

THE RECOVERY MODEL

THE RECOVERY MODEL IS A FIVE-STAGE TRANSFER PROCESS DESIGNED TO ENABLE THE CHILD TO RECOVER FROM THEIR TRAUMA THROUGH THEIR OWN DEVELOPMENT WITH THE SUPPORT OF A PROFESSIONAL, QUALIFIED STAFF TEAM.

This team use the underpinning theory to understand the child in terms of their attachment abilities and where the child is in terms of development both cognitively and chronologically. They have an understanding of the neuro science on trauma and how behaviours are a means by which the child expresses their own feelings and experiences. The staff also understand the dynamics of groups within this context and how feelings can be transferred and counter-transferred within this environment.

All of this knowledge is used to determine the child's development needs both pre- and post-placement to ensure that the child's plan reflects those needs and importantly, determines where the child is in terms of their recovery journey. The five stages are set out as follows:

STAGE 1. PRE-PLACEMENT

In order for the child to transfer from their initial unhealthy state to a future healthy state, a series of interventions have to occur in the home and educational environment. Stage 1. Pre-Placement requires all professionals both internal and external of the organisation to work together to determine that the child, once identified as an 'Aspirations Child', is able to be placed within Aspirations as all their needs are to be met. State 1. Is all about matching the needs of the child with the services of Aspirations by ensuring that the initial safety concerns of the child are met. At the end of stage one, the child is placed.

STAGE 2. SOLO-SAFETY AND TRANSITION

Our specialism is the return of each child to a family setting or independent living as quickly as their recovery from their previous traumatic experiences will allow. Stage 2 of the model is for children living in a solo placement, this usually means a period of learning to live with another child in a dual placement. Learning to live with another child or living for a solo period requires that stage two. Focuses on the safety needs of the child whilst they develop from the need to be on their own to a need to be part of a small group / family environment. Stage 2 of the model enables a newly placed child to be safe, to experience a new environment that is safe and to feel safe. It also enables the child to think about and eventually move to an enhanced residential setting with another child. At the end of stage two, the child feels safe and is assessed as being capable of moving toward stage three.

STAGE 3. DUAL SAFETY AND RECOVERY

The transfer from an unhealthy state to a healthy state meets the midway point at stage three. From Safety and Transition to Safety and Recovery. Safety as a theme is maintained throughout the child's residency. The relationships that the child builds throughout this process is clearly evident by stage three.

Attachments are both formed and consolidated with staff through this period, stability and safety are maintained. The relationships are based on good nurturing (therapeutic) parenting, with empathy, understanding and sensitivity to the child's needs. Clear expectations and boundaries are more likely to be maintained, higher expectations of behaviour are assumed as the child begins to believe in their own abilities and their potential to manage independently; all are encouraged and supported by the caring team.

The team and their efforts are more likely to be self-evident through this period as their use of vocabulary and practice is evidenced through the behaviours of the child. They see the child as poorly, not naughty, their behaviours are seen more as symptoms or indicators of trauma as the child develops and that their development is based on their internal state and not their chronological age. The carers guide the child by presenting kindness and empathy in order that the child can emulate this style of behaviour. The carers are in effect 'showing how', and not 'telling how' to act or proceed appropriately.

The team also introduce new skills for the child to learn in a safe and caring environment. The staff understand that it is unreasonable for a child to know how to act or complete even some everyday tasks as they have never been shown how the task should be done. Stage 3. Takes the child through that process of learning, as they start to recover from their traumas. At the end of stage three, the child feels safe and is increasingly able to use support to regulate their emotions, develop healthy coping mechanisms at times of stress, to form and maintain future relationships.

STATE 4. INTEGRATION AND TRANSITION

The child continues to recover from their trauma throughout their placement period. Primarily they learn how to feel safe and secure, they learn what that feels like and over time, internalise that feeling. It becomes real to them and something that they feel comfortable with. Feeling safe is the foundation of the recovery process. The right of the child to feel safe is fundamental to Aspiration's Children's Services approach to residential care. In addition, the concept of recovery is introduced where the child, through support from the care team and the environment, is enabled to recover physically and mentally from their previous experiences. The aim is for them to be sufficiently recovered to move to the next stage of their placement journey. Stage four is where this process of integration and moving on begins.

Stage 4 considers the child to be on the home straight. They have integrated into the home setting, they have attended school, made friends, lived with another child and built long-lasting relationships with the care team. They are at the point where they are doing more for themselves than waiting for others to do it for them. Their unhealthy state is some way behind them, they are enjoying themselves and are less likely to regress to previous coping mechanisms and behaviours. Any regression is identified immediately by the team who then help the child re-affirm their previous progress. The plan for moving on becomes a reality as the child develops to where they can be assessed ready for stage 5.

STAGE 5. INTEGRATION AND CONSOLIDATION

Between 24 to 36 months, the child moves into stage 5. Future placement. The child, having completed their journey from their unhealthy to health state are now ready to leave Aspirations. What they could not do some months before, they are now able to do, they are ready once again to move to a family setting with a foster family or move to semi-independent living.

A report will be compiled presenting the placement period with both charts and a narrative and a plan developed to enable the child to move as smoothly as possible, from their Aspirations home to their new future home. Discussions with the child, family and other professionals will ensure that the child is fully aware of their circumstances. The aim is to ensure the child has a very favourable transition with as little disruption as possible both to the child and the other child with whom they have been living.

Throughout the stages of recovery, we ensure educational provision meets the individual needs of each child, where within our own specialist independent schools or matched provisions, including planned and managed transfers to pose 16 establishments.