

## **Making CARE-planning less complicated: a template for better implementation**

**Dr Mark Johnson, Specialist Clinical Psychologist**

**Diane Marshall, Senior Social Worker & Residential Team Leader**

*Northern Health and Social Care Trust, Northern Ireland, UK*

### **The challenge**

The provision of high quality residential child care is widely recognised as a complex task, requiring a range of specialist skills, knowledge, and relational competencies at various individual and systemic levels (Anglin, 2003; Colton and Roberts, 2007). The presence of such challenge highlights the need for resilient individuals and teams capable of striving for excellence in providing the best possible outcomes for young people in care. Developing this workforce culture undoubtedly requires the availability of a well-evidenced and pragmatic model that ‘makes good sense’ and is complimentary to other prerequisites such as strong and adaptive leadership, effective organisational infrastructure, high quality staff training and robust supervision (Clough et al., 2006; Hicks, 2008; Blase and Fixsen, 2013).

Within recent years, residential child care practitioners within the Northern Health and Social Care Trust (NHSCT) have sought to meaningfully adopt and integrate the Children and Residential Experiences program model (CARE; see Holden, 2009; Holden et al. 2010; Macdonald et al. 2012). In the midst of great progress, challenges to implementation have included staffing turnover, group and individual differences, finite financial and human resource, and competing administrative and operational demands. Proactive effort has been essential at multiple levels of the organization, in striving to keep the principles of the CARE model not only alive and vibrant, but also relevant and applicable to everyday therapeutic planning and service delivery.

The accessibility of a program model such as CARE not only serves as a compass for compassionate and meaningful engagement with children; it also aids the ‘containment of the container’ in supporting residential staff to manage the fears and anxieties inherent in building and maintaining connections with traumatised youth. Such containment can occur via *implicit* processes (for example via positive CARE-based interactions with colleagues and children on a daily basis) and/or within more formal *explicit* settings (such as CARE-based reflection within clinical supervision and team meetings). Administrative demands are often heavy and can lead to unhelpful avoidance, therefore the availability of a concise goal-orientated planning tool was deemed essential to meaningful engagement in CARE-based practice within NHSCT.

### **Mapping the CARE-giving journey**

The ‘CARE-giving Journey’ planner (see figure 1) was created using previously gathered CARE principle questions gleaned from staff training and liaison with the Residential Child Care Project at Cornell University. Additional ideas regarding the applicability and concise format of the tool came via discussion with the Consultant of a local Psychology for Older People’s Team who has developed a similar framework in seeking to address unmet need in residential care for older adults (see Duffy, in press). Our own tool is essentially aimed at reinforcing familiarisation with the CARE model itself via a visually appealing format, whilst serving as a dynamic and pragmatic driver for care planning practice. Conciseness and user-friendliness were considered paramount in the interests of

promoting active engagement and collaboration with children, families, and wider professional systems. In practice, the planner can be used as a reflective guide for discussing the current status of each principle for the child/family/agency, however its use is also intended as an active goal-setting document whereby each section is completed with specific CARE-orientated aims for collaboration. For example, a 'family involved' goal may be to increase the consistency and predictability of family contact, whilst a 'competence centered' goal may be to drop an unrealistic expectation on a safety contract in the interests of trust, and to enhance opportunities for success. The conciseness of two or three goals for each principle that are (i) clear, (ii) achievable, and (iii) easily tracked and evaluated, is crucial to the tools' longer term value and success.

### **Wider applications**

The planner is intended for use in a range of forums including pre-admission meetings, key-working sessions, Looked After Child (LAC) reviews, therapeutic formulation sessions and risk-strategy meetings. In short, the more opportunities that exist for CARE principles to be discussed and integrated into every day practice, the better!

The application of CARE principles also readily extend into the realm of personal-professional development and supervision. In this vein, the 'CARE-giving in Supervision' planner in figure 2 provides a framework for reflective enquiry, intended for use within 1:1 supervision settings, group-reflection/team meetings, and CARE-orientated training days. We are strongly of the opinion that when professionals begin to reflect on their own experiences and process these more meaningfully, a more intuitive and therapeutic interaction with the child and family will ensue. It is important to note that the planner is not intended as a stand-alone model of supervision, but rather a framework that serves to complement existing clinical supervision policies and guidelines already in place within our organisation.

The tools discussed above are ultimately aimed at increasing the congruence and applicability of CARE-based language and practice; prioritising preciseness and pragmatism in the interests of everyday use. It is hoped that through such mediums, the fundamentals of CARE can continue to live and breathe in the daily interactions with our children and their families.

Figure 1

# The CARE-giving Journey

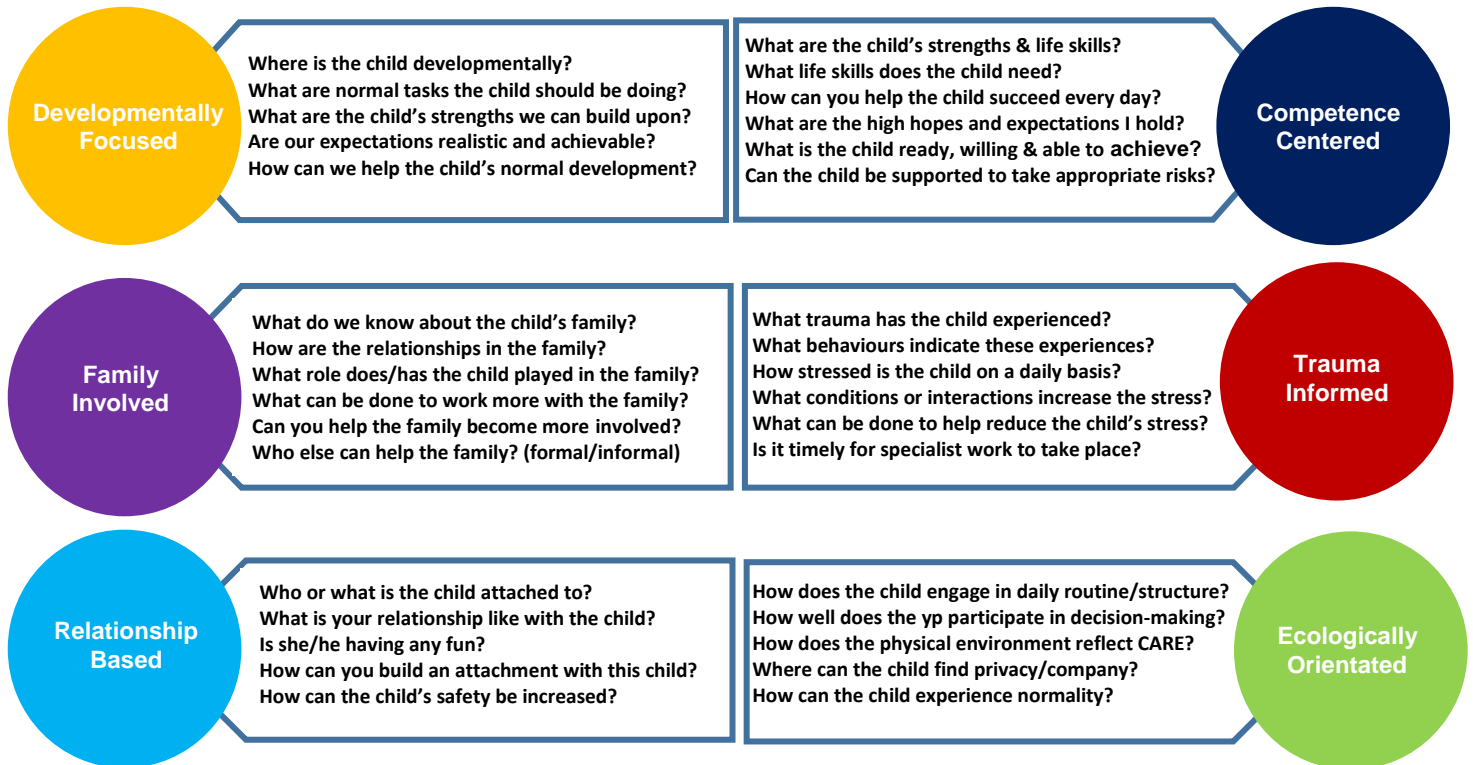
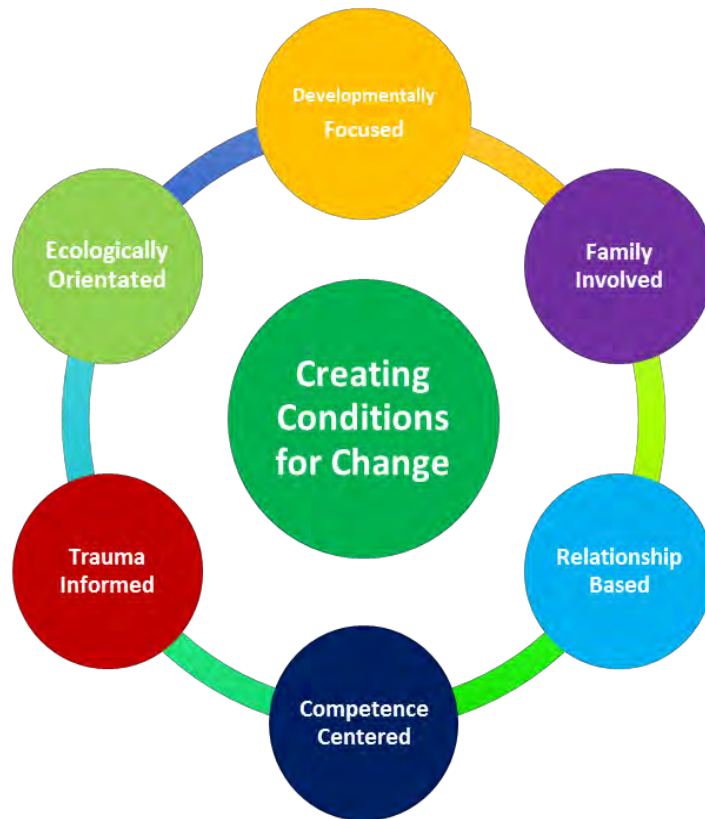
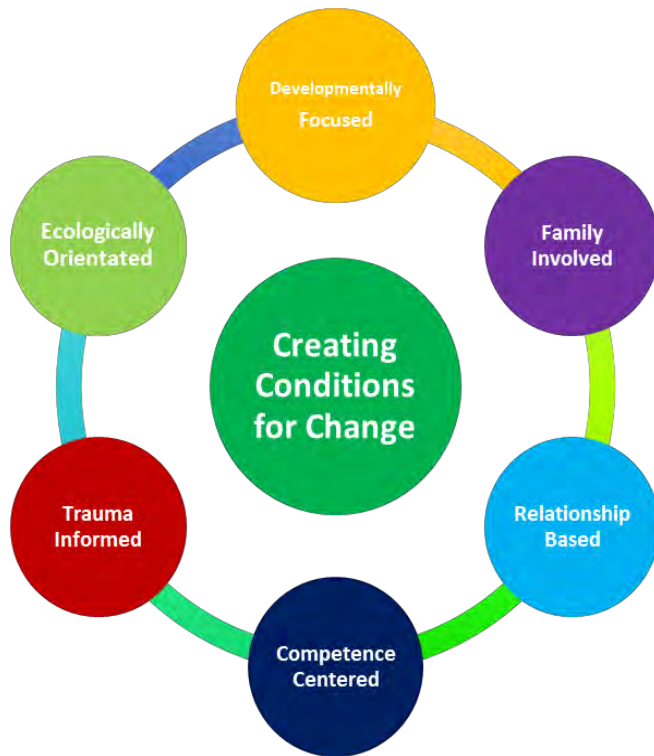


Figure 2

# CARE-giving in Supervision



<p><b>Developmentally Focused</b></p>	<p>Where am I developmentally in my role?          What are the tasks I should be doing regularly?          Are these tasks within my own ZPD?          How can I support the development of my team?          What are my strengths I can use &amp; build upon?          How can I feel more safe &amp; confident in practice?</p>	<p>What are my strengths &amp; life skills?          What talents do I have that I could pass on to yp?          How can I experience success and satisfaction in my work with colleagues and young people?          Are there opportunities for training &amp; progression?          How can I be supported to reflect/challenge myself?</p>	<p><b>Competence Centered</b></p>
<p><b>Family Involved</b></p>	<p>How do my own life experiences shape my view of this young person in relation to their family?          What is my own support system like right now?          How do I strengthen my own resources?          How can I contribute to an enhanced sense of family identity within this home?</p>	<p>Have I had my own experiences of trauma?          How does this impact on my own wellbeing and capacity to work therapeutically with young people?          How stressed am I on a daily basis?          What conditions or interactions increase the stress?          What can be done to help reduce my stress?          What support do I need at the minute?</p>	<p><b>Trauma Informed</b></p>
<p><b>Relationship Based</b></p>	<p>Who am I attached to, feel safe with in the team?          How does my own attachment history help or hinder my work with the young people?          How can my own sense of safety be increased?          Am I enjoying the work? If not why not?          How can I build better relationships with staff/yp?</p>	<p>How do I experience the routines, interactions and activities here from day to day?          How comfortable am I with decision-making?          How can I feel more empowered to problem-solve?          Where can I find some space to reflect if I need it?          How can I provide normality and availability to the yp?</p>	<p><b>Ecologically Orientated</b></p>

## References

- Anglin, J. P. (2003) *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth*. Oxford: The Hawthorn Press, Inc.
- Blase, K., & Fixen, D. (2013) *Stages of implementation analysis: Where are we?* North Carolina: National Implementation Research Network.
- Bloom, S., L. (2005) The sanctuary model of organisational change for children's residential treatment. *Therapeutic Community: the International Journal for Therapeutic and Supportive Organisations*, 26, 65-81.
- Clough, R., Bullock, R., & Ward, A. (2006) *What works in residential child care: A review of research evidence and the practice implications*. National Children's Bureau: London.
- Colton, M., & Roberts, S. (2007) Factors that contribute to high turnover among residential child care staff. *Child and Family Social Work*, 12, 133-142.
- Department of Health, Social Services, and Public Safety (2007) *Care Matters in Northern Ireland - A Bridge to a Better Future*. Belfast: DHSSPS.
- Department of Health, Social Services, and Public Safety (2009) *Delivering the Bamford Vision: The response of northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability: Action Plan 2009-2011*. Belfast: DHSSPS.
- Department of Health, Social Services, and Public Safety (2014) *Minimum Standards for Children's Homes*. Belfast: DHSSPS
- Duffy, F. (in press). CLEAR Dementia Care: Assessing and addressing unmet need. *Journal of Dementia Care*.
- Hicks, L. (2008) The role of manager in children's homes: the process of managing and leading a well-functioning team. *Child and Family Social Work*, 13, 241-251.
- Holden, M., J. (2009) *Children and Residential Experiences (CARE): Creating conditions for change*. Arlington, VA: The Child Welfare League of America.
- Holden, M. J., Izzo, C., Nunno, M., Smith, E. G., Endres, T., Holden, J. C., & Kuhn, F. (2010) Children and Residential Experiences: A comprehensive strategy for implementing a research-informed programme model for residential care. *Child Welfare*, 89, 131-149.
- Macdonald, G., Millen, S., & McCann, M. (2012). Therapeutic approaches to social work in residential child care settings. *Children's and Families Services Report 58: Social Care Institute for Excellence*.
- Office of the First Minister and Deputy First Minister (2006). *Our Children and Young People – our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016*. Belfast: OFMDFM.