



Ethos of Care Residential Children's Homes

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Introduction

1. Aberdeen City Council has adopted a therapeutic approach to provision in their residential children's homes that is based on the [Dyadic Developmental Psychotherapy \(DDP\)](#). DDP is used to help children and young people who have been traumatised by hurt and/or neglected within their families in their early years, making it difficult for them to feel safe and secure. The approach aims to help children and young people address difficulties with attachment (finding it hard to feel safe with parents or in primary relationships) and inter-subjectivity (finding it hard to give and take relationships).
2. As a service we are committed to and working to achieve the values of:
 - Compassion
 - Ambition
 - Respect
 - Equity
3. Many young people who are accommodated in our care present challenging and distressed behaviour due to attachment difficulties and/or trauma. Some of these young people feel so emotionally disorganised, empty and out of control that they spend their lives trying to feel safe by attempting to control everything around them.
4. Difficulties with communication add to this and young people may show their feelings through behaviour rather than through words. Residential workers can easily but unhelpfully get into constant control or power battles which will only fuel the child's sense of rage and shame.
5. We need to remember that healing and recovery take time: for some young people a lifetime and that we are working with young people not doing to them or for them.
6. In considering the current priorities within the roles of those working in residential childcare we are at a stage of transition and transformational planning for our service, as well as demonstrating that we are able to meet duties as well as expectations.

Principles

7. As a residential Child Care Service, we support and promote the principles which are reflected in "Staying Put Scotland". Every young person has individual support needs and they have been impacted on by earlier adversity. Relationships which have been developed and well established are

an excellent basis to grow as a young adult and this represents an excellent chance for young people to be supported and make safer decisions as they develop. As a staff team we will work together and in collaboration with children young adults to seek and act on solutions. We will support and offer opportunities for young people to achieve, become settled, feel and be safe and enjoy a fulfilling adult life.

8. The Dyadic Developmental Psychotherapy central principals are:
 - a. The magic happens in the everyday interactions – the quality of relationship between the child and care worker is at the core of healing.
 - b. Developing attunement – re-visiting child or young person’s experience in a positive, healthy way.
 - c. Developing primary and secondary inter-subjectivity – like an infant, the child first develops a relationship with care-givers and then through this their relationship with the world.
 - d. Developing a narrative – the young person over time is able to understand (emotionally and cognitively) what has happened and the effect on them. They can tell their own story.
 - e. When structure is increased, you must increase nurture. Care workers should understand that in the short term this may increase the child’s use of defences and distancing behaviour. Initially (which may take a year or more!) the closer you become emotionally the more challenging and/or shameful the child will become. Time in (as opposed to time out) is essential – the more the child presents challenging behaviour, the closer the care worker needs to be.
 - f. Birth parents/families are carrying their own trauma: they too can be re-traumatised by contact with their child and need therapeutic support. The possibility and nature of contact needs to be assessed.

Understanding and Building Trust

9. With a Dyadic Developmental Psychotherapy there are three developmental stages of treatment: Trust of Care, Trust of Control and Trust of Self.
 - a. **Trust of Care:** the caregiver serves to meet the physical and emotional needs of the child in a timely accurate manner. Trust of Care means overt supervision, proximity, safe touch, unsolicited and proactive nurturing, smiling and laughing together, playing with, practical care (combing hair, cutting nails, tying shoelaces, helping with washing) and avoiding shaming. These acts are experienced as healthy care giving and ease resistance: they underscore that the child is loved and loveable – intrinsically good.
 - b. **Trust of Control:** Nurturing discipline – limits are set to assist children and young people in meeting the expectations of the caregiver. The child is prevented from doing things that are not good for them. The language of alliance is paramount over the

language of compliance (“I can help”, “that’s not good for you” rather than “don’t do that”). When caregivers set limits, attunement can be broken, emotional tensions run high and the child may dysregulate. Discipline and control should be supportive rather than sanction-based and followed by repair thus reducing shame while helping to regulate behaviour and teach self-control.

- c. **Trust of Self:** More trust and responsibility is given back to the child. They have demonstrated the ability to self-regulate or can recognise dysregulation and seek adult care. The child begins to care about others, seeks to repair relationships, to re-connect and re-attune in ways that are internally driven. The development of guilt instead of shame emerges. The child now genuinely wants to feel close to the caregiver. The message may now be ‘I don’t like it when you....’ Opportunities for autonomy are increased. Negotiation, compromise and more choice begin to be possible. The child is on the road from trauma to recovery.

What we will do

- 10 There are things as a service that we need to do to help make this approach a reality for children and young people. These include:
 - a. Making young people aware of their choices for staying put and continuing care; and Throughcare and Aftercare.
 - b. Work in partnership with young people, carers and professional networks.
 - c. Our staff team will be supported to better understand the range of needs young people continue to have.
 - d. Gate keeping processes to enter our local resources will be clearly articulated and transparent.
 - e. Work within our National Care standards responsibilities and demonstrate that the care we provide is delivered with dignity; compassion; respect; while actively listening to young people.
 - f. Develop and promote professional networks with and across e.g. housing services; employability supports.
 - g. Better develop Pathway planning processes.
 - h. Identifying gaps in our own home facilities; work along with young people and their support networks to create additional plans reflecting expectations; boundaries etc.
 - i. Be clear about the other options which may suit young people better than group living.

The Right Environment

- 11 In order to support these things to happen we must create the right environment. This is an environment that will provide:

- a. Staff who are self-aware – who are in control of themselves, have an awareness of their own attachment history and be able to differentiate between their own and the child's 'baggage'.
- b. Staff who have a network of support including professional (supervision, colleagues, meetings, support) and personal (partners, friends, hobbies, support).
- c. A knowledgeable workforce – staff who have an understanding of child development, the importance of healthy attachments and the impact of trauma.
- d. An emotional atmosphere that is controlled and monitored by staff to ensure it is warm, welcoming and consistent. The message is: 'I can, will and want to take care of you.' Children or young people who present controlling and angry behaviour will not be met by inconsistent and/or 'cold' adults. Staff will be able and willing to gain understanding of the child or young person's view with the patient application of [PACE](#) (playfulness, acceptance, curiosity and empathy). The investment is in the relationship not in judging, controlling or denying the child's reality.
- e. Structure and predictability for children and young people to help build routines and boundaries that are clear and consistent. Traumatized children and young people may seek to take control in order to feel safe and allowing them to feel they have some control is important. Rituals, rhythms and celebrations give emotional depth to security, safety, consistency and predictability.
- f. Supervision and Interaction as a gift not a sanction or reward. Children and young people need the security and often the close proximity of a supportive adult to feel safe. Establishing trusting relationships through common activities and working through problems together is essential. Staff need to be "interested in and interesting to" young people. Supervision and praise will be effective in building a relationship, rewards and sanctions will not.
- g. Children and young people with an opportunity to learn how to play, share, cooperate, make choices, take responsibility, learn from mistakes and negotiate. It is staff's job to help them with these developmental tasks not to punish them when they get it wrong.
- h. Children and young people will experience an environment that values their voice, views and opinions about their care and life choices. They will be supported to express these. The [Mind of My Own App](#) will be available for all our children and young people as tool to help them explore their feelings and thoughts about their care.
- i. The child or young person who has lived with deprivation in the past and learned to do without people and things to learn about consistent consequences for behaviour that do not include being deprived, shamed or threatened. Negative behaviours by adults will often only reinforce the view that adults are untrustworthy and feed the rage and shame that a child or young person can feel. Staff will decide what consequences are to be offered for appropriate and inappropriate behaviour. Such consequences need to be natural and in the best interests of the child.

- j. Children and young people an opportunity to learn about positive and appropriate touch that is absolutely vital to their physical, social, emotional and psychological well-being. Children and young people who have been abused and/or neglected need positive touch from safe adults to learn that it can feel good to be cared for. This should not be forced but offered.
 - k. Contact with parents that has been carefully assessed as in the child or young person's best interests. Where a child or young person has experienced neglect and/or trauma there is a potential that they re-visit what has happened every time contact occurs. The child or young person's contact with birth parents and family will not be assumed to be necessary or right, it will be assessed as in the best interest of the child or young person. Where contact is agreed it will never be withdrawn as a consequence for behaviour.
- 12 Traumatized young people are often convinced that adults will not meet their needs (because they haven't before) and have often developed strategies for coping with this that are now often unhelpful to them in forming positive relationships that can help them recover from this trauma. These strategies must be approached with empathy and curiosity. Carers of distressed young people often complain that the child's behaviour does not seem real or genuine. Staff must accept this behaviour as the child or young person trying to learn to do it differently and this learning like any other is to be encouraged, not criticised.
- 13 These conditions and considerations will help to minimise the distressed and challenging behaviour creating. It is important to remember that we can all present challenging and controlling behaviour.

Recording the views of children, and young people that are submitted from Mind of My Own

- 15 The [Mind of My Own App](#) is a digital participation tool that can help children and young people have their voices heard and to participate in decisions about their lives. It provides two co-produced apps for children and young people who use health, care and education services. Staff should be using these routinely as part of their support to children and young people to help them contribute in a full and meaningful way with decisions that are being made about their care. We are raising awareness across our partner agency, but currently only workers who are within the Integrated Children and Family Service have accounts and using it with the children and young people they support. As an Aberdeen City Council Integrated Children and Family Service employee you will have a workers account for the Mind of My Own App. It is your responsibility to champion this and raise awareness with partner agencies to ensure children and young people's participation as a priority. All children being supported by Aberdeen City Council's Children's Social Work will have access to the Mind of My Own App regardless of the type of placement they have.

Workers can use their Aberdeen City Council Devices with the child or young person to use the App.

To ensure secure access that does not allow access to Aberdeen City Council internal sites workers will ensure:

- They use a Wi-Fi connection only;
- All other Apps and email are closed;
- The child or young person is supervised at all times while they use a worker's device.

When children and young people provide their views in writing through the Mind of My Own App we will explain to them that this is saved as part of their care record. This means that it will be retained for the same period of time and shared with the same people who we might share their record with.

The submitted document will be recorded on careFirst as a 'classification - MOMO Submission'. The actual PDF will then be saved in the child/young person's electronic case file in '01Personal'.

Rules for Staff

16 There are 3 basic rules for staff:

- a. Dependency has to taste good – care workers need to show that adults can be safe and fun to be with.
- b. Care workers must know where children and young people are (in relation to age and stage of development) – so they can take care of them and keep them safe.
- c. No hands on without permission (unless this essential to keep people safe) – touch will start to be valued and perceived as important, meaningful and good not as harmful and indiscriminate.

With thanks to Edwina Grant as much of the content of this document has come from her paper:

E. Grant (2011) Building the bonds of attachment: Therapeutic work with accommodated young people (which gives acknowledgement to Dan Hughes and the authors of 'Creating Capacity for Attachment' Pub: Wood n' Barnes, 2005)