

The Authentic Warmth Dimension of Professional Childcare

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Summary

The emotional, social and academic problems of children and young people in public care have long been documented and many researchers have named the chief culprits as a deeply flawed corporate care system and an unsympathetic education establishment. While the need for major improvements to both corporate care and education is recognized, in this paper, a perspective, which links early childhood experiences with restricted life outcomes, is presented and it is argued that it is parental rejection (often accompanied by abuse and neglect) which is a major mediating factor in the often restricted life outcomes for many of these children. The approach described here is designed to empower residential staff and foster-carers to provide not only high-quality parenting, but also the sensitive support which can enable children and young people in care to cope with parental rejection, abuse and neglect. It is also argued that these two tasks (good parenting and appropriate emotional support) are key factors in promoting the successful emotional, social and academic development of children in public care.

Keywords: children in public care, residential and foster-carers, parenting, post-trauma support, improving outcomes for vulnerable children

Introductory comments

Recognizing the Child, for the full and harmonious development of his or her personality, should grow up in a family environment in an atmosphere of happiness, love and understanding (UN Convention on the Rights of the Child, 1990, preamble).

While each one of the 60,900 children and young people who were in local authority care at the end of March 2005 had his or her own painful story to tell, there were a few common circumstances which had led to them becoming looked after children, the chief of these being abuse and neglect (42 per cent), family dysfunction (13 per cent), intense family stress (12 per cent), parental illness (7 per cent) and socially unacceptable behaviour (6 per cent). (For further statistical details on looked after children, see Office for National Statistics/Department for Education and Skills, 2005.) So, rather than viewing these children as ones who exhibit such disturbed and disturbing behaviour that they have to be removed temporarily or permanently from their families, the majority appear to have ended up in care through the problems of adults.

The high level of social, emotional and behavioural difficulties experienced by children living in both residential and foster-care indicates that looked after children are among the most disadvantaged in our society. The national prevalence survey by Meltzer *et al.* (2003) confirms this level of vulnerability, in which a surprisingly high 68 per cent of children in residential care and 39 per cent of those placed with foster-carers were identified as having a mental disorder. In a smaller, but more detailed, study, McCann *et al.* (1996) found that as many as 96 per cent of children in residential care and 57 per cent of those in foster-care had a variety of 'psychiatric disorders', and that a worrying number of quality-of-life and potentially life-threatening conditions like depression had remained undiagnosed. Reviewing the literature on children in residential care, Nissim (2006) concluded that 'the youngsters concerned are among some of the most disadvantaged, damaged and vulnerable members of our society, and their needs are extreme and complex' (Nissim, 2006, p. 275).

In addition to, or perhaps linked with, such mental health and well-being problems, looked after children and young people are over-represented in the special needs, non-attendance and school exclusion figures, as a growing number of corporate care studies have shown (e.g. Jackson and Martin, 1998; Department of Health/Department for Education and Employment, 2000; Department for Education and Skills, 2003, 2005a, 2006; Fletcher-Campbell *et al.*, 2003; Social Exclusion Unit Report, 2003; Brodie, 2005).

Such a high incidence of emotional, social and behavioural difficulties, combined with low academic attainment levels, has been viewed by some researchers (e.g. Jackson and Martin, 1998) as a flashing sign which indicates that something is seriously wrong with our corporate care and education systems. However, the temptation to heap most of the blame on these 'usual suspects' is one which many researchers seem to find irresistible, so a second scrutiny of this explanation is merited.

Educational attainment and children in care

Educational outcomes make readily accessible data, so these have been frequently cited as major indicators of the plight of children and young people in

care. Analysis of this evidence certainly provides depressing reading, especially since the contrast between the academic attainments of children in local authority care and those in the child population at large reaches well beyond even the highest levels of statistical significance.

Researchers from NCH–Action for Children (2005), who produced the *Closing the Gap for Children in Care* report, noted that in England, during the previous year, only 6 per cent of children leaving care had achieved ‘good’ (A to C) grades at GCSE level or equivalent, compared with 53 per cent of pupils overall. Disappointingly, but not surprisingly, only one in a 100 looked after children went on to university that autumn, compared with 43 per cent of people (aged thirty and below) in the population as a whole.

Clearly, factors like poverty, social stratification, culture and demography are all implicated, as Giddens (2006) has pointed out. Similarly, within-child factors, including the aforementioned mental health problems and the finding that some 25 per cent of all children in care have a ‘Statement of Special Educational Needs’ (see Department of Health, 2002), also partly explain these low levels of academic attainment. Additionally, it has to be conceded that there are a number of long-standing bureaucratic features of both the care and educational systems (e.g. poor information sharing and a lack of joined-up planning for children in care) which can prevent the education of looked after children being prioritized and these problems need to be addressed (Harker *et al.*, 2003).

A number of writers have offered specific suggestions for teachers and carers on how the attainments of children in care could be improved (see Dent and Cameron, 2001; Gallagher *et al.*, 2004; Brodie, 2005). Similarly, the Department for Education and Skills has pinpointed the education of children in care as a major priority area (Department for Education and Skills, 2005a, 2005b, 2006). Although the central government initiative *Every Child Matters: Change For Children* represents a concerted attempt to improve the well-being of *all* children and young people from birth to age nineteen, emphasis has been placed on support for vulnerable children and young people, particularly those in care. A number of initiatives to ensure that the needs of looked after children are clearly identified and met have been set out in the Department for Education and Skills (2005a) document *Every Child Matters: Change for Children in Social Care*. Recommended improvements include the promotion of well-being and welfare, the implementation of an integrated inspection framework, the appointment of a children’s commissioner and the setting up of a children’s workforce (see also Department for Education and Skills, 2005a). Many of these recommendations have been enshrined in the 2004 Children Act.

In 2004, the Department for Education and Skills, in conjunction with staff, employers and consumers, produced a ‘common core of skills and knowledge’ in which the requirements for staff working with children and young people were listed as: effective communication and engagement; children and young people’s development; safeguarding and promoting the welfare of children;

supporting transitions; multi-agency work and sharing information (Department for Education and Skills, 2004a). Similarly, the Department for Education and Skills Green Paper, *Care Matters* (2006), set out to address many of the concerns highlighted above, such as acknowledging the adverse impact of pre-care experiences and highlighting the importance of early intervention. Yet, these proposals and earlier well intentioned, government initiatives appear to have achieved only cosmetic change for children in public care, in terms of both their emotional well-being and their academic attainments.

Parenting and emotional well-being

The powerful influence of parents and carers in shaping children's emotional development is well documented. In the first place, the negative effects are vividly illustrated by the consequences which can result from poor-quality, out-of-home day-care, as a major review of research by the National Institute of Child Health and Human Development Early Childcare Research Network (2005) has convincingly shown. However, on the more optimistic side, there is also ample evidence of the effectiveness of parenting training programmes on the mental health of vulnerable children. (See Fonagy and Kurtz (2002) for a 'what-works' review of this research, or Patterson *et al.* (2002) for a controlled study of the outcomes of the Webster-Stratton parenting programme delivered by health visitors to families of vulnerable children, or a specific and potentially replicable initiative for foster-carers in inner-London, carried out by Pallett and her colleagues (2002).)

Illustrating the powerful impact of direct-contact adults, the Rushton and Minnis (2002) study of support for foster-carers concluded that the only interventions with demonstrated effectiveness in reducing the emotional and behavioural problems of looked after children were those delivered either in close liaison with, or directly through, the foster-carers themselves. In the case of residential, group-care settings, much of the good practice appears to result from the 'tacit knowledge' of care staff, rather than from their more formal, in-service training programmes. Even when the work of child carers is being done well, practitioners are unlikely to be aware of the specific elements and processes underpinning their good practice (see Anglin, 2004). Small wonder, then, that the Department for Education and Skills (2005b) publication on the proposed children's workforce strategy recommended more effective commissioning of services for children in public care which included paying greater attention to the skills and abilities of the workforce that would be employed in social care services (Department for Education and Skills, 2005b, p. 42).

In this paper, our argument is that emotional well-being, social adjustment and educational attainment are inextricably linked and that it is only by constantly experiencing good parenting and appropriate emotional support (as well as care, protection and appropriate teaching in school) that children and young people in care will be able to enhance their personal, social and intellectual development.

Our starting point: parental rejection

While many people have been long aware of the negative effect of rejection and exclusion on individuals and/or group members, it is only relatively recently that satisfactory explanations of this universal phenomenon have been provided: ‘. . . rejection is not simply one misfortune among many, nor just a bit of sad drama—it strikes at the heart of what the psyche is designed for’ (Baumeister, 2005, p. 732).

After more than a decade of research, Baumeister concluded that the human brain’s response to rejection was the same as its reaction to physical injury and this explained why excluded people appeared to lose their willingness to make the efforts and sacrifices necessary to alter their behaviour according to the needs and prescriptions of others: ‘. . . the lack of emotion in our studies is not simply a result of people denying their feelings or being too embarrassed to admit them. Rather, it appears that their emotional system has genuinely shut down. They seem emotionally numb, not just to their recent rejection experience but also to the sufferings of others and to (relevant) events in the future’ (Baumeister, 2005, p. 735).

When attempting to understand the emotional, adjustment and attainment difficulties of children and young people in public care, a conceptual shift in professional opinion is required, namely that this group is actually a sub-set of the much larger population of children in our society who have all shared negative life experiences, the common factor being *parental rejection*. A large body of cross-cultural research has supported this theory. (See Rohner (2004) or Rohner *et al.* (2004) for a summary of three decades of investigations in this area.) But such evidence seems to have been overlooked or ignored in UK policy making and planning. Applying ‘Parent Acceptance–Rejection Theory’ to looked-after children challenges the uncritically accepted, conventional wisdom that their poor educational performance, restricted social outcomes and diminished life chances result solely from the opportunity-restricting, emotionally-damaging or self-worth-reducing effects of the care and education systems: ‘. . . children and adults appear universally to organise their perceptions of parental acceptance-rejection around the same four classes of behaviour . . . warmth–affection (or its opposite, coldness–lack of affection); hostility–aggression; indifference–neglect, and undifferentiated rejection . . . culture and ethnicity shape the specific words and behaviour which are associated with these four categories’ (Rohner, 2004, p. 830).

Parental Acceptance–Rejection Theory (PARTheory) holds that *all* children need a specific form of positive response—*acceptance*—from parents and other primary care-givers. When this need is not satisfactorily met, children worldwide and regardless of variations in culture, gender, age, ethnicity or other such defining factors tend to report themselves to be hostile and aggressive, dependent or defensively independent, impaired in their self-esteem and self-adequacy, emotionally unresponsive, mostly unstable, and holding a negative worldview (Rohner *et al.*, 2004). A synopsis of PARTheory can be found in

Table 1 and specific details of this explanatory model are available in Rohner (1986, 2004).

PARTheory refers to a bipolar dimension of parental warmth, with parental acceptance at the positive end of the continuum (*similar to* Maslow's hierarchy of needs) and parental rejection at the negative end. So, taken together, parental acceptance and rejection form the high-to-low warmth dimension of parenting. This continuum is one on which all humans can be placed because everyone in childhood has experienced love (or sadly) rejection at the hands of their major care-givers. Thus, the warmth dimension is concerned with the quality of the affection bond between parents and their children, and with the physical, verbal and non-verbal behaviour of parents which accompany these feelings.

One end of this continuum is marked by parental acceptance, which involves the warmth, affection, care, comfort, etc. that children can experience from their parents and other care-givers. The negative end of the continuum is marked by parental rejection: this refers to the absence, or the significant withdrawal, of positive feelings in parental behaviour and by the presence of a variety of physically and psychological hurtful behaviours and affects.

An important and illuminative aspect of PARTheory is that parental rejection does not only consist of a specific set of actions by parents, but also includes those perceptions and beliefs that are held by the child or young person. Children who *experience* or *perceive* significant rejection are likely to feel ever-increasing anger, resentment and other destructive emotions that may become intensely painful. As a result, rejected children tend to suppress these painful emotions in an effort to protect themselves from the hurt of further rejection, i.e. they become less emotionally responsive. In doing so, they often have problems with being able or willing to express affection and warmth and in knowing how to give, or even being capable of accepting these positive emotions from others.

One surprising gap in the PARTheory literature is the absence of specific implications for promoting parent acceptance behaviour and avoiding passive, negative or unintentional parental rejection. Rohner (2004) and Rohner *et al.* (2004) do, however, offer two general principles of parenting derived from PARTheory:

Table 1 A summary of parental acceptance–rejection theory (PARTheory)

Main themes from PARTheory

If the child's need for acceptance is unmet, emotional problems result.
 Such emotional problems appear to be universal, across the human race.
 Children need parental acceptance, not rejection.
 Rejection can be clearly *evident* or the child can *perceive* rejection.
 Some of these emotional and behaviour problems persist in the long term.
 Other factors are involved in the adjustment of children, but parental acceptance–rejection has been shown to be particularly powerful.

(Rohner, 1986, 2004).

- Helping parents and other care-givers to *communicate parental acceptance* to children.
- Helping parents find culturally appropriate ways to *communicate warmth and affection* and to avoid behaviours that indicate parental coldness and a lack of affection.

The strength of the PARTheory lies in its rich explanation of the cross-cultural consequences and other correlates of parental acceptance or rejection. Additionally, the theory predicts and explains the consequences of acceptance–rejection on other primary inter-personal relationships, including later adult relationships. Empirical evidence supports the major postulates of this theory (see, e.g. Baumrind, 1989), especially the prediction that perceived parental rejection is likely to be universally associated with a specific form of psychological maladjustment, involving emotional, social, personal and other problems (see Rohner, 1986; Rohner *et al.*, 2004).

Attunement and adjustment

While the explanation of social and parental rejection has offered a meta-perspective of emotional adjustment, it is *insecure attachment* that appears to be the first of two important mediating variables which link the experience of parental rejection with the type of child behaviour, which is wilful, hurtful, unresponsive and self-focused and which often results in personal unhappiness, difficulties in forming lasting relationships, poor scholastic attainment and reduced life opportunities. (See Table 2 for an overview of different types of attachment experiences and their likely outcomes for later development and well-being. See also Grossman *et al.* (2005) for a useful account of attachment from infancy to adulthood.)

Table 2 Early attachment experiences and their effects on later development

'Secure' attachment

Trust in adults (cognitive and affective experiences integrated). High confidence, self worth/social competence and interpersonal skills/higher school attainment at age 7 and better school adjustment.

'Avoidant/Defensive' attachment

Trust component missing. Less socially competent/more internalising (e.g. withdrawal, non participation) behaviour, more likely to victimise others at school.

'Ambivalent' attachment

Reduction and anticipation dimension missing. More externalising behaviour (tantrums, whingeing)/more likely to be victims at school.

'Disorganised' attachment

Both trust and confidence are lacking (vulnerability). Substantial learning and behavioural problems (especially aggression) occur in school.

(Svanberg, 1998).

A summary of the importance of the attachment process was provided by its originator, John Bowlby, when he wrote that 'evidence is accumulating that human beings of all ages are happiest and able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted, also known as an attachment figure, can be considered as providing his or her companion with a secure base from which to operate' (Bowlby, 1979, p. 103).

Howe (2005) has described the significance of this process as follows: '... as carers help children to make sense of their own and other people's behaviour by recognising that lying behind behaviour are minds and mental states, a whole train of psychosocial benefits accrues, including emotional attunement, reflective function and emotional intelligence' (Howe, 2005, p. 27).

Underpinning secure attachment appears to be the key child-rearing process of 'attunement'. This occurs when a care-giver is not only aware of his or her own emotions, but can also recognize how his or her child is feeling and can convey this awareness to the child. An attuned relationship is a prerequisite to the development of both security and empathy in the young child. As Howe reminds us, insecurely attached children often have parents who have problems in coping with needs, dependence and vulnerability in themselves and others and therefore are poor at understanding either their own or others' thoughts, feelings, beliefs or desires (see Svanberg, 1998). In other words, the roots of child or adult behaviour which is lacking in empathy towards others or is socially exploitive or violent are most likely to be found in early patterns which are established, not only psychologically, but also at the physiological level of brain formation. Increasingly, too, it is the development of empathy which is now being viewed as the antidote to both childhood and adult violence—an argument which is well evidenced in the 'Worldwide Alternatives to Violence' report (2005). 'The family landscape is cold. It is a place of suffused tension. Warmth and spontaneous expressions of love and delight are rare. There is wariness. But lurking beneath the taught surface of everyday relationship dealings, there is also anger. Under increased stress, anger can suddenly erupt without warning into violence' (Howe, 2005, p. 91).

Concepts like attachment, attunement and bonding entered the public vocabulary many years ago; however, it has been the advent of neuro-imaging and Positron Emission Tomography (PET) scanning, allowing neural tissues to be viewed working, that has led to the link between essential childhood experiences and the healthy development of the human brain (see Shore, 1997) becoming both visible and indisputable. Such 'hard' evidence has led Perry (1997) to conclude that there is no more specific biological determinant than a relationship and that early life experiences have been shown to determine core neuro-biology. While not all children who suffer neglect or physical, sexual or psychological abuse become violent adults, the majority of these victims 'carry their scars with them in other ways, usually in a profound emptiness, or emotionally destructive relationships, moving through life disconnected from others and robbed of their humanity' (Perry, 1997, p. 133).

The experience of a prolonged insecure attachment, whatever the cause, has long been suspected of producing 'invisible damage'. New methods of measurement in neuro-psychology and neuro-biology have been able to quantify this damage in terms of brain growth and activity (Gerhardt, 2004). In short, we now know that parental rejection, abuse and neglect not only cause grievous developmental harm, but also grievous *bodily* harm.

While insecure attachment, especially in early childhood, can have major consequences for future development, it is important to recognize the astounding plasticity, flexibility and resilience of the developing child or young person (Fonagy *et al.*, 1994; Newman and Blackburn, 2002). Even if the tasks of compensating for key experiences which were either absent or abusive becomes more difficult as a child grows up, such a professionally encouraging and optimistic stance has been justified by Baumeister (2005) when he concluded that 'in many cases, rejection makes people suspicious, hostile and antisocial. But when a reassuringly safe prospect of forming a new bond does present itself, people who were recently excluded seem willing and even eager to take it' (Baumeister, 2005, p. 375).

An equally optimistic stance to therapeutic intervention has been adopted by Hughes (1997), who presented a developmental perspective on attachment disorder and provided a developmental sequence to aid a deeper understanding of the stage that an individual child has reached, the developmental deficits that he or she has sustained, and information to inform an individualized therapeutic programme. Similarly, Howe *et al.* (1999) have described a detailed assessment and practice model to provide appropriate support for children who have been maltreated by their families.

Parenting style and well-being

Alongside the emotional prerequisites of attachment and attunement, which lead to personal adjustment, the second major factor in successful parenting involves parenting behaviours which encourage a child's social development. 'Parenting style' refers to a combination of parental control and expectations for the child's learning and behaviour (*demanding-ness*) together with sensitivity to the child's needs (*responsiveness*). Baumrind (1989, 1991, 1993), who has carried out extensive research in this area, has identified four different parenting styles: authoritative, authoritarian, over-indulgent and permissive/neglectful. These are illustrated in Figure 1.

More recent work by Barber (1996) has added a third factor to the original model—*psychological control*. This stretches from the frequent employment of negative child control techniques (e.g. using guilt, withdrawal of affection, shaming, emotional possessiveness, etc.) to positive methods of control, like autonomy building, seeking the child's opinion, reading the child's needs and aspirations, and affirming the child's positive qualities.

Nearly two decades of research by Baumrind and her colleagues have shown that it is only *authoritative parenting* which combines a high level of control and

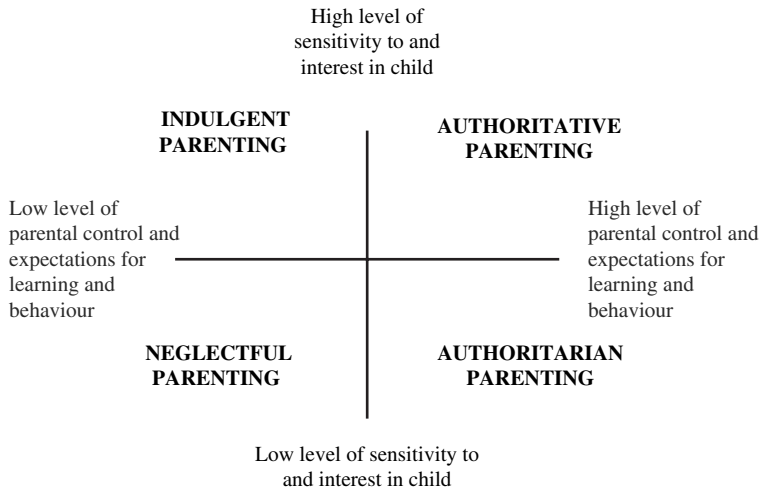


Figure 1 PARENTING STYLES in child care (Baumrind, 1991 and 1993).

support with high parental sensitivity/interest which reliably leads to positive development outcomes (Leung *et al.*, 1998). Authoritative parents are able to maintain an effective balance between high expectations for their children, yet also provide an appropriate level of control, responsiveness and care. Such parents establish and firmly reinforce rules and standards for their child’s behaviour, constantly monitor these and use non-punitive methods of discipline when rules are violated. While socially responsible and mature behaviour is expected and encouraged, authoritative parents are also warm and supportive. They encourage two-way communication, validate the child’s individual point of view and recognize the rights of both parents and children (Baumrind, 1991).

From theory to practice: the pillars of parenting

Anglin (2004) identified three general and pervasive psychosocial processes, leading to what he described as a ‘well-enough functioning’ residential care setting. These were: creating a home-like environment (while removing the intimacy and intensity of the family environment); responding appropriately to pain and pain-based behaviour; and developing a sense of normality (this includes a sense of belonging that children can later transfer to more normal settings, such as their own family or a foster home). Useful though such general guidelines are, they do not provide the practical advice for professional care staff which would enable them to support vulnerable children during a major transition in their lives and one which is likely to affect their emotional and social well-being, as well as their educational attainment.

'Parenting' is one of those activities which people take for granted: most parents learn their skills from their own parents and through bringing up their own children. However, for professional care staff and foster-carers who are often looking after particularly vulnerable children and young people, the skills and knowledge of parenting cannot be left to trial and error, but need to be unpacked, analysed, understood and implemented, often in difficult circumstances. Yet, 'good parenting' merits only one mention in the Department of Health (2002) *National Minimum Standards for Children's Homes* (notably, in the context of respecting a child's wish for privacy) and is ignored in the otherwise thoughtful General Social Care Council's *Code of Practice for Social Care Workers* (2002).

During the latter end of 2004, the managers of a South London children's home held several meetings to review the training records of staff who had handled challenging incidents with some children in a way which was viewed as 'inappropriate': their conclusion was that the underpinning knowledge in the NVQ training was inadequate and clearly did not inform good staff practice. A psychologist was then invited to join these discussions to ensure that the new approach to childcare being developed was based on sound research and theory.

Of course, there are different views on what constitutes 'good' parenting, but child psychologists can generally agree on those essential experiences which support healthy development, social adjustment, academic achievement and self-esteem. However, the staff-led questions 'what are the psychological needs of children' and 'what would "good" parents do to meet these needs?' provided useful starting points for this project. Further meetings involving all the staff sought to identify those skills necessary to act as 'good parents' and an outcome was a practical approach which could enable residential child-care staff to provide emotionally warm (i.e. attuned to the child's needs) as well as authoritative parenting. A summary of the 'Pillars of Parenting' described by Cameron (2005) appears in Table 3.

Whilst the Pillars of Parenting approach shares some of the features of other parenting models (e.g. the cognitive-behavioural approach of Webster-Stratton and Hancock, 1998), there are also a number of important differences, including:

- The approach focuses on the psychological needs of children (as opposed to the management of their problem behaviour).
- There is a rationale provided for each of the seven pillars.
- The 'good practice' menu is 'owned' by the direct contact care staff.
- This approach represents an evolving, rather than a static, perspective of good practice in childcare.

These seven Pillars of Parenting are closely linked with many of the specific outcomes of the (Department for Education and Skills, 2004b) *Every Child Matters* aims and outcomes framework, especially in the areas of mental and emotional health, personal and social development and developing self-confidence

Table 3 An outline of the Pillars of Parenting, with some suggested support activities by carers

Primary care & Protection	Secure attachment	Positive Self- perception	Emotional competence	Self-management skills	Resilience	A sense of belonging
<ul style="list-style-type: none"> • Sensitivity to a child's basic needs shows the child that we care and that they are important. • Education is included here because in our complex world knowledge and skills are essential to survival. 	<ul style="list-style-type: none"> • Secure attachment appears to act as a buffer against risks and to operate as a protective mechanism 	<ul style="list-style-type: none"> • To allow the child to develop a positive self-image. • Positive and negative statements have a powerful impact on the self-perceptions. 	<ul style="list-style-type: none"> • This ability underpins the successful development of relationships outside the family and may moderate susceptibility to and propensity for later mental health problems. 	<ul style="list-style-type: none"> • Self-management is the insulation, which prevents inappropriate behaviour when enticing or compelling outside factors try to intrude. 	<ul style="list-style-type: none"> • Resilient individuals seem to be able to understand what has happened to them in life (insight), develop understanding of others (empathy) and experience a quality of life that is often denied to others who have suffered negative life experiences (achievement). 	<ul style="list-style-type: none"> • Research and theory in relationships have established human beings as 'fundamentally, extensively social' and highlighted the need to belong.
<p>Why? See Maslow (1971) for his universally-known pyramid of human needs.</p>	<p>Why? See Ziegenhain, (2004) for a summary of the considerable volume of the research on attachment.</p>	<p>Why? For more details, see Burnett (1999) or Emiler (2001).</p>	<p>Why? A useful overview of this important, high-level skill area has been provided by Saarni (1999).</p>	<p>Why? See Lewis and Frydenberg (2002) on the topic of personal problem solving methods used by children and young people and Zimmerman (1998) for a description of the link between self management and academic attainment.</p>	<p>Why? See Authors (YEAR) and Newman and Blackburn (2002), summarizing the research on resilience and its implications for 'parenting' of looked after children.</p>	<p>Why? For details of the link between rejection and aggression, anti-social behaviour and poor self-regulation, see Baumeister (2005).</p>

Some examples of good practice suggested by carers

- Tuning into a child's fears and offering a reassuring word or hug;
- Attending to a child's appearance so that they look and feel 'good' (and do not attract hostile or hurtful comments from adults and peers);
- Seeking opportunities to help the child to succeed at school.
- Encouraging the child to explore;
- Tuning into the child's perspective of the world;
- Being consistent in your own behaviour and your expectations for the child's behaviour;
- Listening and communicating responsively.
- Celebrating the child's developmental advances;
- Recognising and rewarding good behaviour; are acquired;
- Protecting child from disapproval, teasing or violence;
- Setting high but reasonable standards for learning and behaviour.
- Maintaining your adult role during any conflicts with the child.
- Teaching the language of emotion;
- Teaching empathy . . . e.g. 'how do you think that Chris feels 'now'?
- Guiding and setting limits for behaviour;
- Mentoring basic skills and help child to achieve difficult skills;
- Teaching self-reflection.
- Ensuring stability and continuity in care;
- Promoting friendships with pupils doing well at school
- Locating one adult who can act as a mentor.
- Individualising bedroom accommodation.
- Developing functional friendship groups.
- Encouraging friendships in the neighbourhood.

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and successfully dealing with significant life changes and challenges. Additionally, the Pillars can support the 'Child's Developmental Needs' section of the Department of Health/Department for Education and Employment/The Home Office (2000) *Framework for the Assessment of Children in Need and their Families*, as they provide a grounded basis for multi-agency and multidisciplinary discussions, as well as with the children themselves.

The Pillars also form a child-focused starting point for all reports prepared for external professionals and agencies, and provide practical advice for foster-carers when the child leaves residential care.

Parenting is the first of the two key components required to enhance the psychological well-being and to meet the needs of children in public care, thus enabling them to begin to achieve positive educational, social and personal goals. As well as parenting, there is, however, one further component—the provision of sensitive and timely support—required by looked after children and young people at particular stages of their emotional adjustment, following rejection, abuse and neglect. 'Children who suffer abuse and neglect will still develop adaptive strategies to help them to cope, but their survival, as we have seen, comes at a high developmental price and a heavy mental health cost' (Howe, 2005, p. 277).

Post-trauma support

While there is a plethora of single-case and descriptive accounts of treatment procedures and outcomes for children and young people who have been abused, neglected and rejected, Macdonald (2001), in her comprehensive review of interventions for such children, highlights the absence of controlled investigations of their general effectiveness: 'There is, however, a near-scandalous dearth of rigorous studies of the effects of these particular interventions in the lives of these most vulnerable children' (Macdonald, 2001, p. 193).

Similarly, as Clough *et al.* (2006) and Ward *et al.* (2003) have pointed out, there are many theoretical approaches to be found in the world of residential childcare, including a-theoretical procedural methods, psycho-social therapeutic approaches and systemic perspectives. Yet, again, the effectiveness evidence is scanty and Clough *et al.* (2006) reach the safe conclusion that 'no single model of child behaviour provides all the answers' (Clough *et al.*, 2006, p. 38).

An emotional support dimension in childcare is, however, clearly needed and one of the key findings of the 'Who Cares? Trust' survey of the views of children in care (Shaw, 1998) was the frequency of reported loneliness, isolation and a lack of support experienced by these children and young people. Holland and Randerson (2005) have addressed a number of important issues in this area, especially how feelings of loss relate to the often stressful experience of being received into care, such as the loss of family, friends, routine and a familiar school environment. There are a number of psychological theories (notably Hopson, 1981; Spall and Callis, 1997; Kubler-Ross and Kessler, 2005),

which attempt to chart the emotional impact of major life transitions, especially those that involve considerable trauma and loss. Parkes (1996) has outlined a four-phase 'recovery' process, which involves: shock, numbness and the pain of grieving; manifestation of fear, guilt, anger and resentment; disengagement, apathy and aimlessness; and (eventually) gradual hope and a move in new directions.

Although his work is mainly directed towards the adult population, Parkes has argued that these phases mirror those experienced by children in care who have 'lost' their parents or families and who face the transition to an unknown care setting. Cairns (2003) has extended this model to cover the type of support and management required by traumatized children and young people during the period when they are attempting to make sense of the traumatic event(s) which have occurred in their lives.

The often difficult behaviour of children and young people who have been taken into care as a result of rejection, abuse and neglect can be understood as their attempt to manage and adapt to the trauma which they have suffered and to focus on those aspects of their living/learning environment which they feel that they can manipulate and control. The important and challenging objective for effective social work is to enable these children to integrate their earlier negative experiences with their current (and hopefully more positive) situation. Adaptation involves a cognitive reconstruction process (Ehlers and Clark, 2000; Kelly, 1997). For some abused, neglected and rejected children, a significant cognitive shift would be from an original belief that '*all adults are sickos*' to a modified belief that '*most adults are sickos*'!

Social workers and residential/foster-carers can support this cognitive reconstruction process by providing positive experiences which broaden and build a child's coping strategies and help him or her to put previous negative experiences into context. Therefore, support for this process will also involve the enhancement of a child's emotional well-being and subjective happiness through recognition and development of strengths, the highlighting of successes and the validation of the child's perception of him or herself as a worthwhile and unique human being. (For a discussion of these points, see Seligman (2002).)

Of course, children will attempt to cope with adversity in their individual ways, although many are likely to require sensitive support from carers to begin to address the impact of trauma, whether this has been the result of abuse, rejection or neglect. Burnell and Archer (2003) have provided a helpful set of preconditions for therapeutic change (Burnell and Archer, 2003, p. 76). However, the over-arching theoretical model of the stages of post-traumatic stress provided by Cairns (2003) is particularly useful in enabling residential and foster-carers to view a child's often disruptive behaviour within a bigger picture. This model highlights the need to establish a safe and stable environment in which the child is able to talk about and learn more about the circumstances surrounding his or her trauma, to deal with the often conflicting feelings which accompany such information, to process, control and manage

Table 4 The Cairn’s model of trauma and loss, together with some good practice suggestions by carers

Stabilization <i>(Providing a safe and predictable physical and psychological environment)</i>	Integration <i>(Aiding a child or young person in the processing of the trauma, i.e. putting the past in its place)</i>	Adaptation <i>(Enabling the re-establishment of social connectedness, personal efficacy and the rediscovering of the joy of living)</i>
Some examples of good practice suggested by carers Protecting the child from teasing bullying and intimidation. Establishing a clear and predictable pattern of daily events for the child.	Stressing the normality of feelings associated with previous traumatic events. Helping the child to manage post-trauma feelings of shame, guilt and anger.	Helping the child to recognize and accept the changes which have occurred. Supporting the child’s own efforts to adapt to the changed circumstances.

(Adapted from Cairns, 2003).

any resulting psychological or physiological reactions and, finally, to receive the type of support which re-establishes social connectedness, develops personal efficacy, achieves a satisfactory level of emotional adaptation to the negative events which have been experienced and to develop a more optimistic view of the future. (See Table 4 for details of the Cairn’s model and the actions which carers have suggested can help children and young people to move through this process.)

Working towards adaptation

The stress which often follows emotional trauma has traditionally been viewed as a necessary but negative experience; however, more recent researchers (e.g. Bonanno, 2004) have suggested that it may be more appropriate to adopt a ‘continuum of adaptive behaviour’ perspective. Research by Lindley and Joseph (2002) has begun to uncover a hitherto unsuspected and more optimistic dimension of trauma, namely post-traumatic growth, and a future vision for all social workers and foster-carers may have been captured by Seligman (2002): ‘Augment positive emotions in your children to start an upward spiral of more positive emotions’ (Seligman, 2002, p. 211).

Support for residential and foster-carers

The contribution of those carers who are working directly with children is central to the smooth implementation of the model described in this paper, so the tasks of training, monitoring staff performances and providing high-quality staff support all become organizational priorities. It is recognized that the National Vocational Qualifications (NVQ) scheme (Walker, 2006) provides a robust training model involving on-the-job learning and opportunities for

demonstrating and discussing core child-care skills with more experienced staff. However, if this scheme is to provide criteria against which good practice can be implemented and evaluated, then the current NVQ materials will require major revision, re-writing and up-dating so that the theories of parental acceptance–rejection and cognitive reconstruction as well as the practice of authentically warm parenting and post-trauma support can be incorporated.

As well as providing the type of parenting which shows the child that he or she is cared about, training and professional back-up will be required to enable carers to develop a deeper understanding of the emotional and cognitive processes which are taking place while children work through and adapt to the negative experiences which they have received. For residential and foster-carers to maintain good child-care practice, an understanding of the process of post-trauma stress becomes essential when faced with a child whose behaviour can be perceived as deliberately vindictive and hurtful and who may frequently reject/spurn/exploit acts of carers or peer kindness, affection and good intent.

Maintaining this new positive, but challenging, model of professional child-care will also require major changes in the current role of applied psychologists and other supporting professionals. Psychology can inform (and challenge) the practice of care staff: it also offers approaches to measuring key outcomes for children. Yet, Selekman (2005) has pointed out that, historically, much of what is labelled ‘therapy with children’ can be seen as a long-term endeavour in which the therapist served as the healing agent and the privileged expert, even though the therapeutic potential of people in the child’s living/learning environment has long been recognized.

To tackle the twin challenges of providing authentic warmth in their encounters with difficult and rejecting children and also enabling a child to move through the bereavement and loss process, residential and foster-carers require a combination of personal skills and informed professional expertise. These direct contact people have the detailed knowledge about the child, but we would argue that it is the knowledge base in psychology which can provide them with the much needed insight into complex problems, together with the sophisticated strategies required to help children and young people to manage these problems.

Consultation for carers differs from therapy for children because the former focuses less on the child and more on the empowerment of staff to enable them to provide support for and management of problems in the context in which the child or young person is having difficulties. (See Dent and Golding (2006) for a discussion of this issue.) Residential and foster-carers are ideally placed to carry out such context-based work, since opportunities to provide ‘therapeutic experiences’ through the sensitive management of those moments when a child is seeking reassurance, information, insight or emotional comfort occur frequently and naturally during everyday encounters.

In summary, while the Pillars of Parenting offer a medium for providing much needed parenting experiences during day-to-day encounters with children, the Cairn’s approach to transition management highlights the importance

of adopting a long-term view of the adaptation process and can enable residential and foster-carers to obtain a deeper understanding of the emotional needs of traumatized children. Such information can be used to help children to engage with what are often painful, and sometimes shameful, feelings and can allow abused and neglected children and young people to find a place for such feelings within their current and more positive experiences. The combined parenting and emotional support components, which have been described in this paper, can be described as 'authentically warm caring'.

Final comments

Of course, it must be accepted that other pre-care experiences, a variety of within-child factors, the failings of 'corporate parenting' and a lack of appropriate support in school can all become contributory factors in determining outcomes for children and young people in care. However, on their own, none of these can fully explain why so many looked after children end up with such poor social, educational and personal outcomes. The argument being put forward in this paper is that authentically warm caring (improving the parenting experiences and the emotional support of children while they are in care) can not only enhance the well-being of these children, but can also lead to improvements in personal, social, academic and economic outcomes. In a nutshell, the challenge for social work is to provide the quality of care and support that is to be found not just in the average family home, but also in the most functional of families.

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