FOREWORD

We owe it to our children and young people who often enter the care system through no fault of their own to help them achieve the best possible life outcomes. This Training Pack will enable professionals from a variety of settings to make the most informed and appropriate child-centred plans to support children and young people who are in difficulty to maximize their potential.

‘The LAC Pack’ (Training and Resource Pack for Looked After Children) has emerged from three years of research and practice gained by one of our Educational Psychologists working in the field of Looked After Children in both education and care settings. It is a comprehensive set of resources for use by schools and other professionals designed to be cascaded to those working directly with Looked After Children.

Teachers and professionals from other disciplines who have been trained using the materials have commended the content noting that it is ‘down to earth and grounded in reality’.

We would like to share our experiences with you and as such we commend the pack to those who genuinely wish to work in an integrated way to make a difference for some of our most vulnerable children.

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INTRODUCTION

1 Why this Training Pack? Why Now?

The following information can be used to provide the context for Staff Development sessions.

There is a CD ROM with this Training Pack. Reference will be made throughout to relevant slides in parts 1, 2 and 3 of the Training Pack, for use in a staff training session. Training Activities have been inserted for training purposes, although the text can be read for information only. All activities include a ‘Trainer Input’ section to ensure that the trainer has the relevant information. Where a ‘Trainer Input’ is indicated, you should make yourself familiar with the material and any PowerPoint associated with it before starting the activity. Please note that the looked after child will be referred to as ‘He’ for convenience, although the information given is not gender specific.

The ‘Learning With Care’ Report produced in 2001 confirmed what many of us who have worked with looked after children have always known – that children who have entered the Care system have an increased risk of offending, mental and physical health issues and social disadvantage, when they are compared with young people who have been brought up with their primary family group in a secure, stable home.

When we use the term ‘Looked After Child’, (LAC) we are referring to children who may be living at home with parents or with friends or relatives but are still the responsibility of the Council because it is felt that some degree of supervision is necessary. ‘Looked After and Accommodated’ children (LAAC) will be in a care placement away from home – with foster carers, in a YPC, residential school or secure care. The term ‘LAC’ will be used throughout this pack for convenience, but will refer to both LAC and LAAC.

Children and young people in care are often disadvantaged in terms of exam choices and results, the job and College choices which result from examination success and the width of social opportunities which require confidence, good self-esteem and resilience in order to access them. Children in care are at least ten times more likely to be excluded from school. Over half leave care with no qualifications of any kind. Among boys, this figure rises to almost two thirds.

Since we know that quality of adult life is closely related to educational qualifications, there is clear evidence that the generally poor outcomes for people who have been in care are directly linked to educational failure.

The ‘Learning With Care’ report emphasised the need for schools, Social Workers and carers to work together towards a shared understanding of the important role played by education in improving the life chances of children in care.
In order to address and improve these negative outcomes for children who have already experienced unstable and sometimes abusive treatment in their family homes, three core questions should be addressed:

- Why do children in care do so badly in school compared with their peers?
- How can schools learn more about the experience and needs of children in care?
- How can Care and Education work together to provide a holistic framework of support for the child?

This Training and Resource Pack aims to provide schools with the information they need to answer these questions and enable them to improve educational outcomes for looked after children.

2  West Lothian LAC/LAAC

In May 2006, figures collated for the Scottish Executive reflected that there were 468 looked after children who were the responsibility of West Lothian Council.

The breakdown for looked after children was as follows:

- 22 in residential schools
- 153 with foster carers
- 2 in secure care
- 66 with friends/relatives
- 14 in a local authority residential unit
- 211 home with parents

3  How Will The Pack Help Schools?

Children who are settled in stable foster families can learn to cope well with the school setting and go on to achieve their potential socially and educationally. However, ‘acting out’ behaviour in a looked after child may be an understandable outcome of trying to cope with very distressing personal feelings and events in his past and present life. Such behaviour remains a huge challenge both for a child and his school to manage.

A school’s normal approach to behaviour management, which includes standard rewards and sanctions, will work for the majority of children but is sometimes found to be less successful with the LAC who is presenting with Attachment Disorder. The same negative experience which has sometimes marked their early lives, and which took them into the care system through no fault of their own, can continue to impact on them into their adult lives (and on the lives of their own children). The unhappier such a child becomes, the less able he is to present any aspect of himself other than the angry, frustrated, impulsive and apparently indifferent front with which he learns to face the outside world.
Teachers will recognise the troubled looked after child:
- In Nursery, when his behaviour is more obvious and outwardly chaotic.
- In P1 and P2, when he may find it hard to settle and to make progress in basic skills. Sharing may be difficult and interactions with peers may be negative.
- In P6 and P7, when he may be angrier, more openly defiant and sometimes given to major tantrum behaviour, although sympathetic school staff may have learned to understand and work with him.
- In a mainstream Secondary School where he is less likely than in Primary School to have a key adult and where a more fragmented timetable and variety of subject teachers make it more difficult to take a holistic approach to his behaviour. This can result in disruptive and angry behaviour, with exclusion as the worst case scenario.

However, the more (and the earlier) we learn about a child's background and the coping strategies he has developed as a result of early negative experience, the more opportunity we have to alleviate his unhappiness and to teach him more useful ways of responding to his world.

As stated earlier, this Training and Resource Pack contains materials which will help school staff support LAC pupils in their schools. However, the information will also be pertinent to other unhappy, distressed children whether they are in care, or still within their own families.

The model of attachment, which explains how we bond with and learn from our early caregiver and the disordered behaviour which results from damaged or negative early relationships, is explained and referred to often in this text. This gives teachers a framework for understanding not only children who are now in care, but many of the angry and disaffected young people whom we try to support and manage in our schools and who are likely to have had similarly damaging and traumatic experiences. These support materials aim to help school staff to understand the reasons behind the child's behaviours and to help him develop more resilient behaviours.

The pack will assist us as we aim to:
- Learn to understand the child – his background, his abilities, his ways of coping, and his belief systems.
- Intervene as early as possible in any crisis situation which may develop in school as a result of issues associated with being in care.
- Be flexible and creative in developing useful and appropriate strategies for managing the distressed and angry child and in planning to support him on an ongoing basis.
- Communicate with carers and Social Workers often (when the child seems settled as well as when he is experiencing difficulties in school) and share information at all times, within confidentiality guidelines.
4  Framework for The Integrated Approach

This Training Pack uses integrated multi-agency working as its framework.

Care and Education working together

When a child is taken into care, his personal world explodes in fragments. Even though we are acting to protect him and to ensure his safety, he loses all his familiar routines and expectations and sometimes his belongings, family, friends and other significant adults who know him well. Where he makes several placement moves, he feels he is ‘re-invented’ everywhere he goes. It is all the more important that we do not continue to repeat that sense of fragmentation by acting as if school and home are two entirely separate environments. If we are ‘the corporate parent’ for the child, we need to pull tight around him in a consistent and collaborative approach.

The best and most effective tools at our disposal for helping the LAC who is struggling with the ongoing effects of early, negative experiences and possibly ongoing transitions are:
5 How Can We Use The Pack?

While this training pack is specifically aimed at class teachers and classroom management, the strategies and approaches recommended can be effectively used in carers’ homes and in Residential Units.

It can be used for:
- Photocopying and quick reference to attachment issues, signs of crisis behaviour, useful strategies for managing difficult behaviour.
- Training Activities and PowerPoint Presentations to be used by a Head Teacher or other designated trainer to deliver training sessions for staff.
- Extension (supplementary) materials on specified topics, which can be used as handouts for staff after a training session.
- References, web sites and further resources on issues related to children in care.

Please note that Training Activities are designed to follow on sequentially. Each Activity is built on the knowledge and understanding elicited in the previous one and on Trainer’s Inputs.

This Training and Resource Pack can stand alone in terms of informing any professional working with children in care. However, for schools who wish to access it for staff training purposes, information will be differentiated and highlighted in the following ways:

- **Training Activity**
  - General information on the topic.

- **PowerPoint**
  - This symbol will indicate to a Trainer that a slide/ slides are available on the relevant PowerPoint presentation for each Section.

- **Trainer Input**
  - Specific information to inform Training Activity. A trainer may wish to introduce the Activity using this Input.

- **Cross Reference**
  - This will signify that the information is linked to that given elsewhere in the text.

- **VIP**
  - This will signify a ‘Very Important Point’ which needs to be emphasised.
Flow Chart for Training Activities For Trainer Only.

This brief description of Activity Aims demonstrates the links between Activities. NB ‘Trainer Text Input’ refers to specific information given in text for feedback.

1 Case Studies No Text Input.
Trainer Aims: ‘Benchmark’ Activity. Set focus on individual child, staff to think about current practice.

2 Maslow Trainer Text Input.
Trainer Aims: Introduce general concept that care and education are not separate and that children in care have not had basic needs met. Set scene for Activity 3 to focus on interaction between care and school.

3 Care issues in School Trainer Text Input.
Trainer Aims: Start to focus on how specific care issues impact on progress and behaviour in school. Give contextualised care knowledge to staff.

4 Secure Attachment Trainer Text Input (Starts Attachment Training).
Trainer Aims: Introduce understanding that secure family setting influences behaviour, learning and progress. Set scene for effects of poor attachments. Staff can be encouraged to reflect on personal experience. (Making direct links between upbringing and life chances).

5 Case Study - School No Text Input (Reading of Case Study handout).
Trainer Aims: Use of Integrative case study to supplement Attachment Training. Begin to focus on how the above can impact on care and school setting for one child. Move learning from theoretical to ‘real child’ focus for staff.

6 Case Study - Feelings No Text Input. (Reading of Case Study handout).
Trainer Aims: Continue to focus on real child, make link for staff between outer behaviour and child’s inner world. Move staff from ‘judgement’ to understanding, sets scene for Part 3 (Management)

7 School Policy Trainer Text Input.
Trainer Aims: Move from child focus towards school management. Encourage staff to look at school policy currently and make links with understanding gained in Parts 1 and 2. Staff should be able to make specific suggestions for informed behaviour policy across school to support LAC.

8 What Works? Trainer Text Input.
Trainer Aims: Final focus on differentiated approaches and strategies with individual LAC to prevent behaviour ‘crises’. Encourage in-depth and frank feedback discussion on personal practice and why specific strategies/attitudes have been successful or not. Discussion should now reflect understanding of theory, care issues and personal emotional reactions of LAC. Trainer should finally link staff responses back to Activity 1 to demonstrate progress and variety of informed strategies now recommended with training as framework.
Part 1
Looked After Children in Schools - Why do LAC find school difficult?

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1.6 Conclusion to Part 1 18

Part 1 will take approximately 2 hours 30 mins for a Trainer to cover Activities.
1.1 Focus on the Child

Who are the Looked After Children?
Children are taken into the care system for a variety of reasons, but in all cases there will be clear evidence that they are not being taken care of. They may be physically and/ or emotionally neglected, for a variety of reasons, or they may have been abused by their carers – physically, emotionally, psychologically or sexually. Substantial evidence has been found that they are not safe in their own primary family environment and that they need to become the responsibility of the Council.

Before we go on to learn more about the issues and challenges experienced by children in care and the kind of early environments which have shaped their behaviour, it is worth remembering that the circumstances of the children who come into care are as different as the children themselves.

Case Studies

Jimmy (8 years old)
Jimmy was first taken into temporary foster care when he was three years old. Neighbours had often reported that he had been seen wandering around outside in his nappy and a dirty vest, even when the weather was cold. He and his older sisters were sometimes left in the house alone by their mum and dad, who habitually took alcohol and drugs. The house was visited by other drug users and the parents had a violent, volatile relationship.

While he was in care for six months, Jimmy’s health and behaviour improved a good deal. His parents missed the children and agreed to work closely with Social Services so that the children could eventually be returned. Both parents saw drug and alcohol counsellors. He was returned to his home when he was four years old and things improved for a while. However, his father left a few months later and his mother started using drugs and was very depressed. All three children were re-accommodated with foster carers. Jimmy was almost five, just about to start school. Contact with mum was limited to begin with. Both mum and the children were very upset during supervised contacts.

Jimmy is now in his second foster placement. He was with his siblings in the first placement but has now been separated from them because his behaviour is very challenging.
Alice (13 years old)
Alice was taken into care when she was five years old. Her mother has severe mental health problems. Alice is very attached to her mother, who was very loving towards her, but her mum had a long spell in hospital and couldn’t look after her. She remains on very strong medication.

Alice was happy in her first foster placement but the carer retired at the end of two years so Alice moved again. She has been in her present placement for 6 years and has developed a strong bond with her carer, who treats Alice as one of her own family. Alice still sees her mother once a month on a supervised visit. Up to now, she has been a pleasant, manageable child who has always spoken openly with her carer about her feelings.

Recently, she has been telling her Social Worker that she wants to go back and live with her mum and ‘take care’ of her. She feels her mum is better now. She has been hostile and confrontational with her carer about boundaries. She has managed well in school and is reported to be achieving well so far but staff have noted changes in her behaviour and are concerned that this will escalate.

Murray (11 years old)
Murray was taken into care when he was 8 years old. His mother left the family when he was three and he had been brought up by his father, who believed in ‘strong discipline’. He had had a few partners, but did not allow them to interfere with his style of parenting. Murray was disciplined often by being beaten with a leather strap. His father would make him fetch the strap and wait for him – sometimes for hours. It wasn’t until his father was put in prison for serious drugs offences and Murray was taken into care that the abuse was disclosed to his first carers.

Murray was in two foster placements after he was taken into care. In both, he was quiet to begin with, and then became physically and verbally abusive and controlling. Eventually, very experienced carers were found and a lot of support and advice was provided for them in managing Murray. He had a lot of positive qualities, but as he became more attached to them, he became more and more challenging with the carers. Just as he was settling down and they were considering providing a longer term placement for him, the foster family had some health and family difficulties of their own. Murray’s aggressive and disturbed behaviour at home and at school have intensified. He is now waiting for a place in residential school to become available.
1.2 Training Activity 1

**Activity Title:** Case Studies - What are we doing now?  
(See Appendix 1 to photocopy Case Studies)

**Activity Aim:** The case studies are intended to demonstrate the complexity and variety of the children’s background circumstances which lead to them going into care and to encourage participants to begin thinking about the ways in which children act out their distress and the ways in which they might be supported in school.

**Timing:** 30 minutes.

**Materials:** Photocopies of the three Case Studies (Appendix 1), flipchart and flipchart pen, pencils and paper for small groups to record points discussed.

**Instructions for trainer:** Arrange into working groups of 4/5 people. Hand out copies of a case study to each group, making sure that each case study is discussed by at least one group. Duplicate case studies according to numbers. Ask them to read and discuss the case study. Write up the following questions on flipchart for consideration.

- **How do you think the child might be behaving in school at this point as regards:**
  - Work
  - Peers
  - Playground
  - With teachers

- **What approaches or strategies do you think might be helpful in supporting the child at the moment?**

Allow 15 minutes for discussion. Feedback from groups to flipchart on all 3 case studies.

**Trainer Input:** Point out at the end that the training on ‘Attachment and Attachment Disorder’ in Part 2 and ‘LAC in Crisis’ in Part 3 will be looking more specifically at useful approaches for staff in managing children’s behaviour. At this point, you are just encouraging them to begin to think about what they are already doing with distressed children – this will provide a framework for Part 1 of the training on ‘Looked After Children in Schools’. From this point on, staff will need to stay focused on the individual child. This first activity will help them to keep individual looked after children in mind, and to register the need for very different approaches. The Trainer will indicate to participants that the information provided during this activity will be re-visited at the end of the Training Pack.
LOOKED AFTER CHILDREN IN SCHOOLS

1.3 Why Do LAC Find School Difficult?

Why does being in care affect the way a child behaves and/or achieves in the school setting? After all, surely schools are trying to provide looked after children with the structure and boundaries which they have lacked and to give them the self-belief which will enable them to grasp opportunities for bettering their lives?

The aim of teachers and other school staff is to educate children, to build on literacy and numeracy skills, encourage them to explore, to be creative in their learning and also to develop their self esteem and social skills with adults and their peers.

Part 1 begins to focus on the Looked After Child in the school context.

Part 1 also provides training activities and information which will enable you to facilitate discussion based on the following questions:

**Training Activity 2**

What do all children need in order to be receptive to and motivated for what we are offering them in our education system?

**Training Activity 3**

How and why might being in care affect a child’s performance, progress and behaviour in school?
1.4 Training Activity 2
(Use along with Part 1 Training Activity 2 PowerPoint).
You should make yourself familiar with the 'Trainer Input' material and the PowerPoint presentation notes before asking staff to do Activity 2.

Activity Title: What Does a Child Need in Order to Learn?’
The following activity provides an opportunity for staff to consider how a child’s basic needs fit with the purpose of the school in encouraging him to pursue learning. The discussion and Trainer’s Input for this workshop will provide staff with a framework for understanding how hard it is for children to learn when their basic human needs have not been met. It will also prepare them to look at the specific, practical difficulties often faced by children in care. (Activity 3)

Activity Aim: To increase staff awareness of children’s needs which need to be met before they are able to learn.

Timing: Approximately one hour for Activity, Feedback and Trainer Input.

Materials: Flip chart, flip chart pen, pens or pencils and blank sheets of paper for each group to record responses.

Instructions for Trainer: Write up the Activity Title on the flip chart. Split participants into small groups of 4 or 5. Write up the following question on the flipchart for consideration:

What do you think children need in order to be able to learn effectively and achieve their potential?

Allow 15 minutes for discussion. Feedback from groups to flipchart. Mark up with asterisks or ticks where a point has been repeated by another group so you can all see what priorities have been recorded.

Introduce Maslow’s Hierarchy of Needs using Part 1 Workshop 1 PowerPoint, Slides 1 - 6. Allow 15 minutes. (See Maslow’s Hierarchy of Needs in Appendix 2 for photocopying).

Compare with needs elicited from groups and provide Trainer Input.

Trainer Input: (Use to feed back along with Part 1 Workshop 1 PowerPoint) (Allow 15 minutes)

Children who have been taken into care may not have had their most basic needs met, yet in school, we are aiming at a high level of motivation. For staff to be able to understand the impact of being in care on a child’s progress and behaviour in school, in school, they need to consider first where learning and personal and cognitive development fit into the hierarchy of children’s basic needs.
A useful framework for understanding the needs and priorities of children who have been maltreated is provided by Abraham Maslow, a Humanistic psychologist who developed the idea of a ‘Hierarchy of Needs for human beings’. (Maslow, 1954). He said that there are five levels of need, each one following on only when the previous need has been satisfied.

The most basic level of need for any human being is for food and water – sustenance, actual physical survival. The child who is not being provided with an adequate amount of nutrition for his body’s needs will be in a state of physiological crisis. Some children who are taken from their homes into care because of a lack of nourishment and physical neglect will have developed illnesses and their growth is stunted. This is called ‘failure to thrive’. The damage may affect every aspect of their development – physical, cognitive, emotional and social.

The next basic need, after sustenance, is for safety and security. The child whose safety is threatened by violence to himself (by adults around him) or to his carers will also be in a state of crisis and will be continually anxious, unable to concentrate or to process instructions which are not important for his survival.

When the needs for safety and for physiological well being are satisfied and are no longer controlling thoughts and behaviours, we go looking for ways to relieve feelings of loneliness and alienation – this involves giving and receiving love, affection and a sense of belonging.

Once the first three classes of needs are satisfied, we are then able to develop our self-esteem, so that we can feel confident and valuable in the world. Where this need is frustrated, we feel inferior, weak or helpless. Only when all the first four basic needs are satisfied do we look for something more, for self-fulfilment. We may call this ‘realising our potential.’

In Education, we are intervening at a high level in this hierarchy of needs, aiming to help children become co-operative social beings and to achieve their potential in the world. In the case of a child who has been, or still is, at risk within a hostile and/or deprived environment, he may well be unable to move on from concentrating on ensuring that he has basic nourishment and that he is safe from immediate danger.

When the most basic needs are not met, it is not possible for a child to move on to being receptive and focused on the next stage.
1.5 Training Activity 3
(Use along with Part 1, Activity 3 PowerPoint). You should make yourself familiar with the ‘Trainer Input’ material before asking staff to do Activity 3.

**Activity Title:** How and Why Being in Care Might Affect a Child’s Performance and Progress in School.

**Activity Aim:** To facilitate an understanding of how care issues can affect a child’s achievement and behaviour in school.

**Timing:** Approximately one hour for Activity, Feedback and Trainer Input.

**Materials:** Flipchart, flipchart pen, pens or pencils and blank sheets of paper for each group to record responses.

**Instructions for Trainer:** Write up Activity Title on the Flipchart. Split participants into small groups of 4 or 5 (Or keep them in the same groups as for Activity 2)
Write up the following question on the flipchart for consideration:

Think of a looked after child you have worked with.
List the factors associated with being ‘looked after’ which might impact negatively on his learning and behaviour.

Allow 15 minutes for discussion. Feedback from groups to flipchart. Mark up with asterisks or ticks where a point has been repeated by another group.

**Trainer Input** (Use in feedback along with Part 1 Activity 3 PowerPoint Slides 1 - 6).
The following Trainer Input is available as Appendix 3 for photocopying.
**Academic Issues**

By the time a child is taken into care, his life is likely to have been very unsettled for some time. This will have affected his learning, particularly if his family situation was turbulent in late nursery and/or during the first two years of primary school. Children are taught many pre-learning skills in Nursery, such as how to sit still and attend, how to persist with a task and skills which will underpin early literacy.

Because of the child’s previous experience, any learning difficulties may have become more embedded by the time he is being expected to perform academically mid way through Primary and at the same time as the curriculum is becoming more complex and difficult.

He may already have established patterns of not engaging with teachers or falling behind academically because of difficulties in his life before he was taken into care. This happens particularly if his life was very unstable during P1 and P2, when the foundations of literacy and numeracy are laid down and when children are learning how to behave appropriately in school.

The child’s attention and concentration will be severely affected by the circumstances which have led to his being taken into care. His delay in acquiring basic skills is likely to emerge by the end of P2, when other children are surging forward in their literacy and numeracy skills.

By the time his care situation is stabilised, he will be beginning to feel distress and bewilderment about his family experience and his behaviour may disguise any academic difficulties.
Transition / Change Issues

Being taken into care and changing placements may mean moving school and losing contact with familiar teachers, friends and activities.

A new care placement means changes in daily routines – travel, meals, timetable, the layout of a new building etc. All these ‘ordinary details’ of the child’s life are of crucial importance to him. He will feel anxiety until he gets used to the new routines.

He feels ‘different’ from the others and will worry about being asked personal questions about his life which will be embarrassing and upsetting to answer. The looked after child often feels that other children are ‘normal’ and he may feel ashamed about being in care. He sometimes seems to be hostile and indifferent in an effort to make sure that no-one gets close enough to him to ask questions.

For a looked after child, feelings of loss are not only related to losing his primary family. It may take several moves before his care situation is stabilised for any length of time. Every effort is made to keep him in the same school when a care placement changes, but travelling arrangements may be too complex and the care placement needs to be secured for his basic safety. Each time he moves, he loses the small gains he may have made in terms of learning about new routines and meeting different adults and peers. He does not know if he will see the people he has met again. He also needs to make the effort to meet different people. Try to imagine a time in your life when you might have to lose sight of everything and everyone you are familiar with through no fault of your own and at the same time be expected to learn new skills and habits and routines which may be temporary. This doesn't leave much room for giving attention and concentration to learning tasks in schools.

Care Issues

The care aspects of his life are complex and time consuming – necessary changes of placement, LAC Reviews, Hearings, family contacts and rehabilitation plans do not make it easy for a child’s behaviour to stabilise and for him to relax enough for learning to get under way. His behaviour, in playgroup, nursery and school may sometimes be negatively affected by his efforts to make sense of his ongoing situation.
Focus on Behaviour
Professional adults in his life are likely to have been focusing on behaviour problems (particularly if he has experienced several moves which will have impacted negatively on his behaviour). If he has been close to exclusion because of negative behaviour in school, they may have understandably seen his educational progress as a low priority up to now. So will he.

As a result, teachers and other adults around him in school may have lowered expectations of him academically. This often happens when his circumstances have been very distressing and the adults may feel very sorry for him. Because his learning may have been delayed, behaviour difficulties have meant that he needs small group support and he may be working in small, special needs groups within the school. Adults feel that this child is doing well just to complete some very basic work and he gets used to expecting less of himself in terms of attainment than the other children. He may have perfectly adequate innate cognitive ability, but he comes to function, and to be treated, as a much less able child.

Information Gap
Because a change of placement may have been made quickly and under pressure, crucial information may be missing about his educational history (e.g. records of learning or behaviour difficulties or particular strengths in Nursery), his performance and his motivation.

Transfer of information is crucially important for the professionals working with the child in care. After a child is taken into care, there is a 72 hour planning meeting, followed by a LAC review at 6 weeks, 3 months and then 6 monthly. This process is designed to ensure that crucial information reaches the people working with him. However, it is often difficult to maintain an ongoing profile of his strengths and weaknesses, his motivation, his achievements and gaps in literacy and numeracy and other basic skills when he has been moving between placements and sometimes between schools.
1.6 Conclusion to Part 1

In Part 1, we have focused on some of the reasons why children in care need the education professionals working with them to understand the specific issues associated with being looked after which may result in low attainment.

Every day, these children come into our well-organised, efficient school system, bringing their memories, pain and anger. Every day, they try to find ways to manage their feelings. Some days they are less successful than others and some of their methods of coping have unfortunate repercussions for them and for staff dealing with them.

Section 2 will focus on Attachment and Attachment Disorder. You will learn more about some of the early environments of children who come into care, the different ways they try to manage their distress and the effect of their early experience on behaviour and learning in school.
Part 2
Attachment and Attachment Disorder

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Part 2 will take approximately 2 hours 30 minutes, with Activities, to deliver as a full training session.
ATTACHMENT AND ATTACHMENT DISORDER

2.1 Trainer’s Introduction to Part 2

‘Attachment’ is a bond of affection or loyalty which we feel for another human being. An informed understanding of Attachment is crucial for those working with looked after children as it underpins any positive approaches used to support the child in care.

Part 2 will look more closely at Attachment and Attachment Disorder in children. The information given will help the trainer to address the questions posed below and to inform staff training using the CD Rom Part 2 - ‘Attachment Disorder’. The full text of the Staff Training on Attachment and Attachment Disorder is included as Appendix 4 and can be photocopied as a staff handbook after training. This section will give professionals the opportunity to explore:

a) The kind of early environments which might be experienced by a child who goes into care.

b) How a child’s later behaviour both in school and in subsequent care placements reflects his ways of coping with his early care experience.

The trainer should become familiar with all the following information and with the PowerPoint presentation notes before commencing staff training. The training in Section 2 should be given in one training session.

2.2 Why should we learn more about attachment?

When a child has experienced trauma, abuse and neglect in his earliest years, his current patterns of behaviour and ways of responding to adults are often rooted in the strategies he learned in order to get what he needed in what may have been an unpredictable and incomprehensible home environment.

Our attachments are formed very early on in our lives and it is those primary attachments which enable us to form subsequent relationships. It is through attachment to a primary carer that a growing infant gains understanding of how the world works, how relationships are conducted, how to make meaning out of what is happening to him and of the way people behave.

All of the skills learned by a growing infant within a secure relationship will be needed as he approaches and begins to become familiar with the school setting. They represent the solid foundation for the tasks we will set him in a classroom.

See Appendix 2, Maslow’s Hierarchy of Needs, Levels 4 and 5.
2.3 How do early attachment experiences shape the behaviour of...

a) The infant?
In a young infant, new pathways of nerves are being formed in the brain very quickly, within the first six to eight weeks of life. By the time the infant is two years old, he will have twice the number of nerve connections in his brain of an adult. His networks of neural pathways are strengthened where he receives consistent attention, praise, warmth and reinforcement. Where he experiences fear, anger and mistrust the pathways formed are negative and damaging.

*Effects of cortisol on the infant brain (produced by prolonged stress)*
Negative looks, loud, angry voices and hostile attitudes in highly stressed care givers result in a biochemical response in a baby’s brain, releasing stress hormones like cortisol. This is intensely stressful for a baby as he is powerless to control the stress arousal. A raised level of cortisol may continue because of the caregiver’s ongoing poverty, domestic conflict, substance abuse or neglect and is likely to:
- Lower the child’s immune system
- Impair the ability to learn and relax.
- Cause loss of short and long term memory.
- Impair the ability to retrieve information.
- Adversely affect the part of the developing brain which is responsible for reading social cues and adapting behaviour to social norms, resulting in impulsive behaviour.

In terms of mood and emotional state, raised cortisol is also linked to heightened activity in the right frontal lobe of the brain, which generates fearfulness, irritability and a withdrawal from others.

When a child is taken into a loving, consistent care environment within the first few years of his life, we hope that he will be able to recover fully from negative, abusive early experience. Where he has experienced severe trauma and abuse during the first two years of life, his experiences of confusion and distress may be laid down in the brain in sense memories which cannot be accessed consciously or through language.

This is why many abused children are later unable to talk about how they feel about the things that happened to them. These ‘body’ memories are powerful but almost impossible for the child to express or control. However, these children can be helped later by adults who use positive supportive strategies and approaches in dealing with them.

*For further information on strategies, see Part 3, LAC in Crisis (3.5)*
b) The growing child?
The household in which a child grows up, and the parenting style used by his primary carer(s), will influence any child’s behaviour. Remember that the infant’s basic drive is to have his needs met by the carer. The child will do whatever is necessary to get the attention he needs in his home and he will repeat these patterns of behaviour later in different settings. The early ‘hard-wiring’ of high arousal, described in the previous section, can later lead to a child being what we describe as hyper vigilant (‘on the alert’ and watchful all the time). Because he is stressed, he may be easy to anger and more likely to mis-read the behaviour and intentions of others.

A child’s Social Worker will have access to information which will give pointers towards a child’s particular early environment without giving away confidential information.

Once we learn to identify this child’s specific background experience, we can begin to shape an appropriate, specific response to helping him change his behaviour.

2.4 Patterns of Attachment
a) Secure Attachment
Approximately 60% of children grow up in a family environment where they have relatively secure attachments. The securely attached child knows that his basic needs for sustenance, comfort, safety and reassurance will be more or less met and he will receive explanations and a variety of positive models for his own behaviour and that of others. This frees him up to apply all of his faculties, feelings and attention to life’s challenges, which unfold daily as he grows. He can take some risks, explore through play, and slowly leave his safe base behind while he starts to investigate the world.
A Trainer should become familiar with the Attachment Disorder Training on the CD Rom (Full Text supplied in Appendix 5) before embarking on Training Activities 4, 5 and 6.

### Training Activity 4

(Introduce this Training Activity by going over Slides 1-6 of the PowerPoint.)

**Activity Title:** Secure and Insecure Attachments - How Would the Child Behave?

**Activity Aim:** To encourage staff to consider what they feel would be the specific behaviour, motivation and general presentation of a child whom they feel has benefited from secure attachments and one whom they feel is likely to have had insecure attachments. Your intention here is to encourage them to have a 'Real Child' focus at all times, rather than a theoretical framework of attachment issues.

**Timing:** Approximately 30 minutes for group discussion and feedback of main points.

**Materials:** Flip chart, flip chart pen, pens or pencils and blank sheets of paper for each group to record points discussed.

**Instructions for Trainer:** Write up the Activity Title on the flip chart. Split participants into small groups of 4 or 5. Write up the following questions for consideration:

- Think of a child you know whom you believe has secure attachments. Comment on what features of his behaviour and presentation lead to this conclusion.

- Now think of a child whom you feel is likely to have insecure attachments at home. What features of his behaviour and attitude lead you to think this?

Record and collate answers on the flipchart. Keep on display.

**Trainer Input:** Use along with Trainer’s Notes Part 2, Attachment Disorder PowerPoint Slides 9 to 17. Use as feedback.

**b) Insecure Attachment**

The insecure child who has to learn to defend himself against threat, inconsistency and incomprehensible behaviour on the part of his carer will be more likely to block out his natural developmental challenges. They are a luxury he can’t afford – he has to focus his attention on having his basic needs met and he is forced to adapt his behaviour accordingly in ways which may limit and distort his natural, healthy desire to grow and to learn.
There are three broad types of ‘Insecure’ parenting styles, which result in children developing a specific range of adaptive behaviours. (Behaviour which is designed to ‘fit in’ with and make sense of what is happening to them.) The three negative early parenting styles fall broadly into three categories:

i) Avoidant
The avoidant style of parenting is where a caregiver takes no interest in the child or his needs and may actively play down any expressed distress. The safest thing for the child is not to display need or pain and he can present as very self-sufficient beyond his years. Parents may behave like this because they have not themselves learned to manage negative states like anger or hostility and so they want to push the child away when he is exhibiting such feelings.

This can also be a critical, negative style of parenting, where small wrong doings are given swift and inappropriately severe punishments with no rational explanation of what he has done wrong and what he might do differently.

The child has to learn to ‘regulate’ the parent’s mood by keeping such behaviour away from the parent, but the feelings of resentment don’t go away and may come out inappropriately in school.

How does he behave in school?
- Peer relationships will often be very poor for this child because he ‘covers up’ all the time and is not able to be intimate.
- His manner might be described as ‘bright but false’, with an anxiety to do things ‘the right way’.
- He can’t understand or interpret his own feelings or those of others and because he finds it so hard to express feelings, he may lose control at times and display, anger, aggression, impatience and intolerance with others and himself.
- He might escalate a minor incident into a major row after he has been told off, even when the rebuke is quite reasonable.

ii) Ambivalent
The carer(s) in this household will often present as very noisy and will all demand attention, so the child learns to raise his levels of arousal in order to get the attention he needs. There may be a great deal of stimulus but no stimulation, with both adults and children permanently in a state of high arousal. As a result, this child is only comfortable, physiologically, when things are happening, when he has provoked lots of action and arguments and drama.
How does he behave in school?
- He needs to make things happen in order to avoid quietness and order, which makes him feel uncomfortable and empty, so you may see him poking and prodding others.
- He will have low levels of concentration
- He will demand attention constantly from adults
- He seems unable to work independently and veers between claiming to be helpless and being aggressively demanding. He seems to need instant results in terms of rewards and sanctions.
- His agenda in school is largely emotional and he will resist attempts at rational explanations of why his behaviour is inappropriate.
- He will be unwilling to reflect on the nature or origins of his feelings.

iii) Disorganised
This child’s carers behave in an inconsistent, frightening and unpredictable way. They may be emotionally, physically or sexually abusive. Their behaviour may be a result of substance and/or alcohol abuse or mental illness. When he displays attachment behaviour, designed to bring him close to his caregiver, he finds that the source of his fear or discomfort is the carer. This causes intense distress in a child, who is then unable to regulate and control his levels of arousal. He learns that other people are dangerous and that he needs to suppress his need for attachment. He may move into the position of trying to comfort or care for his own parent.

Unlike the first two categories of ‘insecure’ attachment styles, the young child in this environment has found that he can produce no ‘organised’ strategy, which will bring him the attention he needs. It is most typical of a child whose history before placement has been one of abuse, neglect and frequent moves and it is often this child who develops the most complex, difficult and controlling behaviours in school and with subsequent carers.

The child who has been brought up in a hostile and irrational environment has learned that nothing he does can ever stop the terror or trauma he is experiencing. When he later goes into ‘tantrum’ behaviour which seems irrational and uncontrolled, he has returned to that state.

See Part 3
‘LAC in Crisis’
Tantrum Episodes
- Definition and Purpose
How does he behave in school?
- He has episodes of distress and anger, which don’t seem to be directly related to a specific incident.
- He might agree and even begin to follow up on a rational plan of action, but progress will halt as angry, disruptive feelings overtake him.
- He trusts no one but himself, so can’t learn to develop compassion, trust, empathy, or any other of the more positive emotions which are based on a child being secure himself.
- He alienates adults, especially if he feels himself beginning to develop feelings of warmth and attachment. He will often increase hostile and aggressive behaviour to keep himself feeling secure and defended.
- He often displays risk-taking behaviour, both with himself and with others. Because he may have been hit at the very point when he was most afraid and stressed, he learns to lose all fear.
- He may be a ‘runner’. (This includes many types of escaping behaviour, like running around and out of school, hiding under desks and in places where adults will see him but be unable to reach him, climbing fences and trees)
- He is likely to be well aware of school systems and will appear to ‘manipulate’ adults.

Children from these different home environments may still be using the adaptive strategies they have learned in these early years, even when they have later been removed from their homes and placed in care.

The following three Activities are based on an Integrative Case Strategy which will facilitate a sound, contextualised understanding of the child with Attachment Disorder. The relevant section of the Case Study are included in pages 27-28 following.

2.5 Training Activity 5
Use after Slide 22, Part 2, Attachment Disorder PowerPoint.

**Activity Title:** Case Study - Marie. How does Attachment Disorder affect a child’s progress in school?

**Activity Aim:** To enable staff to make a link between a child’s background experience of insecure attachment and his academic attainment and to understand the profound effects of early deprivation on all school agendas.

**Timing:** Approximately 30 minutes for Activity and feedback.

**Materials:** Photocopies of Appendix 5 Case Study - Background and Care Placement. Flip chart, flip chart pen, pens or pencils and blank sheets of paper for each group to record responses.
Instructions for Trainer: Write up the Activity Title on the flip chart. Split participants into small groups of 4 or 5. Give copies of Appendix 5 to each group.

Read aloud the case study of ‘Marie’ (Background and ‘Core Placement’ only).

Looking at the child’s specific life experience, what effects do you think this is likely to have on Marie in school, in terms of:
- Emotional/ behavioural issues.
- Learning
- General development

Allow 15 minutes for discussion. Record and collate group answers on flipchart.


Early negative life experience resulting in Attachment Disorder in a child will affect every aspect of his development in school. Emotional and behavioural difficulties are most often at the top of the agenda and adults dealing with him find it hard not to believe that aggressive, controlling and outright dishonest behaviour is fully intentional, rather than a result of his lack of secure parenting. The lack of early, secure attachment can lead to the child being unable to think sequentially and to work through ideas step-by-step.

It is therefore much harder for him to make the leap from factual, concrete thinking to understanding more abstract, underlying concepts.

Normally, these abilities develop naturally in a child over time (allowing for differences in ability, temperament and genetic influences).

All these skills are needed more and more as he progresses through school. He will often seem to be delayed in developing basic skills when compared with others and he may be described as having learning difficulties. This is largely because he has been so preoccupied with what was happening in his life, particularly if he was taken into care at Nursery age, or during P1/P2, when children are learning these basic skills. This child has been entirely taken up with survival.

There may be genetic learning difficulties, or the delay may be a result of early physical neglect and malnourishment, but we need to remember that the child with Attachment Disorder may also be a bright child who is well capable of achieving academically.

At the end of input, read aloud Case Study, ‘School’ to staff group (Appendix 5).
Activity 3 is optional for use at the end of the Attachment training.

2.6 Training Activity 6

**Activity Title:** Case Study: How does Marie feel?

**Activity Aim:** to encourage staff to enter the personal world of the child with Attachment Disorder. These are the feelings which the child brings to school. The understanding of the child's emotional state will underpin staff awareness of strategies and approaches recommended in Part 3, ‘LAC in crisis’.

**Timing:** Approximately 20 minutes for Activity and Feedback.

**Materials:** Flipchart, flipchart pen for Trainer.

**Instructions for Trainer:** Arrange into working groups of 4 or 5 people. Write up the activity title on the flipchart.

Case Study:

How does Marie feel?

Ask participants to talk in pairs about how Marie might be feeling about what is happening to her, keeping in mind home and school. Allow 10 minutes for discussion. Write up responses. After feedback from the group, hand out Appendix 7, Case Study: Feelings. Read out to group.

By the end of this section of Training, staff should understand the experience of a child in care, how and why she is behaving in a high-profile way and acting out how she is feeling. The strategies and approaches which follow in Section 3 - LAC in Crisis - will therefore be focused on this more contextualised knowledge.
2.7 Focus on the child

Case Study of a child with Attachment Disorder - Read Only
This represents the entire Case Study used for activities 5 and 6.

Marie

Background
Marie is an eight year-old girl. She has been in and out of care placements since she was two years old. She was first taken into care because her parents were not able to look after her and her four older siblings. The household was chaotic, with lots of strangers visiting and behaving in a bizarre way because of alcohol and drugs use. The children weren’t fed, clothed or cared for properly; Marie would be seen wandering the streets in her nappy and a vest when she was a toddler. The house was dirty and adults were often asleep or suffering from the effects of binge drinking and drug use. There was lots of noise and arguing, fights and threats. Marie’s mum didn’t want the children to go into care and tried to co-operate with Social Services over a period of two years in taking parenting classes – the children were returned home twice but the home situation deteriorated again quickly and the children ended up staying in care. Marie was four years old by this time.
Care placement
Marie has been in three foster placements now. She has typically been loud, bossy and chaotic in her behaviour. Her first carer said Marie could ‘make a row in an empty house’ and she was constantly dominating all interactions. Through no fault of Marie’s, her first two placements ended quickly. One had been a temporary carer who stepped in until a long term carer was found; the second was de-registered while Marie was with her because of allegations made by another child in placement.

By the third placement, she had a reputation for being very challenging. She walked into the third home as if she had been there all her life. She bounced around on the furniture and treated the carers as if they were close relatives. She wanted kisses and cuddles all the time, alternating with screams and tantrums when she was refused even the smallest request. She became very jealous when anyone paid attention to her sister and was found cutting up her clothes and destroying any toys given to her by the carers.

The carers responded to her need for physical affection at first. They thought she couldn’t be much damaged if she could seek cuddles so much – then they realised she behaved the same way with total strangers. By this time, the carers were saying that they could not manage her any longer.

Marie was moved to a fourth placement when she was six. Although she remained very challenging, she developed some real attachment to this carer and was saying that she wanted to stay there, but the carer only dealt with short-term placements so another placement was being sought from the start and Marie was aware of that.
School
Marie had already been very hard to manage in her first school and was now six months into her second school because she had had to move to the carer’s nearest school. The school was finding her impossible to manage and a crisis situation had developed.

“She can never concentrate for a second; she’s jumping all over the place and runs out of the room several times a lesson. She’s out of control in the playground and does some really dangerous things, like jumping from the roof of the huts. We can’t get to her in time to stop her. She’s constantly hitting, nipping and biting other kids and parents are coming in all the time, demanding that we do something about her. We’ve allocated a support assistant, but it doesn’t always help, Marie just uses her as and when it suits her. She can’t control her either. I just feel she’s running the school; we sometimes have to empty a classroom because she refuses to move or to obey an instruction to go to the Head’s office. And she makes staff so angry and frustrated that we’re divided amongst ourselves about how to manage her. We’re really sympathetic about her situation but we’re not equipped to deal with a child as damaged as this. Staff morale is really low, we feel totally helpless. I can’t believe such a young child can control adults like this.”
How does she feel?

Marie knows she’s going to be moved. That’s all she thinks about. She’s getting fond of Sylvie (her current carer) but every time the Social Worker comes or she sees another professional stranger talking to her carer or Social Worker, she waits for the car that will take her away again to a completely unknown house, where different adults will say they like her and want to take care of her. There will be different routines and meals and a strange bedroom, maybe other kids to share the carer’s time and attention. Maybe she’ll wake up and find herself being taken to another school, with different rules. Other kids will ask again where her mum and dad are and there will be new teachers to get used to. She’s grown fond of Mrs. White, the classroom assistant who sometimes plays board games with her when she can’t behave in Assembly, she smells nice and never shouts at her. When will she see her again if she has to go away?

Marie misses her mum and dad and doesn’t understand why they can’t take care of her. But she remembers the house too – the smells, the sudden noises, the cries, the blows, the bewildering behaviour of strange adults, the terror, being dirty and hungry and ashamed. It must be her fault, mustn’t it? Because now she’s the one who keeps getting moved. She misses her brother and sister and she doesn’t know when she will see them.

Sometimes the Social Worker tries to explain things to her, but she can’t listen. All Marie cares about is that she’s moving again. She mustn’t relax for a minute. She must stay on guard all the time. She can’t control where she lives, whether she sees her family, whether she will ever be taken home again (she gets very mixed up sometimes because she longs to go home and she is also really scared that it might happen). So she must control every single detail of her day. She must not give in to the smallest demand on her, she must keep up the highest level of upset and chaos and confusion in those dealing with her because if she stops and becomes quiet and does what she’s told, she will not be in control of anything and she will have to feel what she is trying not to feel.


It’s getting hard to find a carer who is willing to have Marie, just when she so urgently needs a permanent placement. The school is close to excluding her, although they know that they are providing the only security she has.

Part 3
LAC in Crisis
(The integrated approach)

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This section will take......
**LAC IN CRISIS**

### 3.1 Definition of a Crisis

Sometimes when a looked after child has been in school for some time and has generally been managed after a lot of work done initially, acting-out behaviour can sometimes start very suddenly and seems to quickly escalate. Behaviours can become evident which have not generally been seen before, or not for some time, and no apparent reason can be found for renewed episodes of difficult behaviour.

### 3.2 Warning Signs of Crisis

Staff working closely with the child need to become alerted that a ‘crisis’ situation may be escalating if and when there are reports of behaviours such as:

- Being verbally and physically aggressive to teachers and peers.
- Disrupting/ interfering with the work of the class.
- Becoming more oppositional with staff.
- Getting angry very quickly and with no significant triggers.
- As above, moving into ‘tantrum’ episodes which are happening more frequently and are increasingly hard to manage.
- Appearing depressed, switched off and disinterested in schoolwork.

Any of the above may be familiar to school staff working with a child who is known to have experienced a difficult and fragmented life, because of the attachment issues described and explained in Section 2 (Attachment Disorder) but where the child has not generally been behaving like this for some time, or where there is a significant escalation in the behaviours, it should be seen as cause for concern.

There are several situations which can happen for children in care which may result in very difficult behaviour in school:

### 3.3 Causes of Crisis

**a) Transitions / Changes**

- When a child changes carers, or is newly in care, and starts a new school.
- When a child goes into/is in a local residential unit and is uncertain of what is going to happen to him.
- Where the child knows he is only to be with his carer short-term and a long-term carer has not yet been found.

See Part 1, Slide 2 and 3

See Part 3, Slide 1

See Part 3, Slide 1
Transitions of any kind are always very difficult for a child in care.

While he is still dealing with turbulent and ambivalent feelings about the losses and changes which have already occurred in his life, he is further confused when faced with new adults and peers. He may have taken almost nothing and no-one from his past life into the new situation and has no reason to trust adults when they talk about his ‘improved’ situation, plans for his future and the need to invest in sanctions and rewards systems.

(b) Current care issues
This can include recent contact with birth parent(s), increased or decreased family contacts, promised visits or promised phone calls from parents which do not materialise.

Changes in the foster family’s environment for example:
- Trouble with neighbours.
- Arguments which may be reminding the child of earlier aggressive episodes at home before he went into care.
- Carer’s illness / imminent surgery which the child may not fully understand the reasons for. (In spite of explanations, he might believe that he will need to change placements).
- The carers may be about to go on holiday or they may just need a break if the child is particularly challenging. Respite care with different carers is being discussed and planned. Sometimes a respite carer may not be found until the last minute. Respite works best when the same carer can be used, but sometimes the child has to be placed with unknown carers. Given that a child in care often believes that any changes are his fault, this can cause stress for the child. Or he may have doubts as to whether he will be coming back to his carer at all.
- The child may actually already be in respite care and the school has not been informed.
- A LAC Review, Panel or Hearing has just been held and sensitive issues about changes of placement, the difficulties of finding another placement or rehabilitation with his birth family may have been discussed in his hearing.
- The child may have picked up new information about his family from informal sources.

What is happening in his care setting is likely to impact quickly and visibly on how he performs and behaves in school.

(c) School Issues
- He may be getting bullied. This can include taunts about being in care or fabricated insults about his family. It might look as if he is doing the bullying as he is likely to retaliate and staff may not be aware of the source of his more aggressive behaviour.
- He may be having increasing difficulties with aggressive behaviour because he feels ashamed of being in care and feels ‘different’ from the others.
3.4 Tantrum Episodes – Definition and Purpose

A child whose life is in crisis may suddenly become very angry, very quickly and very often, in a way which is challenging for the school to manage.

a) Definition of a ‘Tantrum’
Tantrums may include:
- Physical and verbal aggression towards peers and/or staff.
- Throwing books and bigger items around.
- Barging through the school and trying to escape from the premises, or hiding under desks or in cupboards etc.
- Refusal to obey, refusal to leave a room or area, shouting and threatening others.

b) Purpose of the ‘tantrum’ episode for a child in care.
This behaviour can be very useful for the child in distress. It releases pent-up emotions, there is a sense of release for him in ‘letting go’. Although this is a short-term gain, it makes him feel better. This is why he sometimes seems to be unaware of his behaviour during an episode. The long term damage to relationships in school is severe, but he can’t think that far ahead. All he cares about is that it is over and he feels better for it.

The behaviour is aimed at getting him what he wants – adult attention, a specific activity, time off-task. His high levels of arousal make it impossible for him to wait for, or to share, anything, so, during a difficult time, the school day will present him with frequent opportunities for getting angry.

3.5 What Can the School Do?

a) Whole School Behaviour Management for supporting Looked After Children

A whole school approach to using consistent routines, responses and language is more likely to prevent a pupil with Attachment Disorder from causing chaos in school routines (and thereby threatening for himself the stable, orderly environment which he so badly needs at times of personal distress) It will also support other children who are emotionally fragile and who may behave aggressively because of difficulties in their home background.

Such a positive policy, which takes into account the experiences and feelings of children with emotional difficulties, will underpin individual classroom strategies and management (See 3.5b) and will give staff the confidence of informed consensus.
Training Activity 7
(Use after Part 3 PowerPoint Slide 3 ‘Causes of Crisis)

**Activity Title:** Whole School Behaviour Management for looked after children.

**Activity Aim:** To prepare staff to consider a positive school behaviour policy which would aim to support distressed children and young people in school, given the difficulties experienced by looked after children which lead to ‘crisis’ scenarios.

This activity should reflect the growing staff awareness of the information given in the introduction and Parts 1 and 2 of the Training Pack. All strategies are based on this background information and should not be considered in isolation.

**Timing:** Approximately 30 minutes.

**Materials:** Flip chart, flip chart pen, pens or pencils and blank sheets of paper for each group to record responses.

**Instructions for Trainer:** Write up the Activity Title on the flip chart. Split participants into small groups of 4 or 5. Write up the following question on the flipchart for consideration:

> **What kind of strategies and approaches should be considered for a whole school behaviour policy to support looked after children who are experiencing crisis because of school or care issues?**

Allow 15 minutes for discussion. Record and collate responses on flipchart.
The following whole school approaches will support staff and children.

- Introduce school procedures/rules in simple language on classroom walls – you can point to these at the crucial time instead of verbalising, which may encourage the child to escalate an argument. This will help you to become more detached rather than entering into an angry and pointless dialogue.
- Reduce verbal telling off to an absolute minimum! Make school procedures work for you instead.
- Rules and procedures need to be specific, observable, and pragmatic. They can then be reinforced by teaching in whole school Assembly and practised daily until they are automatic, not just mentioned when they aren’t being followed.
- Comments in a home/school book need to be specific and non-judgemental and should reflect the varied behaviour of the day e.g. ‘Not a good day’ is not helpful, while ‘Kicked another child during PE. Accepted the sanction. Worked quietly in Science lesson in the afternoon’ gives a carer some opportunity to show pleasure and praise. It helps the child to understand that he has a spectrum of behaviour - it is not all bad.
- Sanctions need to be relatively mild but always followed through with a minimum of discussion and negotiation.
- The presence and support of the management team around school, noticing pupils’ behaviour and using the language of procedures will lead to all pupils and staff taking the rules seriously and insecure, unstable, anxious children will feel more secure.
- If a pupil is presenting with ‘crisis’ behaviour, all staff should notice and interact with him/her around the school. This supports the Class teacher and shares ownership of the problem. Comments or chat about topics other than their last misdemeanour also helps defuse tension and takes the child by surprise, so he will be less likely to organise his usual ‘coping’ mechanisms.
- When nothing is working with a child, it helps to have part of a staff meeting given over to brainstorming strategies, with teacher presenting problem areas and other staff contributing ideas. In a secondary school, a Case Conference can be held with staff who are working with the young person. No teacher should face a highly challenging and severely distressed pupil daily without full support from colleagues.
Training Activity 8
Use after slide 3

Activity Title: What works for Classroom Staff?

Activity Aim: To encourage staff to consider which strategies might be more useful in working with a child in care who is experiencing a crisis.

Timing: Approximately 30 minutes

Materials: Flipchart, flipchart pens or pencils and blank sheets of paper to record points discussed.

Instructions for Trainer: Arrange into working groups of 4 or 5 people. Write up the activity title and the following question on the flipchart for consideration:

Discuss Strategies and approaches you have used with a looked after child who is displaying crisis behaviour. Comment on:
- Which strategies were successful?
- Which strategies were not helpful?

Using your understanding of the issues and background experiences of children in care, consider why some strategies and approaches are more likely to be successful than others.

Allow 15 minutes for discussion. Feedback from groups to flipchart. Mark up with asterisks or ticks where a point has been repeated by another group.

Trainer Input for this Activity follows in 3.5 b)
b) Specific strategies for school staff to support LAC in school during crisis times.
(See Part 3 PowerPoint Slides 4 to 12)

Trainer Input: The following, more specific strategies are based on information which you have been given in Parts 1 and 2 (LAC in School and Attachment and Attachment Disorder)

‘Inconsequential Chat’
Catch him when he is not angry, maybe when he is engaged in some mindless activity alongside you. Refer in a low key, factual way, to what happened in a previous incident. Don’t do this shortly after the incident; wait until the next day if possible. Offer him a believable explanation for his behaviour “I think maybe you came in feeling angry yesterday and then when you fell out with Ben, you just lost your temper.”

Ask him for ideas about how he might deal with it next time. (Although it looks as if a child has manipulated a tantrum episode and ‘enjoyed’ it, deep down he is afraid of his own power and believes that he is ‘bad’ – maybe like his dad, or another angry adult he has seen.)

Parallel Activity
Like the previous strategy, this is aimed at catching him at a more relaxed time when he is not highly anxious and therefore more able to listen. Doing a parallel activity with an adult is a good time for this, particularly with a hands-on, routine task when he and the adult don’t need to be looking directly at each other (He finds eye to eye contact difficult and it raises his cortisol levels). His mind and hands are now engaged and his usual defences are not so noticeable. He can now hear you!
**Positive Expectation**
Offer a calm, positive expectation that the crisis will not last, that it is just a phase that is happening because his feelings are unsettled. Refer to normal activities and plans as soon as possible. Don’t do this without having made any reference to the incident or sanctioning him for it, or else he will be happy to act as if it never happened. Take your cues from his body language and behaviour. If he seems to be getting worked up and restless, you can stop and change activities. At this point, there is no pressure on either of you to drive this conversation to a conclusion.

**Mentalisation (See Fonaghy and Target, 1998)**
In more relaxed moments when he is not expecting it, reflect on successful experiences/achievements in the past and look forward to imminent school events and class plans. ‘Talk aloud’ your own thoughts and ideas about his behaviour, ‘Maybe I’m just imagining this, but it seems to me that you find it hard to sit still first thing in the morning’, his personality ‘You’re quite a kind lad at times, when you’re in a good mood. I was thinking about asking you to help out with the P1 party, what do you think?’

The idea here is to feed back and reflect a significant adult’s growing picture of who he is in a way that will make sense to him. This was not done in his early years when his brain and temperament were being formed, but we can still add to this evolving self-image later. You are offering him alternative, more positive aspects of himself.

**Articulate Doubts and Fears**
Help him to articulate his doubts and fears by carefully exploring his possible confusion. Offer him a selection of feelings and let him quietly match up himself. “I knew a boy before who came here when he’d been in lots of care placements and he said he thought there was no point getting to know anyone because he might move again’. Don’t say ‘I know how you feel’. We don’t. It might be helpful to talk about ‘other children’ you’ve known as it takes the heat off his own situation and allows him to consider whether that’s like him or not. He will ignore what you are saying, deny it or indicate with a look that his feelings are similar (It depends on how well defended he is) Whatever his response, he may consider what you’ve said when he is alone and will mull it over.

Don’t assume that your words have gone nowhere because he has responded in a sullen or irritable way. When they are still in the grip of extreme emotional distress and contradictory feelings, children in care are often unable to enter into direct 1:1 work about their feelings. Be led by his response. Give him openings and respond sensitively. Remember that children in care may have several professionals asking how they feel and it can be intrusive. Keep it low key.
**Third Person Interview**

Arrange to speak with another key member of staff in his presence, referring to him and offering evidence of his efforts to improve his behaviour – this must be inclusive and works well when he knows and trusts both of the adults involved. You can spell out what his difficulties are, how he is trying to work with you and any successes he has had. It works well when you have been actively engaged in working with him on his behaviour and where you know he is motivated to improve his behaviour. The power of this ‘Third Person Interview’ is in the fact that it takes the heat off him and he is able to observe and listen to what is being said. His levels of arousal are lower because no-one is focusing on him directly.

**Solution-Focused Targets**

Even if he is in the midst of very distressing transitions and you feel overwhelmed by what he is dealing with, don’t underestimate the positive effect of solution-focused targets with him. Putting in two or three small, achievable behaviour targets will put a welcome structure into his day and give him a sense of a better immediate future. At the point of crisis, when he knows he has lost it and all the adults around him are anxious and threatened, he loses all sense of perspective about previous progress and possible improvement. A very specific behaviour response plan helps him to get a handle on what is happening. This should not be done instead of the sessions described above as it may seem superficial, but it can be very powerful in combination with these strategies.

Use a more detached approach with him in any low-key reflections on his behaviours. Because he does not own his behaviour or even admit it, high-profile talks about the need for him to take responsibility or to think about others, is pointless. Act as if the behaviour in question is just a problem to be solved like any other. If he is resisting spending time with his own support assistant, possibly because he knows she will be asking him about what he did during an incident, then let someone else spend a little time with him. This should be an adult with whom he has shown some engagement.

**Show Respect**

Treat him with respect, even when he is shouting and being abusive. Right now, you are his models of how adults behave - fairly and consistently. Don’t tell him his behaviour is ‘bad’ – this will only add to his own feelings of shame and guilt and it is pointless because he hasn’t had the kind of upbringing which would have fostered a sense of moral values.

It needs to be clear to him, however, that there are consequences if he behaves in an unsafe way in school. “We really want you to stay here, Luke, but we all need to stay safe in school and you and the others don’t feel safe when you are angry like that and run around throwing things. We need our rules to keep us safe. Can you think of anything else we can do when you are angry, just to make sure you calm down and stay with us, rather than having to send for (carer)?”
Visual Reference to Rules
Keep referring to the classroom/school rules particularly those relating to which behaviours will result in a child being sent home from school. Do this with the whole class, in lessons, when there is no crisis. If necessary, print them clearly and put them up on every classroom wall but make sure they are very specific, not vague. A child should be able to imagine, in reading them, exactly what he would be doing in order to be sent home. Children in care often have a very keen sense of justice and need to be shown that the rules don’t just apply to them.

See ‘Whole School Approaches’ (P. 35)

c) The integrated Approach – LAC School Crisis Meeting

The meeting described here should not be seen as a ‘last resort’ when the child has been excluded, or as an alternative to the strategies recommended.

Crisis Meeting Procedure
A meeting should be held between key school staff, carer and Social Worker as quickly as possible after the first unfamiliar outburst. Even if it is not a particularly significant incident, if the child has become (or reverted to being) truculent and domineering, wants to escalate small incidents into a big argument or seems tense and much angrier than a situation warrants, a meeting should be arranged quickly.

This meeting protocol is informed by information given in Parts 1, 2 and 3 of the Training Pack and will be most effective within that framework of understanding.
The purpose of this meeting is:
- Sensitive profiling of the child’s past experiences and current behaviours.
- Information gathering about current circumstances which might be affecting his behaviour.
- The formulation of a highly specific short term behaviour plan, including arrangements for support and positive strategies, which are aimed at reducing the child’s levels of arousal and anxiety before an exclusion becomes necessary.

This meeting should initially be about information gathering, rather than a discussion about behaviour, although the specific behaviours should be described. (Carers sometimes feel they are under attack when only the behaviour is discussed, particularly at a time when they are probably also suffering the consequences of the child’s behaviour at home.) Specific questions are given in the Crisis Meeting Protocol which follows this section.

The meeting should follow the following procedure:

**Key school staff**
Description by school staff of earlier behaviours in school and strategies used then, current behaviours, how they differ from usual and why staff are concerned. In the case of a child who has newly arrived in school, school staff will move straight into a description of the current behaviours.

Where a child has been in school for some time, the purpose of these questions is to establish the norm for the child once he got over the initial settling in phase, to consider what worked better during that time and what was found not to be helpful. We don’t need to re-invent the wheel – how he behaved during that first transition and what strategies, relationships and supports worked for him then are likely still to hold true.

**Carer**
Questions to the carer will then focus on what is happening at home, how the child is coming in from (and going out to) school, what he is saying about school, what has been happening with parent contacts, neighbours, family illnesses, upcoming respite care etc. Some things in the home context which can affect a child’s behaviour significantly are:
- Change in family contact.
- Inconsistent family contact (where the parents say they will be available or phone etc., but do not).
- Change in family contact from supervised to unsupervised. The family may be putting the child under pressure and the child feels ambivalent.
- Carer illness or imminent operations.
- Career’s holiday coming up and respite care for the child is being discussed but is not resolved.
**Social Worker**
Questions for the Social Worker are aimed at letting the school know more about current contact, rehabilitation plans for the child, upcoming Panels or incidents in the community. The Social Worker will need to consider confidentiality issues, but can give a general picture of what is happening for the child in the care setting without giving away sensitive information.

Information offered by the carer and Social Worker to school staff, and vice versa, is very likely to cast considerable light on the child’s current behaviour and will offer some clues about how he can best be helped to calm down and feel more secure again.

**Desired Outcome**
School and carer will then be more able formulate an agreed mutual and consistent response to high profile incidents in school. When the child knows that the significant adults in his care and school settings are communicating he is less likely to escalate the behaviour. It helps if a home school contact is set up immediately. This should not be seen as punitive by the child. It should not be written in general but specific terms e.g. ‘John was unsettled during the morning and seemed very anxious but he worked hard in History project and managed to turn himself around to achieving a good score. Later in the day, I noticed that he was helpful to Mrs… in carrying books for her.’

While the child’s behaviour is high profile, further review meetings should be arranged with some frequency. This is time consuming but may save time and trouble in the end if a crisis is averted by paying close attention.

See Part 1, Activity 3 ‘How and why being in care can affect a child’s performance, progress and behaviour in school’.
Crisis Meeting Protocol
A copy of this meeting protocol is included in Appendix 6.

The meeting protocol is designed to be used by school staff and can serve as minutes of the school meeting, or as a checklist of information to be provided by school, carer and social worker. Protocol questions should be addressed left to right.

<table>
<thead>
<tr>
<th>School View of Pupil Over Time</th>
<th>During initial settling in period</th>
<th>Over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the child’s behaviour in school (e.g. high/low profile)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What strategies have been used by school staff to manage the child’s behaviour?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which of these had some measure of success? For how long?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During initial settling in period

Over time
<table>
<thead>
<tr>
<th>Area of Learning</th>
<th>Learning Profile</th>
<th>Please state what the child's learning needs are in this area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine and gross motor co-ordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short and long term memory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehension of instructions given orally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numeracy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task attention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please state how the school are supporting these learning needs:
Current (Crisis) Behaviour Concerns

Please indicate which of the following behaviour difficulties the child is currently displaying: (Tick where appropriate)

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>Class teachers</th>
<th>Other please state:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical aggression to peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. hitting, slapping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disrupting/ interfering with other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openly oppositional to adults’ instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving around class/school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant ‘nonsense’ chatter to interrupt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tantrum behaviour e.g. throwing items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal abuse of school staff and peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constantly seeking the attention of peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiling, meaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stealing from teachers/peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-task</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overly depressed/unhappy/unsettled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stealing from teachers/peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant, nonsensical chatter to interrupt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving around class/school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical aggression to peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. hitting, slapping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disrupting/interfering with other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please indicate which of the following behaviour difficulties the child is currently displaying (Tick where appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have any of the current behaviours had any measure of success? If so, which and for how long?

How are these behaviours being managed right now in terms of rewards, sanctions, time out etc.?

Which of these behaviours are the main concern for school management right now?
<table>
<thead>
<tr>
<th>Issues for Carers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have you seen changes in the child’s usual behaviour at home in the light of issues being discussed now?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Panel/policy change/bullying etc</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Are you aware of any significant current changes or new care issues in his life in terms of increased (or decreased) contact with parents/Heaven/other adults/other children etc?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Think of likes/dislikes, interests/struggles. Ability to form attachments to others</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What positive factors are there in the child’s life/natural temperament?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What does the child say about school when going out/coming in/doing homework?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What have you found to be least successful?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Which strategy has worked more than others?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Rewards/attitudes/language used with him during severe episodes?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How do you manage the child’s behaviour difficulties in terms of sanctions?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Setting in period?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How long has the child been in your care?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What has the child’s behaviour generally been like at home (after the placement)?</strong></td>
<td></td>
</tr>
<tr>
<td>Issue for Social Workers</td>
<td>Action Points agreed and monitoring arrangements</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>in the light of these changes/ issues?</td>
<td>What action, if any, is likely to be taken by the Social Work Department in the light of these issues?</td>
</tr>
<tr>
<td>Are there any current care issues / changes which you are aware of that might be affecting the child’s behaviour?</td>
<td></td>
</tr>
<tr>
<td>Within confidentiality guidelines, please give a brief summary of the child’s background before becoming looked after.</td>
<td></td>
</tr>
</tbody>
</table>

This section should note immediate action to be taken re support arrangements.
3.6 **Focus on the child**

A Trainer can hand out Appendix 5 ‘What worked for Marie?’ at the end of Part 3 Training Session to complete the Attachment Disorder Case Study.

‘MARIE’ - Case Study

In Section 2 (Attachment and Attachment Disorder), we looked at the case study of Marie, a child who displayed very severe and challenging behaviour at school and in care placements because of the deprivation and maltreatment she experienced early on in her life in her home environment. Here, we look at what happened when key adults in education and care took an integrated approach to supporting her to achieve the stability she needed in both settings.

![Image of a drawing with the name Mario written on it]

**What worked for Marie?**

An experienced foster carer was found who was familiar with complex attachment disorder in children. The LAC Psychologist agreed to work with the new carer over several home sessions to give her a profile of the child’s attachment strategies and the reasons for her behaviours. During each session, the carer would detail Marie’s actions and words, her responses to events in the home and to contacts with her parents. By this time, Marie had moved to another school locally and quickly began to present with similar school behaviours, although not so severe.
M was now trying to manage a new school and care placement – a very difficult experience for a child already damaged by multiple transitions. The carer responded well to focused case supervision by the psychologist and was willing to try different strategies and to think creatively and flexibly. The carer needed some emotional support in dealing with her own negative, frustrated responses to the behaviour of Marie’s parents in contacts. They often set up an arrangement and then cancelled or missed it, with devastating results for Marie and her carer in terms of the resulting acting out behaviour afterwards.

By this time, Marie was able to show her real pain and distress to the carer and to voice her questions about her parents’ behaviour and why they didn’t want her. The carer was therefore able to begin the work of helping Marie to rationalise and reflect on why she needed to be in care and how she felt about her parents (a ‘story-telling’ approach was used here in a way that was appropriate to her age).

Once the behaviour at home had improved and there was a more solid relationship with the carer, the LAC school crisis meeting was held with carer, school staff, Social Worker, LAC Psychologist and School Psychologist to share all relevant information, discuss the school’s current strategies for Marie’s various difficult behaviours and to formulate a new short term behaviour plan. The aim now was to reduce the crisis behaviour and deal with Marie consistently and confidently in a low-key manner calculated to make her feel more secure and less controlling. The aim was also to work closely with the carer and to use that developing, trusting relationship to pull together a tight home/school framework for Marie.

Outcome so far

The carer is now seeking to care for Marie permanently. Marie has so far been able to maintain her school placement. There are still problems at times in both settings but her most severe controlling and disruptive behaviours have reduced and she is making slow headway emotionally, socially and academically. At times, her behaviour escalates again into a crisis situation when new family information comes to light, but school and her foster carer have been able, so far, to prevent her from going through any more changes of care or school placements.
3.7 Summary and Conclusion

This integrative case study emphasises the importance of identifying, training and supporting experienced carers who are aware of attachment disorder, along with providing a strong network of support and advice during the settling in period in a new care and placement. Early intervention in the school setting ensures that a behaviour plan is focused and specific to that child’s experiences and response patterns.

The more time that elapses between the original experiences which took a child into care, and the more fragmented his placements become (and this child will always believe that a placement change is entirely his fault), the more his sense of failure and being ‘unmanageable’ grows.

Some of our Looked After Children have experienced traumatic events and maltreatment within their families which we can scarcely imagine. But with help, traumatised young people can learn to relate in new ways, to interact more positively with adults and peers and to take the risk of letting go of embedded coping patterns which they have developed in order to protect them from feeling more pain and disappointment. If we learn about how the child in care has come to look out on his world in the way he has, and share information about his current situation in care, key professionals in Education, Social Work and Care can work together creatively to support him.

This Training Pack for LAC has looked at how we might best understand (Parts 1 and 2) and manage (Part 3) the behaviour of our Looked After Children.

How can we help them to change? The study of resilience, which is the ability to withstand or recover more quickly from difficult conditions, looks at ways in which we can actively work with young people in care to help them acquire the coping skills which they were not taught in childhood. Supplementary materials on resilience will be added to this Training Pack at a later date.
References in Text


Book Reviews


Presented in a clear and readable format, this well laid out book explains the effects on children of a single traumatic event, such as violent episodes or parent suicide. Chapter 3 ‘Signs of Psychological Trauma’ offers advice on how to recognise and deal with trauma, as well as providing approaches that may be used by teachers to help the child.


This book places separation and loss at the centre of a looked after child’s experience. It offers practical advice and details specific techniques on these themes. It also offers new ideas to help children overcome negative feelings around loss. It is well laid out into chapters that aim to increase understanding of loss and change. Although mainly written from a Social Work perspective, this book would be useful for parents, teachers and other professionals. Chapter 5 ‘Responding to Problems of Self-Esteem and Control’ would be of particular interest to teachers.


About exclusion, which disproportionately befalls those who are vulnerable, this book specifically focuses on looked after children in residential care. The content is based on the personal accounts of children, teachers, social workers and other care professionals, giving this book an inter-agency perspective to complex cases of exclusion. It explores the reasons behind the difficulties these children experience, working towards a different social conceptualisation of exclusion for these children. It is both theoretically and conceptually strong although it captures the complexity of exclusion in a straightforward way. Worth reading by anyone interested in the education of children ‘looked after’ in residential care by local authorities.
Book Reviews continued

Aimed mainly at Social Workers (not school based). Case studies of children suffering from physical/emotional abuse and neglect would be of interest to teachers. Section 3 ‘Intervention and Treatment’ would be useful to teachers, especially chapter 10, ‘Helping Families’, which offers advice on repairing a child’s self-esteem and sense of achievement.

This book outlines the programme ‘Child-Wise’ for use with parent/child management. Techniques are well advised within a separate framework. Chapter 3, ‘Disruption in the Classroom’ is aimed at advising teachers on managing disruptive behaviour in class. Given that many children show such behaviours in both their school and home, this chapter places emphasis on links and intervention between both settings.

Written by experts on attachment theory from a social work perspective, this will both back up and extend the understanding of the attachment disorder training. The book is in two parts: theory and applying theory. It has useful case studies in each chapter that may be of interest to teachers.
Reports

Available at http://www.scotland.gov.uk/library3/education/lacr.pdf

Available at http://www.hmie.gov.uk/documents/publication/5679text.pdf


Available at http://www.scotland.gov.uk/library5/education/dcea.pdf

This publication is available to purchase and a summary is also available to download at: www.barnardos.org.uk/resources/research_and_publications/research_and_publications_education.htm

This publication along with some other interesting resources relating to the education of looked after children is available to purchase from: http://www.thewhocarestrust.org.uk/publications.htm
Web Sites

The National Literacy Trust
www.literacytrust.org.uk
*Left hand menu: NLT initiatives menu – ‘Social Inclusion’*
*Right hand menu: Literacy & Social Inclusion – ‘Issues A-Z’*
*C – ‘Care: Children and young people in public care’*
Geared towards the teaching profession. Provides an overview of policy, research links, ideas for good practice and other resources relating to children in care.

Who Cares? Trust. ‘Right here, right now!’
www.rhrn.thewhocarestrust.org.uk
‘Adults, carers, professionals click here’
Provides numerous links to information resources that have been produced in full consultation with young people living in care and their carers. Of interest may be the ‘Education’ link. ‘Leaving care’ has a piece about further education and ‘Research’ takes you to further resources for good practice.
Following on from this the ‘Who Cares? Scotland’ web site is currently under construction. This will contain an ‘Adult’ link that may prove a valuable resource to professionals in Scotland. This site can be found at www.whocaresscotland.org.

Young Minds
www.youngminds.org.uk
*Menu: Index for: – ‘professionals’*
*Menu left hand side: ‘Looked After Children Learning Network’*
*Navigate menu on the left-hand side*
Provides an array of information relating to the mental health needs of young people in care. ‘Areas of interest’ brings further links including ‘education’.

Attachment Disorder Site
www.attachmentdisorder.net
A wide variety of information regarding attachment issues. Navigate the left-hand menu for interesting articles on ‘attachment disorder’ ‘trauma’ and ‘school’ provides a nice piece titled ‘help for teachers’
For more theory and research based information see www.attachmentnetwork.org.