



Secure Base

An introduction to the Secure Base model: promoting attachment and resilience

A TRAINING SESSION

Mary Beek and Gillian Schofield

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Introduction

This training session is designed to be presented in one full day (6 hours including breaks) or two half days. 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. Some trainers might choose to run a follow up session where participants can reflect on their learning and share their experiences of using the model.

The training session is in two parts:

- Part 1 introduces the core concepts and dimensions of the Secure Base model. Each dimension is explored in turn, with an accompanying participatory exercise.
- Part 2 allows time for participants to think about and discuss applying the model in their caregiving or professional practice.
- This script should be used in conjunction with the PPT presentation, *An introduction to the Secure Base model* (<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 (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.
- <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. Case examples and discussion can be adapted accordingly. 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.

PART 1

An introduction to the Secure Base model

FOR THIS SESSION YOU WILL NEED

- A laptop and projector**
- PowerPoint presentation**
<https://www.uea.ac.uk/providingasecurebase/resources>
- Whiteboard or flip chart and pens.**
- Handouts 1, 2, 3 and 4 (Pages 27 – 30) for each participant**
- Print out of PowerPoint Slides may also be distributed as handouts**

The Secure Base model

TRAINING NOTE

- A secure base – key points
- A secure base is found in close, trusting relationships
- When children can trust that these relationships are reliably available to them, they are free to enjoy their world, to explore, learn and develop

SLIDE 1:

Aims of the session

- To provide an introduction to the Secure Base model
 - To consider ways of applying the model to practice
-

Notes

- This session is an introduction to the model. It will provide enough information and discussion of the model to allow participants to take it forward and think about ways of introducing and using it in their practice/ caregiving.

SLIDE 2: **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 a framework for 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 and adoption and residential care has also informed the model.

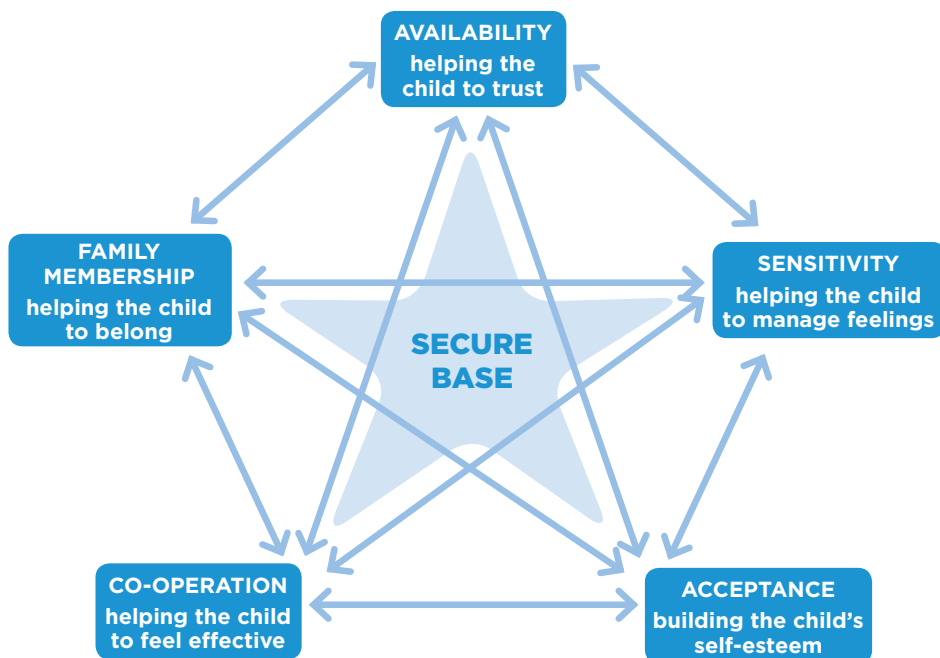
SLIDE 3: **Who can use the Secure Base model?**

- Foster carers and adopters
 - Social workers
 - Residential workers
 - Professionals involved in promoting children’s learning and development
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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 4: **Secure Base model**



Notes

- The five blue boxes represent five key dimensions of therapeutic caregiving and the benefit that this type of caregiving has for the child.

SLIDE 5: **Caregiving dimensions that promote security and resilience**

- 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

- 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. In the session that follows, each dimension will be explored in more detail.

SLIDE 6: **Why are secure base relationships important?**

- Provide comfort and reassurance, reduce anxiety – and so promote exploration, learning and development
- Particularly important for vulnerable 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 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 and those in residential care, 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 vulnerable children to believe that they are loved and loveable and that adults are available and trustworthy. As they move towards security, they can be supported to explore safely and fulfil their potential.

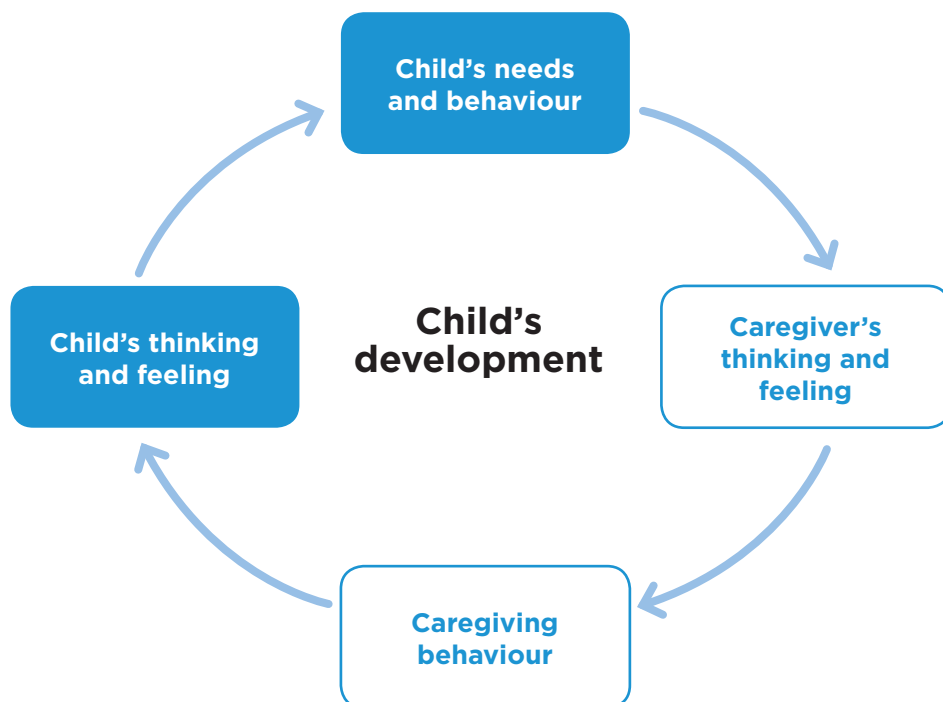
The caregiving cycle

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 7: **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 8: **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.

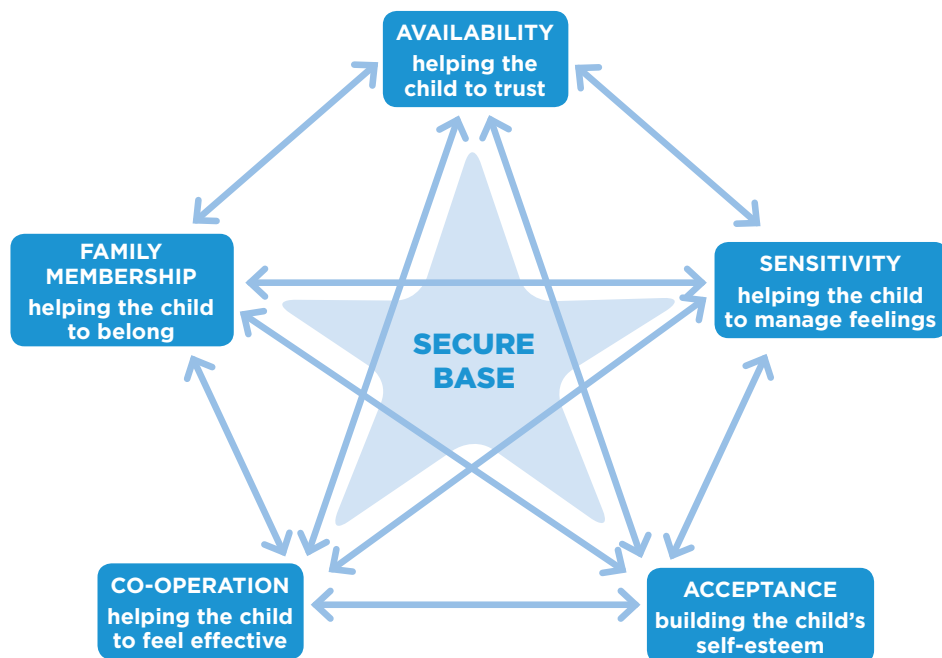
Availability – helping the child to trust

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.

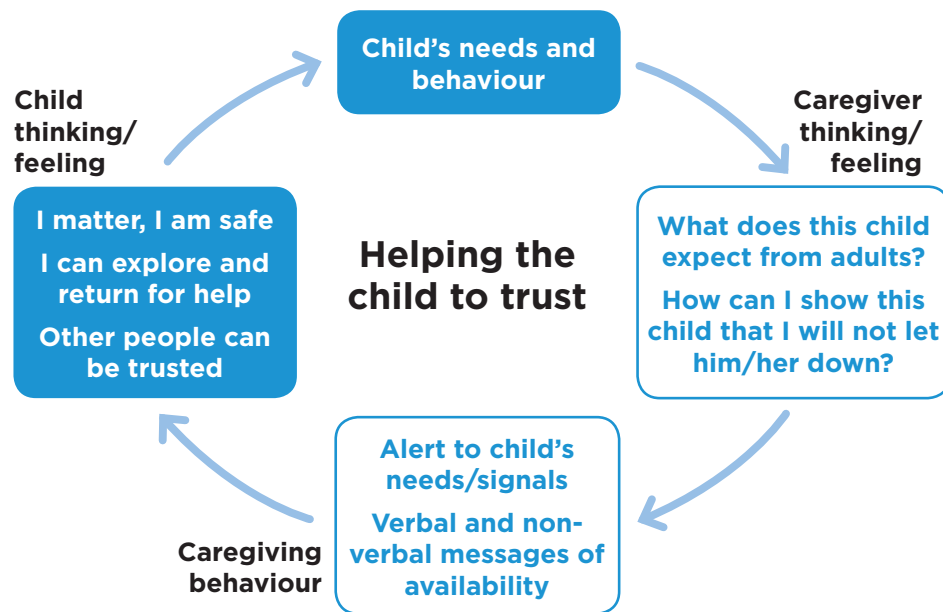
SLIDE 9: **Secure Base model**



Notes

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

SLIDE 10: **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 each 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 1

15 MINS

Behaviour that suggests lack of trust

- Display slide 11
- Ask the 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?

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 11: **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 12: **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 13: **Availability – caregiver behaviour**

- '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

SLIDE 14: **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 15: **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 16: **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)

SLIDE 17: **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 is 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).

SLIDE 18: **Break** 

15 mins

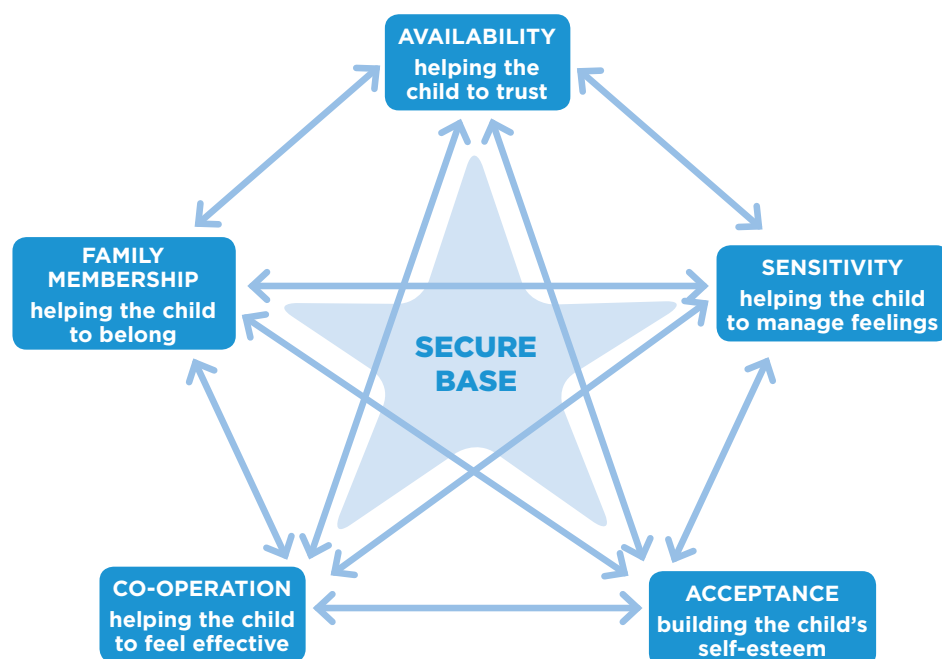
Sensitivity – helping the child to manage feelings

TRAINING NOTE

Sensitivity – helping the child to manage feelings

- Children experience the same range of feelings as adults.
- The caregiving goal is not to reduce or change children's feelings, but to help them to *understand and manage* their feelings.

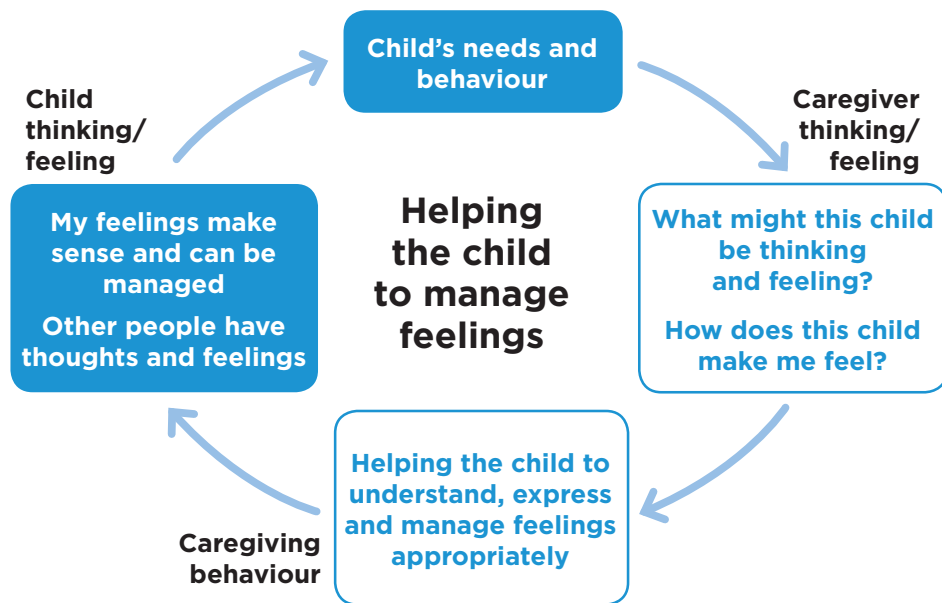
SLIDE 19: **Secure Base model**



Notes

- The next dimension to be discussed is *Sensitivity* – helping the child to manage feelings.

SLIDE 20: **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 21: **Children’s needs and 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 bodies in confused ways such as stomach pains, self-harm, over/under eating etc.

SLIDE 22: **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 harmful to 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 23
- Distribute Handout 1
- Divide into pairs or small groups and allocate a case study to each pair.

Ask the pairs 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.

Feedback: ask for 2 examples of child's perspective and 2 examples of adult's perspective for each case. Display slide 24 during feedback.

SLIDE 23: Exercise 2

- What might this child be thinking and feeling?
- Write 3 statements *from the child's perspective*. E.g. 'I am not loveable'.
- What might this caregiver be thinking and feeling?
- Write 3 statements *from the caregiver's perspective*. E.g. 'He doesn't like me'.

SLIDE 24: Case studies

Jay (6 months) has just come into foster care. Jay has had many caregivers, many were neglectful. Jay rarely cries. He is 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 often tearful. He says he wants things (e.g. certain foods) and then refuses them.

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.

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 25: 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 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

SLIDE 26: **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 27: **Using an experiences book**

Paula (8) couldn’t remember or didn’t want to remember what happened this morning or yesterday or last week and couldn’t anticipate ‘next week’. So we started to do an Experiences Book together – each day writing down what had happened and her feelings about it. This helped her to reflect on the shape of each day and the immediate past and build her capacity to remember. (Foster carer)

SLIDE 28: **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)

SLIDE 29: **Sensitivity: child thinking and feeling**

- My feelings make sense to others and 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?

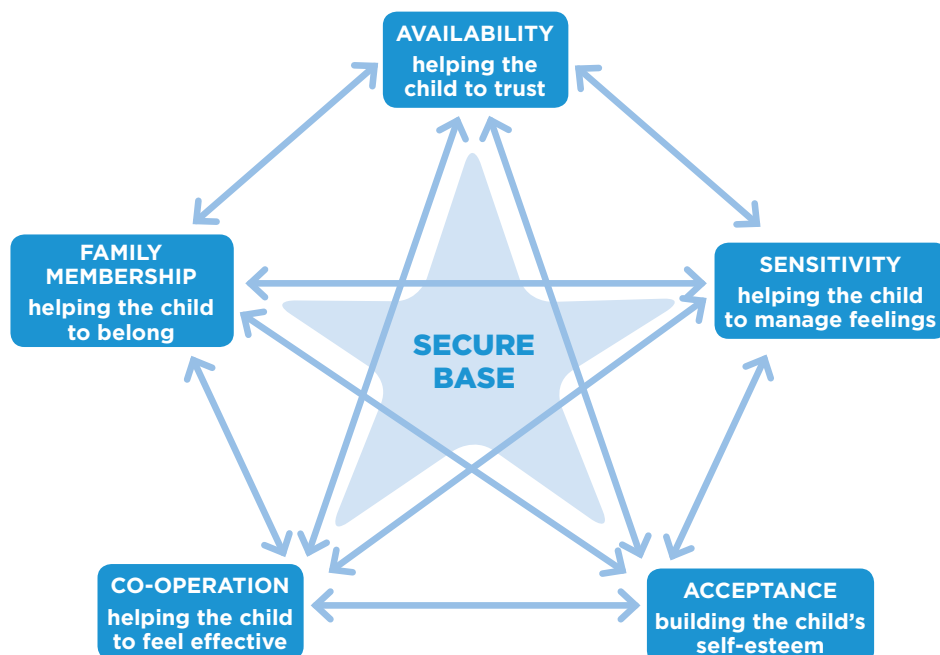
Acceptance – building the child’s self esteem

TRAINING NOTE

Acceptance – building the child’s self-esteem

- 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.

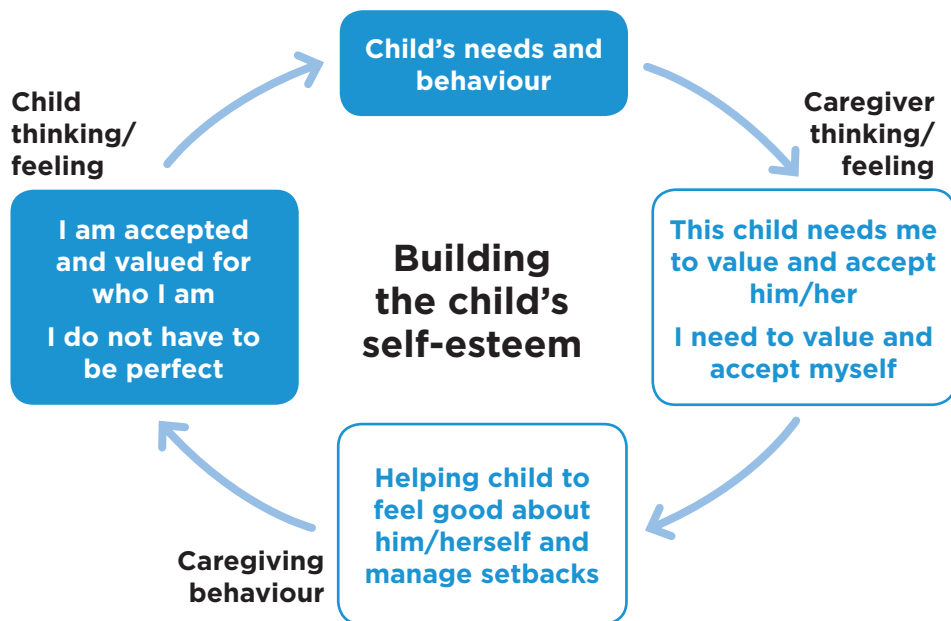
SLIDE 30: **Secure Base model**



Notes:

The next dimension to be discussed is *Acceptance* – *building the child's self esteem*.

SLIDE 31: **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 32: **Child's needs and behaviour when self-esteem is low**

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').
-

SLIDE 33: 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.
-

SLIDE 34: Acceptance – caregiver 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
-

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 acceptance

SLIDE 35: **Offering targeted praise**

- She’s not used to being praised, and she doesn’t always make the connection, so we have to spell it out to her. Instead of just ‘well done’, we might say ‘you’ve done really well to get a good behaviour star. You must have tried hard. We’re proud of you’. (Foster carer).
-

SLIDE 36: **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)

EXERCISE 3**20 MINS**

Building self-esteem

- Display slide 37
- Refer to Handout 1
- In small groups, or as a whole group, read the case studies and consider: How might these children be helped to build self-esteem?

Feedback

- Display slide 38
- Record ideas on the board

SLIDE 37: Acceptance

- How might these children be helped to build self-esteem?

SLIDE 38: Case studies

Jay (6 months) has just come into foster care. Jay has had many caregivers, many were neglectful. Jay rarely cries. He is 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 often tearful. He says he wants things (e.g. certain foods) and then refuses them.

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.

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 39: 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.

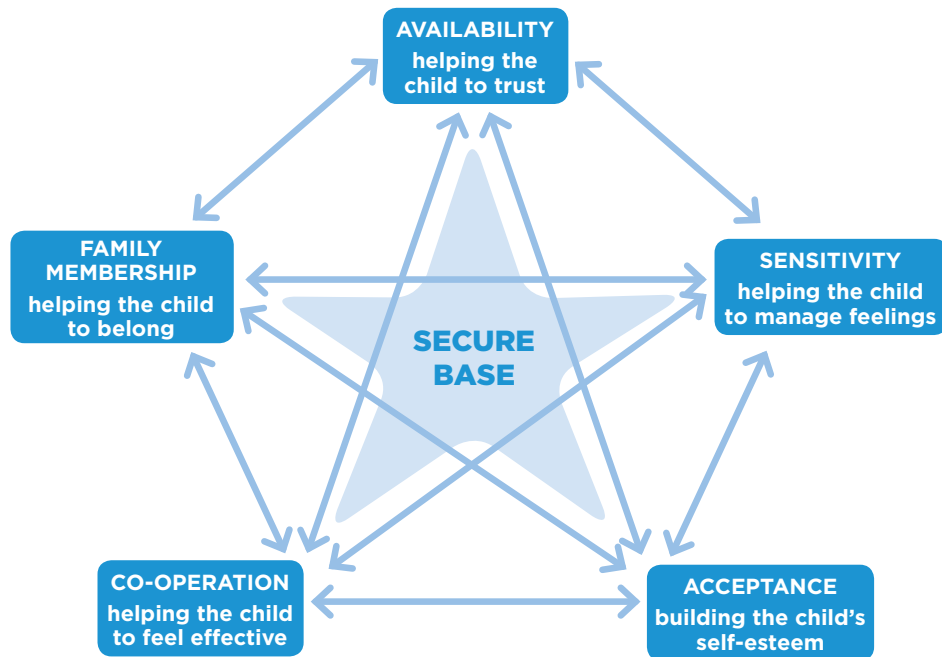
SLIDE 40: **Lunch** 

Co-operation – helping the child to feel effective

TRAINING NOTE

- The link between effectiveness and co-operation may need careful explanation.
- 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 un co-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.

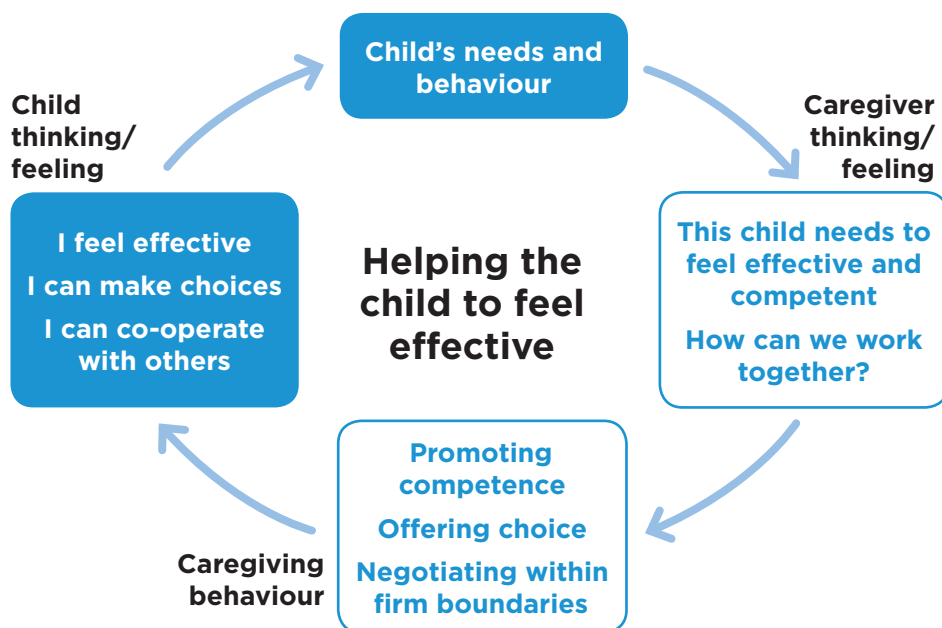
SLIDE 41: **Secure Base model**



Notes

- The next dimension to be discussed is *Co-operation – helping the child to feel effective.*

SLIDE 42: **Co-operation**



Notes

- a) 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.
- b) 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 43: **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.

SLIDE 44: **Co-operation: caregiving 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). Handout 2 provides guidance for attending. (May be discussed in whole group, or simply referred to if time is short).

Examples of co-operation – helping the child to feel effective

SLIDE 45: **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 46: **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 47: **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 father)

EXERCISE 4

15 MINS

Helping children to feel effective

- Display slide 48.
- 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.

SLIDE 48: Helping children to feel effective

- Taylor (6 months) resists attempts to engage him with toys
- James (4) runs around all the time, jumps on furniture
- Toby (8) is angry. He often kicks the cat
- Annette (15) stays out later than agreed

SLIDE 49: Co-operation: child thinking and feeling

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

Note

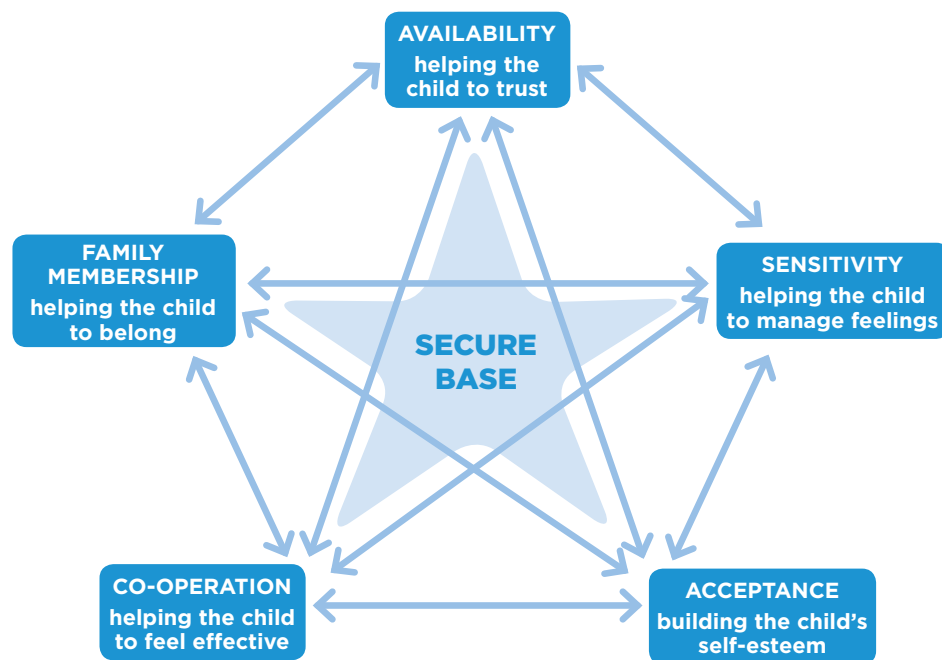
- When children begin to feel more effective and appropriately in control of their lives, they will be more able to let go of inappropriate control and more willing to compromise and co-operate.
- **Trainer** – refer back to case examples (Slide 48) and suggest or ask the group what *small* steps of progress we might look for in one or more of these cases?

Family membership – helping the child to belong

TRAINING NOTE

- 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.

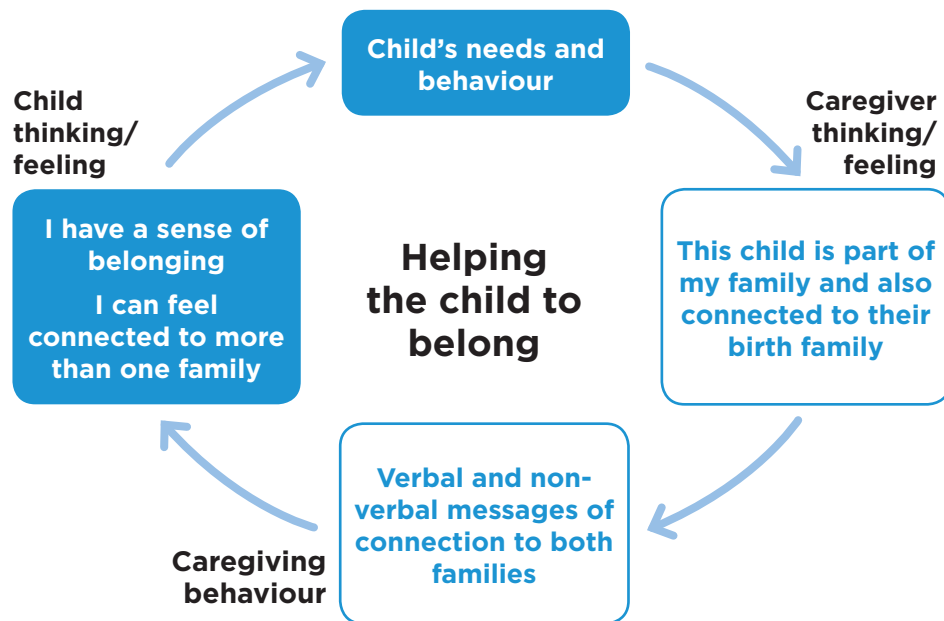
SLIDE 50: Secure Base model



Notes

- The final dimension to be discussed is *Family membership – helping the child to belong*.

SLIDE: 51 **Family membership**



Notes

- This dimension refers to the capacity of the caregiver to include the child as a family member, at a level that is appropriate to the longer term plan for the child. 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 5

15 MINS

Family membership

- Display slide 52.
- 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 (refer to issues recorded on the board). Ensure the following themes are 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 a 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 52: Family membership

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

SLIDE 53: 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 the care system place high value on feeling fully included as part of their foster family and it is important for foster carers 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 54: **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 foster 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, 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.
 - 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.
-

SLIDE 55: **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 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 56: **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, 14 years)

SLIDE 57: **Comfortable contact**

I usually see my (birth) granddad once a fortnight if I can. He's 83. He used to be in the navy so that kept him fit and stuff. When I go down there we read

the news, talk about stuff, maybe I'll watch a bit of telly, he reads his book and makes me egg and chips and then I go home. (Young person in long-term foster care, 16 years)

SLIDE 58: **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 59: **Break** ☕

PART 2: Using the Secure Base model

SLIDE 60: **Using the Secure Base model**

- Assessment of children in any context
 - Assessing, preparing and supporting foster carers and adopters
 - Matching
 - New and existing placements – setting goals for each dimension and monitoring progress
 - Assessing placements in difficulties
-

Notes

- The Secure Base model has a range of applications in foster care and adoption.
- They are described on the Secure Base website. Practice tools and guidance are also provided on the website: <https://www.uea.ac.uk/providingasecurebase>

SLIDE 61: **Secure Base website**

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

EXERCISE 6

45 MINS

Using the model

- Display slide 62
- Distribute Handout 3
- 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 participants to make an implementation plan (recorded on handout) which they can take away and start to implement fairly quickly

Encourage everyone to think about:

- 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)

Feedback: groups briefly outline their plans.

SLIDE 62: Using the 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
-

SLIDE 63: 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.

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

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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.

Attending¹

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
- 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

Try not to:

- 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.

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

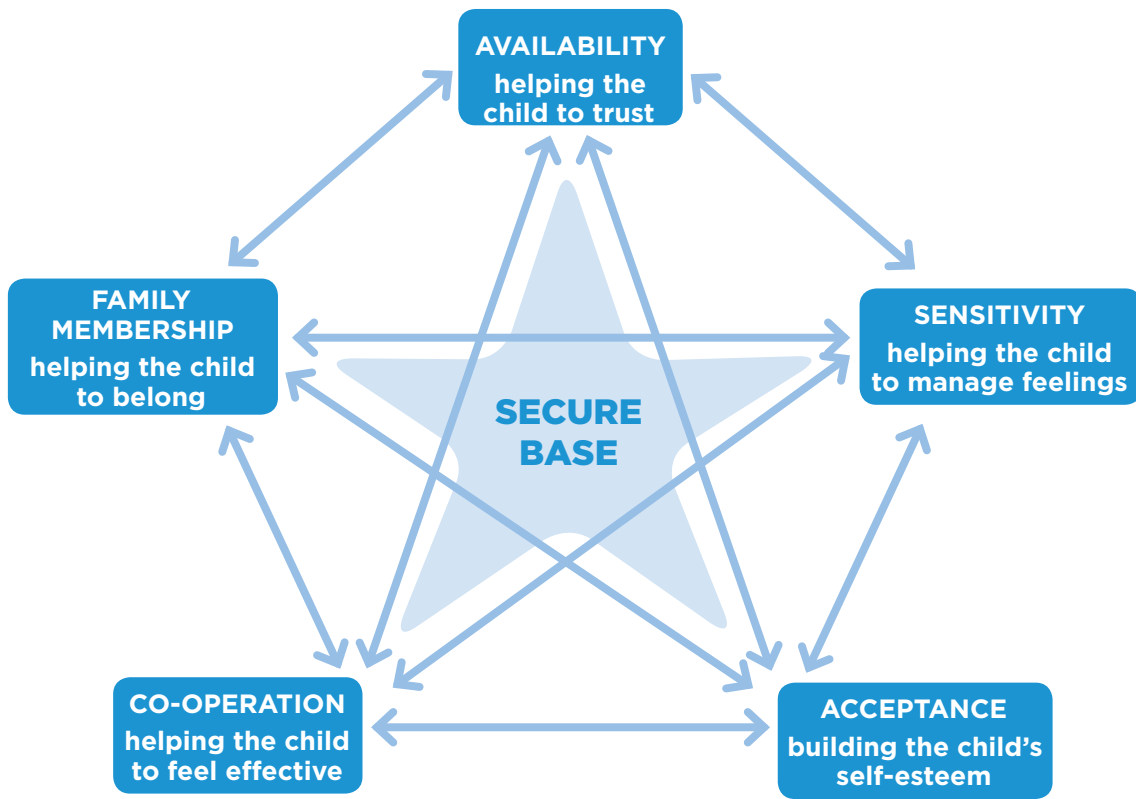
Using the Secure Base model

- 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

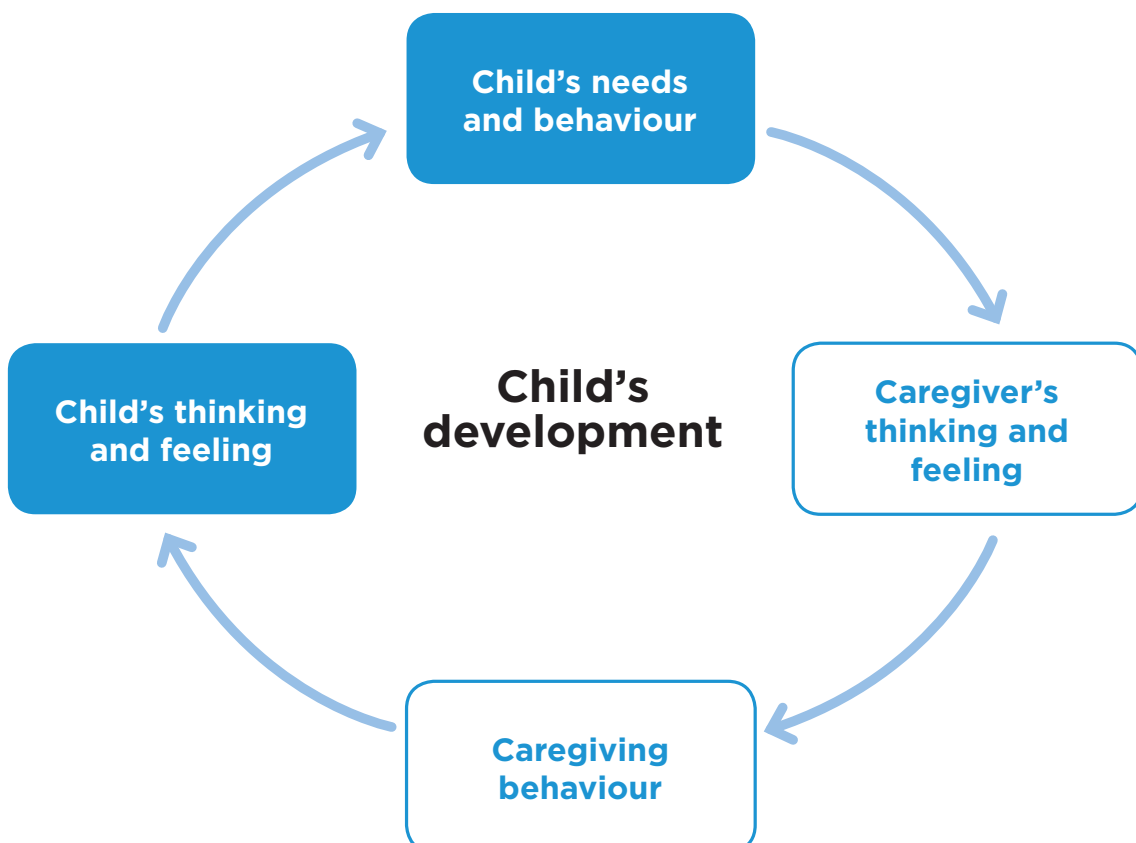
Consider:

- 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)

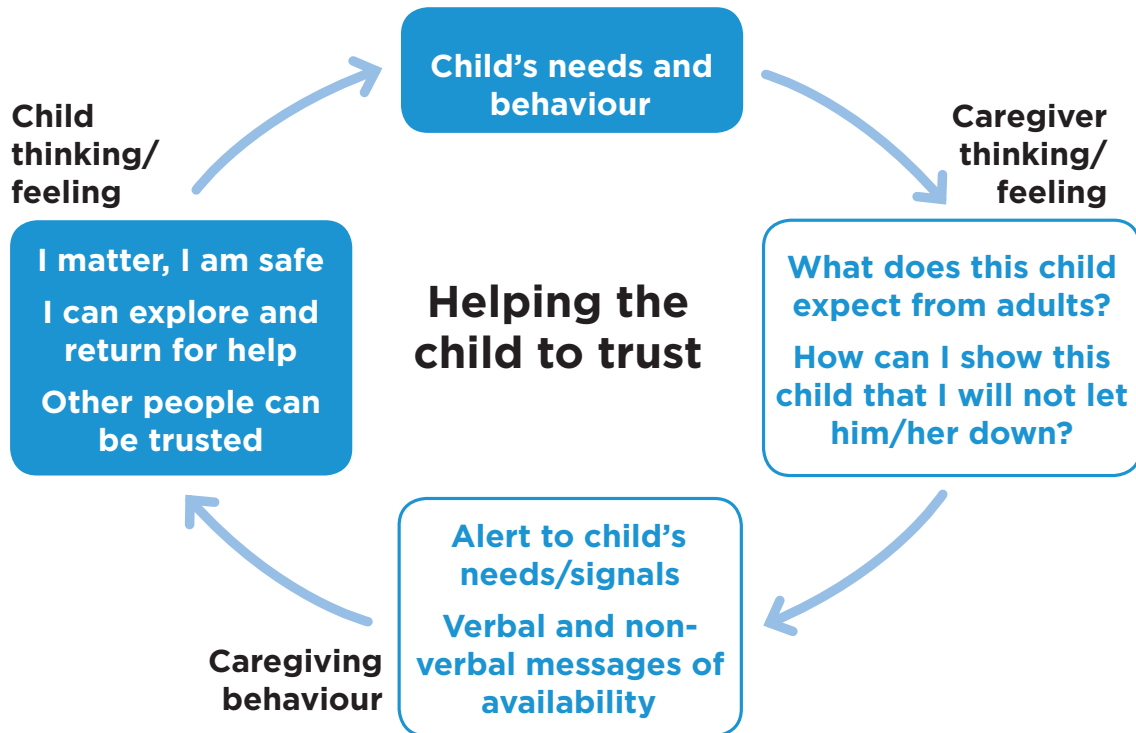
Secure Base model



The caregiving cycle



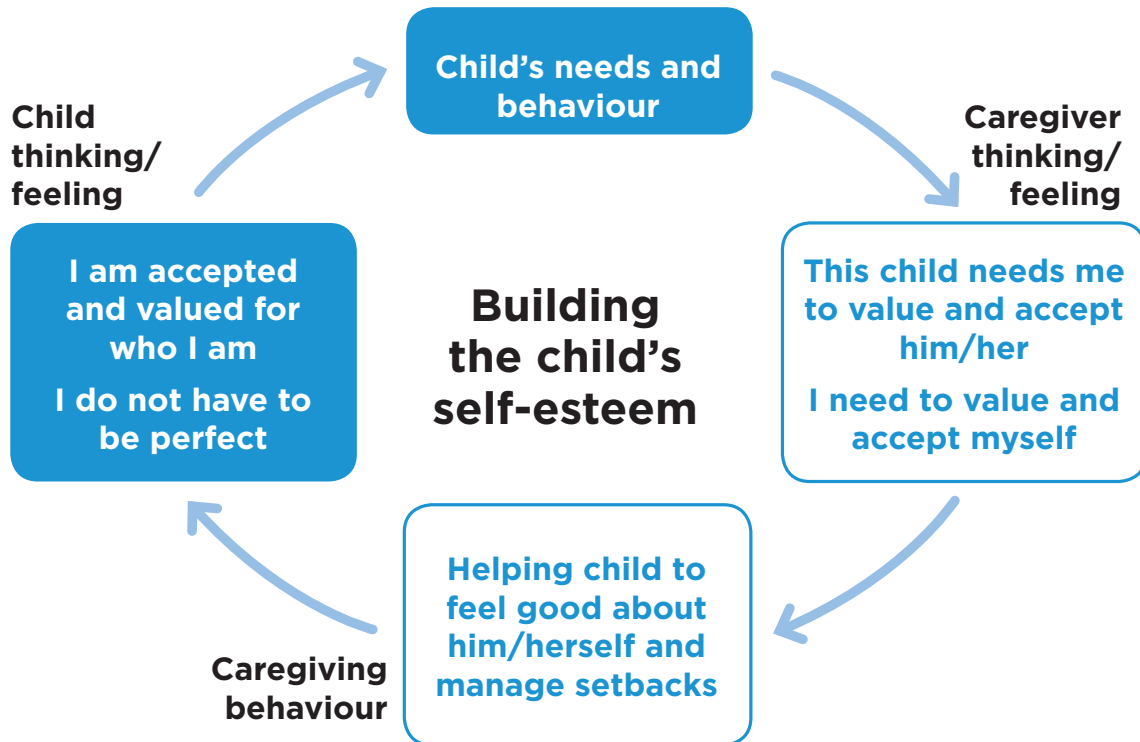
Availability



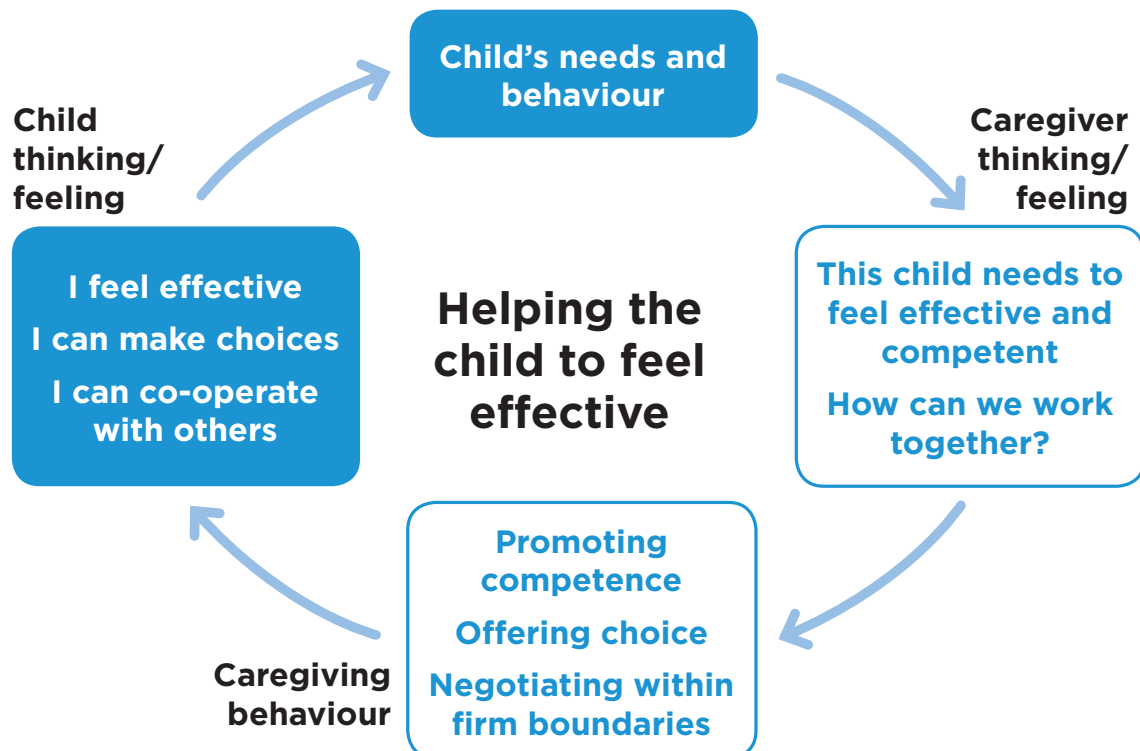
Sensitivity



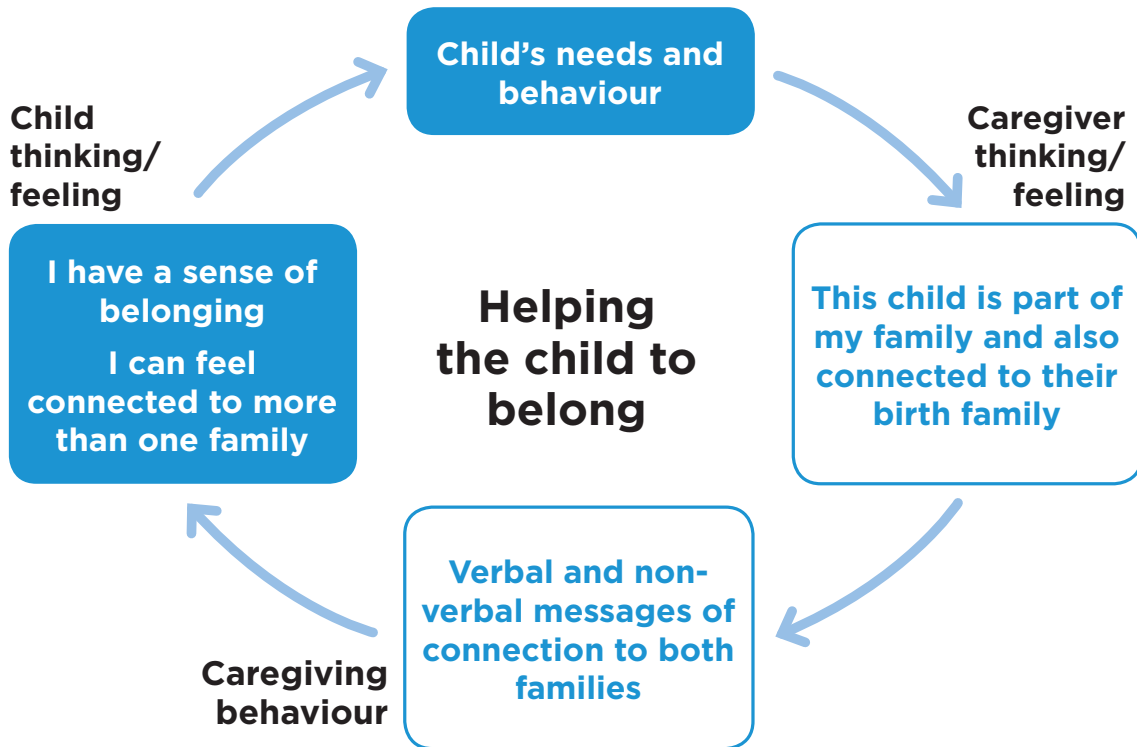
Acceptance



Co-operation



Family membership



Approaches for Availability – 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.
- 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.

Approaches for Sensitivity – helping children to manage feelings

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.

Approaches for Acceptance – 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 loosing 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.

Approaches for Co-operation – helping children to feel effective

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 watch my favourite team 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.

Approaches for Family Membership – 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.