalties/families.

SLIDE 18: **Additional resources**

- Schofield, G and Beek, M (2006b) *Attachment handbook for foster care and adoption*, London: BAAF.
 - Schofield, G and Beek, M (2014) *The Secure Base model: promoting attachment and resilience in foster care and adoption*, London: BAAF.
 - Schofield, G and Beek, M (2014) *Promoting attachment and resilience: a guide for foster carers and adopters on using the Secure Base model*, London: BAAF.
 - <https://www.uea.ac.uk/providingasecurebase>
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