

Gillian Schofield

The *Significant Harm of Infants* study revealed that child development had only been a small part of some social workers' qualifying training and was often quickly forgotten. One of the study's key messages was that continuing professional development for all those working in permanency planning needs to cover child development, attachment and the impact of maltreatment and neglect on children.

Mary Beek, who was the Professional Advisor to the Department for Education's Adoption Policy Team, spoke to Gillian Schofield about *The importance of holding child development in mind when making assessments and future plans for children and young people*. Gillian is Head of the School of Social Work, Professor of Child and Family Social Work and Co-Director of the Centre for Research on Children and Families. She was an experienced Social Worker and Guardian ad Litem before joining the University of East Anglia in 1990. Her research interests are in foster care; attachment; looked after children and offending; care planning and the role of the Independent Reviewing Officer.

Part 1: The importance of holding child development in mind when making assessments and future plans for children and young people.

Mary: Why is a social worker's knowledge of child development so important for planning?

Gill: At the heart of planning is a process of assessment and prediction of the likely future developmental trajectory for the child. Understanding the child's past and present across the full range of development allows the social worker to make a professional judgement about the outcomes of different decisions for the child's well being through to adulthood. There are, therefore, important child development questions for social workers to take into account at the threshold of care and in care and adoption – whether the focus of planning is on ensuring that current caregivers are able to meet the child's needs, perhaps with help, or whether the focus is on planning for a child's future move to new permanent caregivers.

Mary: What are the key principles that social workers need to keep in mind when thinking about development in relation to assessment and planning?

Gill: First it is important to stress that although the focus is on the child, it is the social worker's knowledge of child development *and* parenting capacity that counts – it is essential to see the quality of the infant or child's development and the quality of caregiving (past, present and future) as inextricably linked. The availability and sensitivity of the caregiver, for example, will be having an impact on the child, but the child's capacity to respond and to thrive will also be having an impact on the caregiving. Thus insensitive and neglectful caregiving may lead to children becoming more demanding – which in turn will make the parents even more likely to struggle.

Mary: What aspects of development and caregiving are particularly important?

Gill: When we talk about social worker's knowledge of the different dimensions of child development it is helpful to link these to the different dimensions of caregiving when planning for permanence. In particular social workers need to be knowledgeable not only about physical health and development but particularly about emotional development and attachment in the context of relationships – and this is the area that social workers are often best placed to assess and is likely to be their major contribution to multi-disciplinary assessments.

At UEA we have been working on an attachment and resilience based model of child development and caregiving, called the secure base model, in which five dimensions of developmental needs are identified, each linked to a particular area of caregiving. These dimensions are all important in assessment and planning – I will just go through them, briefly, in turn:

- the child's ability to trust – in the emotional and physical availability of the parent or carer;
- the ability to manage feelings and behaviour – which can only develop in the context of sensitive and responsive caregiving;
- the child's self-esteem – which develops when a caregiver loves and accepts the child unconditionally;
- the ability to feel effective and be co-operative – and for this caregivers need to support the child's growing sense of autonomy and to work with the child to solve problems
- and finally all children need to feel they belong in a family that supports them through childhood into adulthood.

Of course these dimensions interact, so a child needs to feel that they are valued and accepted in order to feel part of the family, and so on.

Mary: Can social workers be experts on all aspects of development?

Gill: Social workers do need to be experts in assessing the impact of parenting and family relationships on the child's development. However, they will need to be aware of the limits of their expertise and when *other professionals need to contribute to the assessment and planning*. The potential significance of key developmental factors such as an infant's weight or a toddler's language delay must be known to a social worker – but to define the seriousness and likely outcome of a particular developmental difficulty requires the social worker to call on other professionals, such as a health visitor or a speech therapist – and to then incorporate those views.

Part 2: Child development issues to hold in mind when planning for children in specific age groups.

Mary: Can we look at specific age groups now and think about the most important elements in child development that social workers need to be aware of? What would you say is particularly important for babies in the first year of life?

Gill: There are several key issues that form the basis of thinking about the infant's development and the impact of the caregiving environment. The first is the fact that infants are already complex human beings at birth, with some basic characteristics shared with other infants, such as the need for food and the need for relationships, but many differences in terms of feeding patterns, responsiveness, sociability, levels of physical activity and so on. Some of these differences will be genetic and others will be the result of the pre-birth environment, which may well have been affected by drugs, alcohol or poor nutrition.

The infant's characteristics at birth will very rapidly interact with caregiving – so that, for example, failure to gain weight at two weeks old may already be a result of a number of factors in the infant, in the caregiver and in the caregiver's own relationship environment, such as domestic violence.

Well, this brings us to another key point about infancy in particular – that although *physical development* and *emotional development* have to be considered separately in any assessment, it is often *the links between physical and emotional development* that need to be most clearly taken into account – does the infant have a secure base emotionally in order to support the capacity to thrive physically?

Mary: What should social workers be looking for in the caregiving relationship at this stage?

Gill: All infants need an available and responsive parent or caregiver who is able to keep the child in mind and to tune into the infant's physical and emotional needs and communications. Where infants are failing to gain weight with no clear physical reason or failing to become responsive to adults in the way that is expected, then the quality of the attachment relationship that should be developing with the parent needs to be observed and understood.

Although clear cut selective attachments are said to have formed by the age of 6-7 months, the formation of attachment begins at birth, with babies able to discriminate between their mother and other adults within days of birth. Thus these early weeks are crucial to development as the longer the infant is exposed to insensitive and frightening care, the more damaging it is to both physical and emotional development – and the longer it will take new caregivers to be able to restore the child's health and potential for growth and happiness.

When infants come into care following neglect or abuse they will need highly sensitive and continuous caregiving from the foster carer in order to establish relaxed rhythms of eating and sleeping – and contact arrangements need to take this into account. This opportunity to settle and achieve both physical and relationship developmental milestones will be of benefit whether the infant returns home, is placed with relatives or moves into an adoptive family.

Mary: How do children's needs change during the toddler and pre-school years?

Gill: During this age period, children start to become more mobile, to actively engage with the world of play, and to develop language. So there will be many developmental signs as to whether the tasks of infancy have been accomplished and therefore whether a child is able to take advantage of the new opportunities that this stage offers. Where young children are still preoccupied with meeting their physical or emotional needs – perhaps because they were unmet in the birth family during infancy – their behaviour may be chaotic, demanding and even more difficult for carers and adoptive parents to manage.

Planning for permanence for children of this age therefore needs to take into account how well they have coped with the tasks of infancy and here it will be helpful for the social worker to focus on the secure base dimensions – in particular how able is the child to trust adults to provide comfort and support for play and exploration? How able are they to regulate their emotions and take into account the feelings of others? This is a key challenge for this age period as most children by the age of four would be able to think about other people's thoughts and feelings – and of course this is key to managing not only relationships in the family but also peer group relationships and relationships with teachers as they enter School.

Mary: How can social workers use their knowledge of child development to plan support for caregivers of children at this age?

Gill: Plans for children of this age must include assessments that help with *matching* but also that provide a strong case for *support* for the child, the carers and the placement. Tackling emotional and behaviour problems in children of this age is absolutely crucial – whether a 3 year old child is in foster care and awaiting an adoption placement or in the early stages of an adoption placement. This requires getting a child emotionally and socially ready for school and ready to learn, so that they can make a good start can begin an upward spiral of developmental success and happiness.

If a child at the age of 4 or 5 is still struggling with significant difficulties from experiences in their birth family then they will be disadvantaged. Hoping that a child will settle in a new placement and be ready for school may not be enough – the secure base model focuses on active approaches to parenting that can be therapeutic – and have benefits not only for attachment but also for the child’s ability to cope with the demands of the classroom and the playground.

Mary: And I guess those peer group and school related developmental issues continue into middle childhood?

Gill: Between the ages of 5 and say 11, children have some very important developmental tasks to manage. Although as pre-schoolers they may have become able to manage their feelings and behaviour to some degree and to seek help when they need it, they are now needing to spend much more time in environments where they have to adapt – for example to the expectations of the classroom that they will learn and be judged against certain standards – both of behaviour and of academic performance. In the playground too, fitting in also requires certain kinds of confidence and competence. So for this age group the secure base dimensions of self-esteem, and of self-efficacy and co-operation are particularly important.

Our research suggests that carers and adopters will often need to offer very focused support for children of this age who are likely to struggle with self-esteem and find co-operation difficult. They will need to identify areas of activity where the child can feel successful and orchestrating that success by being available to stand on the touch line or help at Brownies. Here again, the social worker’s understanding of the child’s developmental needs at this age need to be matched by some very concrete ideas about the parenting that will be required to help the child compensate for early gaps in their development.

Where children have disabilities, it will be especially important to identify ways of building the child’s sense of competence and mastery – as well as enabling the child to feel good about him or herself and managing the set-backs and failures that are part of all children’s experience – but may seem particularly painful for children who have not had good early experiences.

Mary: When children move into adolescence, there are often some anxieties –among social workers as well as foster carers and adopters - that problems will get worse. Is this always the case?

Gill: Adolescence is an important period of transition – and although it is often seen as problematic it can also be an excellent opportunity to change children’s lives for the better. Children’s thinking is becoming more complex and particularly for older teenagers, there may be times when they start to appreciate the care that they are receiving in foster care and adoption – even though this may renew sadness that their birth family was not able to care for them and keep them safe.

For many young people, including young people in foster care and adoption early adolescence is a period in which self-esteem may be uncertain and the demands of both peer group and families may be in conflict – but it is important to bear in mind that for most young people there is also a strong sense of wanting to be valued by the parent figures in their lives.

Mary: How might child development knowledge help in the management of adolescent placements that are at risk or have ended?

It is important to bear in mind that the anticipation of the demands of adult life will add anxiety to the adolescent experience and also add anxiety to the caregiving. It is important to be able to assess the strengths and difficulties in the family – again the secure base model offers some ideas about how strengths as well as problems can be identified and worked with positively – including the possibility of offering support and ongoing family membership to the young person even where a placement ends.

Our research on planning for children in adolescence where placements have ended suggest that valuing attachment and family membership can lead to the building of new relationships in permanent families identified even when young people are teenagers. But doors should always be kept open so that young people can value what has been successful in previous foster and adoptive families and may stay in touch even when placements have ended or make contact again in adulthood.

Mary: And finally, what would be your key message for social workers about the value of child development knowledge?

Gill: I guess it is about using good evidence about child development to both understand the concerns about a child but also to remain positive and hopeful. Children’s capacity to overcome adversity in the context of loving family relationships that promote the child’s development can be remarkable. Many children from difficult backgrounds go onto successful and stable adult lives.

Mary: Thank you very much, Gill.

Gill: Thank you.