Billy and Oliver: An approach to promoting resilience and improving interaction in two residential child care settings.

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Introduction

We are writing this paper as practitioners at Barnardo's Linksfield Service in Aberdeen, and Barnardo's Caern Project in Edinburgh. Barnardo's Linksfield Service provides a residential environment for children who display emotionally and socially challenging behaviour and/or have experienced multiple placement disruptions, whose circumstances prevent them from being accommodated with foster carers or their birth family. Barnardo's Caern Project is a residential short breaks unit for young people with learning disabilities, and provides a support at home service which aims to increase the resilience and confidence of parents and carers.

The basis of our work

Our approach to developing attachment and resilience in children and young people incorporates Barnardo's core values: respecting the unique worth of every person; encouraging people to fulfil their potential; working with hope and exercising responsible stewardship. In addition, our approach is underpinned by a strong focus on outcomes. Barnardo's Outcomes Framework was introduced to ensure that clear, measurable outcomes are set with each young person and family with whom we work. Each Barnardo's service selects the outcomes which are most relevant to an individual young person and family. These are then reviewed regularly to measure the difference our services are making to the lives of young people. Finally, our approach relies on and promotes effective engagement with a range of external agencies. We recognise the importance of working in partnership and know that engaging effectively with others promotes greater understanding and awareness of the issues facing a young person and their family, so that support for them is timely and based on individual needs.

The following case studies demonstrate our application of these principles and outline the theoretical frameworks that we put into practice on a day-to-day basis. The first case study shows how the resilience building blocks framework

(Daniel and Wassell, 2002) has been used at Linksfield, while the second case study explains how attachment theory has been applied at the Caern Project.

Case study one: Billy

Billy is an eleven year old boy who was accommodated at Linksfield Residential Service in April 2010 for being 'outwith parental control' and at risk in the community (under Section 70 of the Children (Scotland) Act, 1995). This was due to his behaviour within the family home, community and school which had become increasingly concerning, resulting in Billy putting himself at risk on numerous occasions. The pre-assessment demonstrated that Billy's mother was isolated and depressed and was unable to exercise any control over him. There had been a breakdown in the relationship with Billy's father who was inconsistent in his parenting due to alcohol and drug misuse. Billy had difficulty adhering to boundaries, more so when unsupervised by an appropriate adult, and had little regard for consequences.

Applying the Building Blocks Framework

In planning and implementing interventions, Linksfield incorporates the building blocks framework provided by Daniel and Wassell (2002).

Daniel and Wassell split resilience into the intrinsic and extrinsic factors which are necessary for the development of resilience.

The intrinsic factors are

- a secure base the child feels a sense of belonging and security
- a sense of self-efficacy a sense of mastery and control, along with an accurate understanding of personal strengths and limitations
- self-esteem an internal sense of worth and competence

The extrinsic factors are:

- at least one secure attachment relationship
- access to wider supports such as extended family and friends
- positive nursery, school and/or community experiences.

An action plan for Billy was drawn up by Linksfield in partnership with social work, Billy's mother, and his school. The following section describes the ways in which the building blocks framework has been applied throughout our work with Billy.

Intrinsic factors

A secure base

Linksfield provides children with a period of stability and continuity of care before preparing them to move back home or on to a long-term permanent placement. Children feel a sense of belonging and safety achieved through structure, routine, and reliable and consistent adult role models who form supportive relationships with them.

A sense of self-efficacy

Staff provide a wide range of activities both within and outside Billy's community, offering opportunities that he might not have previously experienced. Newman (2004) stresses that building resilience is not just about providing protective factors, but also about enabling growth and development despite adverse factors. Linksfield promotes age-related independence and opportunities for children to grow and develop. Work is undertaken on reflecting family circumstances, making sense of historical patterns of behaviour, allowing for insight into personal difficulties and the development of coping skills. For Billy this has involved individual work with him to address his current behaviours, the reasons behind these, and the associated risks. It was important to maintain a focus on Billy's strengths and to promote correct choices which allowed positive decisions to be made. Barnardo's believes that working with hope in this way provides opportunities for children to move forward even in the most 'hopeless' circumstances.

Self-esteem

Billy's self-esteem has grown as a result of positive reflective feedback, reward charts, praise, showing evidence of achievement, and sharing comments from Core Groups and his school. Reward charts were put in place at a very early stage, in partnership with Billy, so that there were realistic and measurable targets that he could own and which gave him a sense of pride and purpose. Staff have sourced positive roles for Billy to take on within school, the residential units and in the community, to provide opportunities for him to develop a more positive sense of identity and grow in self-esteem.

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Extrinsic factors

Secure attachment relationships and access to wider supports

The continuity of contact with family and friends and maintaining these attachments whilst in placement is a core aspect of our work, including maintaining where possible the presence of at least one unconditionally supportive parent. For Billy this has involved carrying out some work with his mum on her parenting skills. We know that the development and maintenance of significant attachments play a vital role in helping build resilience, self-esteem and coping mechanisms throughout childhood and beyond. We have created positive role models and opportunities for relationships to be built between Billy and other adults through attendance at all relevant meetings, being supportive, and reframing adversities by promoting identified strengths.

Positive school and community experiences

It is an essential part of our remit to support mainstream school placements and appropriate extra-curricular activities within the child's own community. Linksfield provides an environment where education is a central component so that we can encourage children to realise their own potential. Strong links were established with Billy's school as soon as his placement began, by inviting his teachers to attend Core Group Meetings and offering support to help them maintain his school placement. Transport was also provided by Linksfield staff as a practical way of helping him to attend school regularly.

At Linksfield we have established a culture of supporting educational placements through good communication and links. Initially, staff made daily contact with Billy's school and used communication books with Billy to help ease the transition from the residential unit to school. Feedback from his school was also written in this book and Billy soon took great pride in his achievements. Latterly staff have linked up with his teachers to look at any other activities that Billy could be involved in to promote his sense of belonging within the school environment.

Many authors discuss the importance of education to providing foundations for building resilience. Borland et al. (1998) refer to compensating for adversities by providing opportunities and supporting relationships, but it is also necessary to look at the external activities that build self-esteem through successful participation and allow investment in the school environment. Billy is currently part of his school football and basketball teams and regularly attends outdoor bowling with his school group. His pride in his school is apparent through his keenness to wear school uniform and his daily attendance.

Engaging external agencies

Managers at Linksfield invited all LAC-designated managers for education to the service to show them the residential setting and what it offers. Developing these strong links with education colleagues, and indeed all children's services, works in accordance with the Getting it Right for Every Child (GIRFEC) agenda (Scottish Executive, 2008). It encourages a child-centred approach and enhances children's opportunities for further education and employment. This approach is also financially cost-effective, as making these additional efforts does not increase costs; in fact by maintaining young people in school placements the cost of managing them out of school is reduced.

Measuring outcomes

At Linksfield the work we undertake is measured and evidenced in a number of ways to share with the child, family and stakeholders, as well as for the Care Commission and organisational monitoring. Following the implementation of Barnardo's Outcomes Framework, our daily recording systems were amended. Staff received training on recording evidence, so that there are accurate accounts of what has been achieved by the child on a daily basis and what inputs are needed to maintain or enable change if required. This allows us to tailor services so that financial (and other) resources are appropriately allocated in response to the evidenced needs of each child. For our residential services, the outcomes we work towards include improved self-esteem, improved peer relationships, ability to develop healthy/trusting relationships, and satisfactory school/college attendance. Outcomes are established prior to admission, based on meetings with the child, family and relevant professionals. They are then scaled and revisited on a quarterly basis, which in turn fits with the LAC review system.

Billy is currently midway through his placement at Linksfield. So far his relationship with his mother has improved as they have been able to spend quality time together, for example watching Billy participate in basketball and football games. Billy's school continues to give positive feedback and his relationships with his siblings have also been strengthened. Primarily Billy has been able to transfer learning from the residential setting to his school, community and family home and now has coping strategies as well as routine and structure. There are rare occasions when Billy has difficulty coping with certain situations but these are quickly resolved and he has developed the ability to self-manage. The future is looking more promising as he is able to recognise what he wants and what he enjoys and this includes active participation in school.

Case study two: Oliver

In order to promote attachment it is important to first consider the implications of attachment on a young person's development. In this case study we will provide an assessment of a young person through the critical application of attachment theory and through this we will identify what he needs us to provide for him. Oliver is a nine year old boy who lives at home with his parents and two younger siblings in a loving environment, and attends the Caern Project for short breaks three nights a month. He has a diagnosis of Autistic Spectrum Disorder and associated learning disability. Autism is characterised by impairments in social interaction, communication and imagination (Wing, 1996). Oliver's social interaction appears aloof as he is focused on self-stimulatory activities, but he uses people to get his needs met. Oliver is a very attractive and endearing child, and can be very affectionate. Oliver's mother comments that 'everybody loves him' and this is certainly true at Caern.

Outcomes

The lifespace is a therapeutic and institutional environment wherein residents or attenders enact both existential and historical aspects of their lives in the context of relations with each other, professional and other staff, their systems and sub-systems' (Keenan, 2002, p.220). Assessment in the lifespace is important in order to plan appropriate interventions, however it is crucial that this is done in a meaningful way. At the Caern Project we complete an outcomes assessment bi-annually to 'score' the effectiveness of our interventions. We measure how well we support young people to remain with their family; how well families are supported to lead a normal life; and how much young people's relationships, communication, behaviour and independence have improved. This is supported by self assessments by the young people and their parents/ carers, and by anecdotal evidence. This makes the assessment more meaningful as it is both quantitative and qualitative and this information can then be used to inform interventions (Tomlinson, 2008). To ensure consistency in Oliver's life settings it is important to share the information we gather with others involved; for Oliver this includes his family, school, and other respite / short breaks providers. In undertaking an assessment it is important to be aware of the young person's strengths, not just their difficulties, and it is our belief that the outcomes assessment tool we use supports us to do this.

Attachment theory

We have chosen to apply attachment theory to Oliver, as we believe it provides a useful insight into his behaviours that is not purely based on his diagnosis of autism. Attachment is the bond formed between an infant and their caregiver,

which is essential for the child to feel secure and develop in a healthy way. Infants use attachment behaviours to promote their proximity to the caregiver (Howe, 2010). Ainsworth's Strange Situation Procedure (Ainsworth et al., 1978) showed that assessment of these behaviours can establish whether the child has a secure or insecure attachment (Daniel et al., 1999). Studies that have investigated attachment in children with autism have aimed to find a correlation between cognitive development, language development, severity of autism and attachment behaviours, but different studies have provided different results and more research is needed in this area (Akdemir et al., 2009).

As an infant Oliver showed behaviours associated with anxious avoidant insecure attachment as he displayed no distress on separation from his parents, or reaction on return to them (Daniel et al., 1999). On his first overnight stay at the Caern project he appeared to show no concern at being with us instead of at home, even though he had never visited us before. Due to Oliver's apparently secure family base I believe that his insecure attachment is due to the impact of autism rather than family circumstances; this can be seen in several ways. Attachment develops as a result of the 'reciprocal interchanges' (Bowlby, 1969) between caregiver and child; these may be initiated by the child or the carer. Social communication and joint attention behaviours such as following gaze, pointing, and initiation, which many children with autism do not display, are not only indicative of a child's attachment pattern, they also help to develop a secure attachment. (Akdemir et al., 2009)

Communication

Fahlberg's Arousal Relaxation Cycle (1994) shows that when a child has a need, then he or she begins to signal satisfaction of this by showing displeasure. The caregiver then satisfies the need and the child achieves quiescence. If the child is unable to signal their needs effectively then it is difficult for the parents to attune to them (Grant et al., 2009). Thus the child's needs may never be satisfied and they do not achieve quiescence. This is true for Oliver as he has always presented as a contented child who was happy to amuse himself; thus he did not express his needs or project his feelings in the typical way (Reid, 1999). In the last couple of years he has displayed increasing aggression towards his family, in particular his siblings. These behaviours may be due to increasing frustration at his needs not being met, particularly when it appears to him that his siblings' needs are being met. Due to this, we surmise that Oliver needs to be presented with meaningful choices in a way that is accessible to him, for example through the use of symbols (Hawthorn, 2005; Mayer-Johnson, 2010). Doing this gives him more control and reduces his frustrations with communication.

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Behaviour

Shapiro and Applegate (2000) reported that infants' feelings are registered and reciprocated through mirroring interactions with their caregivers. Their feelings are validated and they learn to understand and regulate their affective states. It is likely that Oliver has never experienced this due to his poor eye contact and inability to engage with others. If Oliver feels as though his feelings have never been validated, this may be why he tries to express them more loudly (for example, through the use of aggressive behaviour). He is also less likely to be able to control his emotions and manage his anxieties (Howe, 2010). It is apparent to us that Oliver needs to experience positive interactions. This is achieved by joining him at his favourite activities (for example, swinging or bouncing) and helps him to feel valued and cared about. This meets our outcome of 'improving young people's relationships,' and encourages his potential which is one of Barnardo's values.

Relationships

Reid (1999) describes how, through counter-transference, it is possible to slip into 'mindlessness', making it very difficult to be attentive towards the child with autism. Oliver's mother reported that when he is happy, they leave him to 'free range' the house, showing that they have now reached the point where they do not attempt interactions with him unless it is necessary. If Oliver is 'already sensitive,' as Reid (1999) proposes, then he may in fact need more care and attention rather than less.

At Caern we work with hope, recognising that 'without a minimum of hope, we cannot so much as start the struggle' (Friere, 1999, p.9). We believe our hope is conveyed to Oliver in the way that we work with him, for example the level of enthusiasm and expectation we display, and the fact that we are engaged and fully available to him. It is also conveyed in the language that we use. Oliver needs to hear positive affirmations to improve his self-image through the use of phrases such as 'I like spending time with you' or 'you are really good at spinning'. He needs to develop secure attachment figures in his life, and this may include staff at Caern. This encourages his potential and will have a positive impact on his behaviour.

Assessment in the lifespace is limited for Oliver, as he only attends the Caern Project for one night a week. Therefore it is crucial that the assessment we carry out is meaningful. It is our belief that attachment theory provides the basis for a meaningful assessment for Oliver. Walter (2007) argues that residential workers need to resist the pressure to base assessments on rational, linear thought processes, instead allowing for a developing and contextual picture which reflects the individual child. We believe that the model we have applied has made this possible. Indeed, at the most recent outcomes assessment, Oliver was shown to have had a small improvement in his communication and independence skills.

Conclusion

In this paper we have shown that our approach to promoting resilience and improving interaction in two different residential child care settings is based on theoretical frameworks, and incorporates core values held by Barnardo's as an organisation. Barnardo's Outcomes Framework encourages us to be flexible and responsive in our approach while evidencing the difference we are making to the lives of children and young people. Our experience has shown that working in partnership with other agencies in the best interests of the child results in the most positive outcomes for children and their families. By combining these aspects of our work we have been able to support Billy and Oliver toward achieving their potential.

References

Ainsworth, M.D.S., Blehar, M., Walters, E., & Walls, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Lawrence Erlbaum.

Akdemir, D., Pehlivanturk, B., Unal, F. & Ozusta, S. (2009). Comparison of attachment-related social behaviours in autistic disorder and developmental disability. *Turkish Journal of Psychiatry*, 20(2), 105-107.

Borland, M., Pearson, C., Hill, M., Tisdall, K. & Bloomfield, I. (1998). *Education and care away from home*. Edinburgh: Scottish Council for Research in Education.

Bowlby, J. (1969). *Attachment and loss*. Vol. 1: Attachment. New York: Basic Books.

Daniel, B., Wassell, S. & Gilligan, R. (1999). Child development for child care and protection workers. London: Jessica Kingsley.

Daniel, B. & Wassell, S. (2002). The school years: Assessing and promoting resilience in vulnerable children. London: Jessica Kingsley.

Fahlberg, V. (1994). A child's journey through placement. London: BAAF.

Freire, P. (1999). Pedagogy of hope. New York: Continuum Publishing.

Grant, E., McFarlane, M. & Crawford, R. (2009). Lizzy: Understanding attachment and loss in young people with complex needs. *Scottish Journal of Residential Child Care*, 8(1), 29-36.

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Hawthorn, M. (2005). Dismantling the barriers: Giving a voice to disabled young people in care. In D. Crimmens & I. Milligan (Eds.), *Facing forward:* Residential child care in the 21st century. Dorset: Russell House.

Howe, D. (2010). Attachment: Implications for assessing children's needs and parenting capacity. In J. Horwarth (Ed.), *The child's world: The comprehensive guide to assessing children in need, 2nd edition.* London: Jessica Kingsley.

Keenan, C. (2002). Working within the Life-Space. In J. Lishman (Ed.), *Handbook of theory for practice teachers in social work*. London: Jessica Kingsley.

Mayer-Johnson. C. (2010). Welcome to Mayer-Johnson. Warwick: Mayer-Johnson. Accessed on 1st November, 2010, from www.mayer-johnson.com Newman, T. (2004). What works in building resilience? Barkingside: Barnardo's.

Reid, S. (1999). The assessment of the child with autism: A family perspective. In A. Alvarez & S. Reid (Eds.), *Autism and personality: Findings from the Tavistock Autism Workshop*. London: Routledge.

Scottish Executive (2008). The guide to Getting it Right for Every Child. Edinburgh: Scottish Executive. Accessed on 1st November, 2010, at www.scotland.gov.uk/Publications/2008/09/22091734/5

Shapiro, J.R. & Applegate, J.S. (2000). Cognitive neuroscience, neurobiology and affect regulation: Implications for clinical social work. *Clinical Social Work Journal*, 28(1), 9-21.

Tomlinson, P. (2008). Assessing the needs of traumatized children to improve outcomes. *Journal of Social Work Practice*, 22(3), 359-374.

Walter, C. (2007). The story of Matthew: An ecological approach to assessment. *Scottish Journal of Residential Child Care*, 6(1), 45-53.

Wing, L. (1996). The autistic spectrum. London: Constable and Robinson.