Crossfields Institute
Qualifications | Education | Development

Qualification Specification

CFI Level 4 Diploma in Relational Developmental Communities

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Key Facts

Qualification Title	CFI Level 4 Diploma in Relational Developmental Communities
Qualification Number (QAN)	610/8010/X
Qualification Type	VRQ
Sector	1.3 Health & Social Care
Level	4
Rules of Combination	Five compulsory units
Total Qualification Time	370 hours
Guided Learning Hours	96 hours
Minimum age of learners	18
Assessment Methods	Portfolio of evidence
Grading system	Distinction/Merit/Fail
How long will it take to complete?	12 months
Developed by	The qualification has been developed by CFI with subject-specific expertise provided by My Tribe Homes

Section 1: About this Qualification

1.1 Why take this qualification?

Rationale

Residential childcare is a remarkable vocation. At its best, it offers children far more than safety. It provides relationships that heal, communities that foster belonging and experiences that support growth. It offers children the opportunity to move beyond survival and towards lives characterised by purpose, connection, competence and hope.

Children's residential care occupies a unique place within the continuum of children's services. Whilst many children thrive with early help, kinship care, foster care or other family-based interventions, some require the stability, therapeutic relationships and intentionally developmental environment that residential care can provide. Practitioners working within these environments therefore require more than compassion and commitment. They require a sophisticated understanding of child development, therapeutic relationships, safeguarding, professional practice and community living, together with the judgement to integrate these disciplines within the complexity of everyday life.

This work is demanding and deeply skilled. It requires practitioners to balance nurture with authority, empathy with accountability, and immediate safety with long-term development. It asks adults to understand trauma without becoming defined by it, to hold hope when progress feels slow and to remain thoughtful, reflective and developmentally ambitious in the face of complexity.

The CFI Level 4 Diploma in Relational Developmental Communities has been designed to support practitioners in meeting this challenge.

The qualification provides a coherent framework for understanding how children develop and how therapeutic residential care can intentionally contribute to that development. Drawing together the thinking that underpins the Relational Development Community (RDC) model, it translates contemporary knowledge from attachment theory, developmental science, therapeutic parenting and therapeutic community practice into everyday residential childcare.

At its heart of the qualification is a simple proposition:

> ***Children develop through relationships, communities and developmentally sequenced experiences.***

The Diploma seeks to equip practitioners with the knowledge, professional judgement and practical capability required to create these conditions intentionally and consistently.

Rather than viewing behaviour as the problem to be managed, practitioners learn to understand behaviour as communication, relationships as the primary vehicle for change, communities as therapeutic environments and everyday experiences as opportunities for development.

Ultimately, the programme seeks to answer a single question:

> ***How do we help children move from protection and survival towards belonging, growth, agency and thriving adulthood?***

Purpose and Intended Outcomes

This Level 4 Diploma primarily aims to develop **Relational Developmental Practitioners**, who:

- Understand not only what has happened to children, but what children need next
- Think developmentally and translate that understanding into intentional everyday practice
- Use therapeutic parenting and therapeutic relationships to promote healing and growth
- Contribute to communities that foster safety, belonging, participation and shared responsibility
- Maintain ambitious developmental expectations whilst recognising each child's unique journey, and:
- Exercise sound professional judgement within the complexity of therapeutic residential childcare

The qualification is designed to:

- Develop a comprehensive understanding of the RDC model and its application within therapeutic residential childcare
- Develop practitioners who can intentionally translate theory into everyday practice
- Strengthen professional judgement, critical reflection and evidence-informed decision-making
- Build confidence in therapeutic parenting, relational practice and developmental planning
- Equip practitioners to work effectively across professional networks and contribute positively to therapeutic communities
- Develop practitioners who can identify children's next developmental task and create appropriately-sequenced experiences that support progress
- Promote consistency of therapeutic thinking across homes whilst preserving authenticity, creativity and professional judgement, and:
- Prepare practitioners to contribute to safe, effective and high-quality therapeutic residential care

Most importantly, the programme seeks to develop practitioners rather than simply competencies.

Knowledge and technical skills are essential, but ultimately the quality of care children experience is profoundly influenced by the quality of the adults providing it. For this reason, the qualification places significant emphasis on self-awareness, emotional maturity, reflective practice and the intentional therapeutic use of self.

The curriculum develops practitioner capability through five sequential units:

- Unit 1 – *Can you explain the model?*
- Unit 2 – *Can you understand the child?*
- Unit 3 – *Can you become the intervention?*
- Unit 4 – *Can you work therapeutically as part of a community?*
- Unit 5 – *Can you intentionally support development?*

Each unit builds on the previous one, progressively developing the knowledge, judgement and professional capability required for therapeutic residential practice.

Professional Recognition and Regulatory Context

The Children's Homes (England) Regulations 2015 require individuals working in care roles within children's homes to achieve either a Level 3 Diploma for Residential Childcare (England) or a qualification which the registered person considers to be equivalent.

The CFI Level 4 Diploma in Relational Developmental Communities has been intentionally designed as a comprehensive professional qualification for practitioners working within therapeutic residential childcare.

The qualification addresses the core knowledge and professional capabilities required of residential childcare practitioners, including safeguarding, child development, attachment, therapeutic relationships, care planning, developmental planning, community living, risk management, regulation, multi-agency working and professional practice. It extends beyond traditional residential childcare qualifications through advanced study of developmental science, therapeutic parenting, reflective practice and the Relational Developmental Communities model.

Accordingly, the qualification has been designed to provide employers with a robust basis upon which they may consider equivalence under Regulation 32(4)(b) of the Children's Homes (England) Regulations 2015. A published mapping demonstrates how the qualification aligns with the occupational knowledge, skills and responsibilities expected of practitioners working within children's residential care.

The qualification does not remove the responsibility of employers to provide organisation-specific induction, mandatory training or continuing professional development. Rather, it forms part of a wider professional development pathway, complementing these requirements by developing the judgement, reflective capacity and therapeutic capability that underpin outstanding residential childcare practice.

What this qualification does not seek to do

The CFI Level 4 Diploma in Relational Developmental Communities forms one element of a wider professional learning and development pathway. It is not intended to replace organisational induction, mandatory training or specialist competency-based programmes.

Organisational induction remains responsible for introducing practitioners to the operational realities of working within a children’s home, including local procedures, routines, recording systems and home-specific expectations.

Mandatory training remains responsible for developing competence in areas such as:

- First Aid
- Fire safety
- Medication administration
- Physical intervention
- Health and safety
- Equality, diversity and inclusion
- Data protection

Similarly, specialist safeguarding subjects require regular refresher training and ongoing competency assessment. Areas such as the following remain within dedicated safeguarding pathways:

- Missing from care
- Child sexual exploitation
- Child criminal exploitation
- County lines
- Contextual safeguarding
- Digital safety

This qualification does not seek to provide detailed procedural instruction in these areas. Instead, it develops the professional thinking, judgement and therapeutic understanding that underpin effective residential childcare practice. It focuses on helping practitioners understand children, intentionally use relationships and communities as interventions, apply developmental thinking to everyday care, and exercise the professional judgement required to help children experience lasting developmental change.

1.2 What are the entry requirements?

There are no formal qualification pre-requisites for this qualification. However, learners are expected to:

- Be aged 18 or over
- Be working or undertaking a placement within a residential childcare, children's services, therapeutic care or related environment that enables them to gather workplace evidence and apply learning in practice
- Have sufficient literacy and communication skills to engage with Level 4 study, reflective writing, professional discussion and workplace assessment activities

In order to cope with the demands of the course, it is recommended that learners have:

- Evidence of a Level 2 literacy qualification or equivalent
- Six months of relevant experience working with children, young people or vulnerable adults

Where additional support needs are identified, reasonable adjustments should be considered – please see the corresponding policies for further information.

1.3 What does the qualification cover?

This qualification consists of five units which cover the following areas:

(1) **Foundations of Relational Developmental Communities**
(2) **Safety and Understanding Children**
(3) **Relational Practice**

(4) **Community Practice**
(5) **Developmental Practice**

This qualification is at Level 4 as defined by Ofqual:

Ofqual Handbook: General Conditions of Recognition - Section E - Design and development of qualifications - Guidance - GOV.UK (www.gov.uk)

Knowledge descriptor (the holder …)	Skills descriptor (the holder can …)
Has practical, theoretical or technical knowledge and understanding of a subject or field of work to address problems that are well defined but complex and non-routine. Can analyse, interpret and evaluate relevant information and ideas. Is aware of the nature of approximate scope of the area of study or work. Has an informed awareness of different perspectives or approaches within the area of study or work.	Identify, adapt and use appropriate cognitive and practical skills to inform actions and address problems that are complex and non-routine while normally fairly well-defined. Review the effectiveness and appropriateness of methods, actions and results.

1.4 What are the assessment methods?

The qualification will be assessed by means of a portfolio of evidence that participants put together over the duration of the programme, which may consist of:

- Direct observation of practice
- Knowledge-based written assignments
- Case study analysis
- Professional discussion
- Reflective accounts
- Critical literature review

Each learning outcome is assessed on a Distinction/Merit/Fail basis, and all outcomes must be passed (i.e. receive a Merit or Distinction grade) to achieve the qualification as a whole. For grading descriptors, see appendix 1 (p.39).

Plagiarism

This means claiming work to be your own which has been copied from someone or somewhere else. All the work you submit must be your own and not copied from anyone else unless you clearly reference the source of your information. This includes the use of AI (please see our AI policy for

further information). If there is evidence that your work is copied from elsewhere, it will not be accepted, and you may be subject to a disciplinary procedure.

1.5 What are the progression opportunities?

- Level 5 qualifications in Leadership and Management for Residential Childcare or equivalent leadership programmes.
- Advanced study in therapeutic childcare, attachment-informed practice, developmental trauma, Dyadic Developmental Practice (DDP), therapeutic communities and related fields.
- Entry-level clinical, therapeutic or counselling qualifications, where learners wish to further develop their understanding of human development, relationships and therapeutic intervention.

Section 2: Units

2.1 Unit List

This qualification comprises five units, all of which are compulsory.

Unit title	Ofqual ref	Guided Learning Hours (GLH)	Total qualification time (TQT)	Credits
Foundations of Relational Developmental Communities	M/652/3918	8	32	3
Safety and Understanding Children	R/652/3919	24	92	9
Relational Practice	A/652/3920	24	92	9
Community Practice	D/652/3921	24	92	9
Developmental Practice	F/652/3922	12	62	6
Qualification total		**96**	**370**	**37**

Unit 1: Foundations of Relational Developmental Communities

Unit reference	M/652/3918	**Guided Learning Hours (GLH)**	8
Unit level	4	**Total Qualification Time (TQT)**	32

Unit aim

This unit introduces the Relational Developmental Communities (RDC) model and establishes the foundations of therapeutic residential practice. Learners develop an understanding of why children need residential care, the primary task of therapeutic parenting, and how relationships, development and community work together to support children's healing and growth and future lives. The unit establishes the values, mindset and professional identity that underpin effective RDC practice.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand the primary tasks of therapeutic residential care and the role of the practitioner within it	1.1 Explain the experiences and developmental factors that may lead children to require care and support *This should include:* • *Adverse and traumatic early-life experiences* • *Disrupted attachment relationships and mistrust of adults* • *Chronic stress and developmental disruption* • *Harmful or repeating cycles within families and relationships* • *Experiences of instability, rejection and multiple placement breakdowns* • *Cumulative relational trauma* • *Unmet developmental needs* • *Behaviour as communication*

	1.2 Explain the continuum of care and support available to children and young people, and the role of therapeutic residential care within it *This should include:* • *Early help and family support* • *Child in need and child protection* • *Kinship care* • *Foster care* • *Residential childcare* • *Secure children's homes* • *Permanence planning* • *Reunification* • *Matching interventions to children's needs* • *The distinctive contribution of therapeutic residential care*
	1.3 Explain the primary task of therapeutic residential care and the role of the practitioner within it
2. Understand the principles of the Relational Developmental Communities (RDC) model, and how they shape practice	2.1 Explain the purpose of the RDC model in supporting children's development
	2.2 Describe the three interconnected elements of the RDC model: • *Relational* • *Developmental* • *Community*
	2.3 Explain how relationships, development and community work together to support children's healing, belonging and growth
3. Understand the developmental journey that children are being supported to make	3.1 Describe the five stages of the My Tribe Journey
	3.2 Explain how the journey provides direction for planning and practice

	3.3 Explain why children's progress is individual and non-linear

Indicative Content

Why children need us

- Why children enter care and why some require therapeutic residential care
- Adverse childhood experiences and developmental trauma
- Attachment disruption and blocked trust
- Placement instability and cumulative relational loss
- Developmental disruption expressed through behaviour
- The unique contribution of therapeutic residential care

The primary task

- What are we here to do?
- The primary task: creating the conditions for safety, healing, belonging and growth
- Pathways to a better future: An adult life that holds, fostering, family reunification

The RDC model

- RDC as a treatment system – the three elements:
  - Children develop through relationships, communities and developmentally sequenced experiences.
    - Relational – children develop through being known, understood, held in mind and responded to by others. Relationships have caused harm; they can heal.
    - Developmental – the right intervention at the right time and everyone on a journey of becoming.
    - Community – healing happens within networks of relationships, shared life, participation, contribution and belonging.
- RDC as an integrated treatment system rather than a collection of interventions.

The role of the practitioner

- Loving, authoritative parenting
- Bystander, companion or parent?
- The two hands of parenting

Everyday life as intervention

- The everyday is the work – therapeutic moments:
  - Every interaction as a signal/opportunity for healing
  - Turning everyday moments into development opportunities
- Why residential care is uniquely powerful
- The difference between therapy and a therapeutic environment

Introduction to the treatment programme: My Tribe journey

- Protected
- Loved

- Rooted
- Growing
- Empowered
- Using the MyTribe Journey to understand progress and guide everyday practice

Assessment Requirements

Learning Outcome	**Primary sources of evidence**	**Other suitable evidence**
LO1 – Understand the primary task of therapeutic residential care and the role of the practitioner within it	Professional discussion; reflective discussion; case-based questioning	Short written responses; reflective accounts
LO2 – Understand the principles of the Relational Developmental Communities model and how they shape practice	Professional discussion; case discussion; reflective discussion	Short written assignment; presentation; reflective account
LO3 – Understand the developmental journey that children are being supported to make	Participation in case reviews; developmental planning discussions; outcomes tracking discussions; coaching or supervision discussions	Reflective accounts; workplace documentation; professional discussion

Unit 2: Safety and Understanding Children

Unit reference	R/652/3919	**Guided Learning Hours (GLH)**	24
Unit level	4	**Total Qualification Time (TQT)**	92

Unit aim

This unit develops the learner's understanding of safeguarding, safety and professional responsibility as the foundations of therapeutic residential care. Learners explore the statutory and regulatory responsibilities of practitioners alongside the developmental impact of adversity, trauma and attachment. The unit enables practitioners to understand children's behaviour through a developmental lens whilst responding safely, ethically and within the requirements of professional practice.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand the safeguarding, professional responsibilities and regulatory principles that underpin therapeutic residential care	1.1 Explain the key principles of safeguarding and child protection, making reference to relevant legislation and the Children's Homes Regulations
	1.2 Explain the professional responsibilities of practitioners in creating safe, ethical and accountable practice *This should include:* • *Duty of care* • *Professional accountability* • *Professional curiosity* • *Information sharing* • *Recording and reporting* • *Escalation of concerns* • *Maintaining professional boundaries* • *Confidentiality*

	1.3 Explain how practitioners balance safeguarding, positive risk-taking and developmental opportunity when assessing and managing risk
	1.4 Explain how regulation, inspection and quality assurance contribute to safe and effective therapeutic residential care *This should include:* • *Children's Homes Regulations* • *Quality Standards* • *SCCIF* • *Ofsted* • *Regulation 44* • *Regulation 45* • *Internal Quality Assurance* • *Organisational governance* • *Continuous improvement*
	1.5 Explain why safeguarding and safety are understood within the RDC model as the foundation for healing, development and growth
2. Understand how children's experiences shape their development, behaviour and developmental needs	2.1 Explain how adverse childhood experiences, chronic stress and developmental trauma can affect children's development
	2.2 Explain how developmental trauma can influence children's neurobiological development and everyday functioning.
	2.3 Explain how children's behaviours may represent adaptive responses to their experiences.
	2.4 Explain how understanding behaviour as communication informs therapeutic responses.

	2.5 Apply the principles of developmental trauma, adaptation and behaviour as communication to explain the needs of a child living in residential care.
3. Understand how relationships shape children's development, expectations and capacity to trust others	3.1 Explain the key principles of attachment and how early attachment experiences influence children's relationships.
	3.2 Explain how children develop through being understood, held in mind and emotionally connected with others.
	3.3 Explain how children's internal working models influence the way they understand themselves, other people and the world.
	3.4 Explain the concept of blocked trust and how it may influence children's responses to care and relationships.
	3.5 Explain how new relational experiences can support healing and development.
	3.6 Apply the principles of attachment, internal working models and blocked trust to explain the relational needs of a child living in residential care.

Indicative Content

Safeguarding, Protection and Professional Responsibility

Safeguarding and Child Protection

- Principles of safeguarding and promoting the welfare of children
- The statutory framework for safeguarding in England
- Children's Act 1989 and Children's Act 2004
- Children's Homes (England) Regulations 2015
- Guide to the Children's Home Regulations, including the Quality Standards
- Working Together to Safeguard Children
- The purpose of safeguarding within therapeutic residential care

Professional responsibility

- Duty of care
- Professional accountability
- Professional curiosity
- Information sharing
- Recording and reporting
- Escalation of concerns
- Maintaining professional boundaries

Risk, Regulation and Quality

- Dynamic risk assessment
- Positive risk-taking
- Balancing protection with development
- The purpose of regulation
- Ofsted and the SCCIF
- Regulation 44
- Quality assurance
- Organisational accountability
- Continuous improvement

Safety as the foundation for development

- Physical safety
- Emotional safety
- Relational safety
- Predictability and consistency
- Co-regulation
- Safety as the first developmental task

Developmental Trauma and Behaviour

Developmental Trauma

- Adverse Childhood Experiences (ACEs)
- Chronic stress
- Developmental trauma
- Developmental disruption

Neurobiology of Trauma

- Development of the threat system

- Hypervigilance
- Fight, flight and freeze responses
- Regulation and dysregulation
- Impact on verbal communication and meaning

Adaptation

- Shame
- Anxiety
- Control
- Sabotage
- Survival strategies
- Unconscious repetition

Behaviour as communication

- The Iceberg Model
- Looking beneath behaviour
- Curiosity rather than judgement
- Developmental need
- Relational need

Attachment, Relationships and Trust

Attachment

- Secure attachment
- Insecure attachment
- Disorganised attachment
- Attachment as the foundation for development

Intersubjectivity

- Being held in mind
- Emotional connection
- Shared emotional experience
- Coming to know ourselves through another

Internal working models

- Representations of self
- Representations of others
- Representations of the world
- Expectations within relationships

Blocked trust

- Defensive relational strategies
- Mistrust of adults
- Testing relationships
- Resisting care
- Relational expectations

Relational healing

- Building trust over time
- Consistency and predictability
- Corrective relational experiences

- Relationships as the primary intervention
- Therapeutic parenting

Assessment Requirements

Assessment of this unit should demonstrate that learners understand both the statutory responsibilities of therapeutic residential practitioners and the developmental understanding that informs effective practice. Assessment should prioritise the learner's ability to apply theory to real children, real situations and everyday decision-making.

Learning Outcome	**Primary sources of evidence**	**Other suitable evidence**
LO1 – Understand the safeguarding, professional responsibilities and regulatory principles that underpin therapeutic residential care.	Professional discussion; workplace safeguarding scenarios in supervision	Short written responses; reflective accounts
LO2 – Understand how children's experiences shape their development, behaviour and therapeutic needs	Case review discussion; reflective account based on a child the learner supports; Incident Reviews	Workplace documentation; short written assignment
LO3 – Understand how relationships shape children's development, expectations and capacity to trust others	Case formulation; supervision discussion; professional discussion using examples from practice; short essay questions	Reflective account; workplace documentation; presentation; contribution to case reviews

Unit 3: Relational Practice

Unit reference	A/652/3920	**Guided Learning Hours (GLH)**	24
Unit level	4	**Total Qualification Time (TQT)**	92

Unit aim

This unit develops the learner's ability to use themselves and their relationships as therapeutic interventions. Learners explore the principles of therapeutic parentings, relational practice and emotional availability, developing the knowledge, skills and self-awareness required to build trusting relationships whilst maintaining safety, authority and developmental ambition.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand the principles of therapeutic parenting and their application within the Relational Developmental Communities (RDC) model	1.1 Explain the principles of therapeutic parenting and how they are expressed through the LEAD model
	1.2 Explain how therapeutic parenting balances connection and challenge through the Two Hands of Parenting
	1.3 Explain how therapeutic parenting creates the conditions for children's healing, growth and long-term development *This should include:* • *Safety* • *Predictability* • *Trust* • *Belonging* • *Regulation* • *Development*
	1.4 Explain how therapeutic parenting practitioners exercise parental authority

	through advocacy, leadership and developmental ambition across the professional network *This should include:* • *Advocating for children's needs* • *Working alongside families* • *Working with education* • *Working with social workers* • *Maintaining developmental ambition* • *Appropriate professional challenge*
	1.5 Explain the role of the coach in supporting children's development through everyday care planning, relationships and experiences
2. Understand the principles of relational practice and how therapeutic relationships support children's healing and development	2.1 Explain how therapeutic relationships support healing through intersubjectivity, earned attachment and positive changes to children's internal working models *This should include:* • *Intersubjectivity* • *Being held in mind* • *Shared emotional experience* • *Internal working models* • *Earned attachment* • *Relationships as inherently healing*
	2.2 Explain how therapeutic relationships create the trust, safety and influence needed to support children's ongoing development *This should include:* • *Relational trust* • *Parental authority rooted in relationship* • *Developmental influence* • *Increasing expectations over time* • *The changing function of relationships across the*

	developmental journey
	2.3 Explain how PACE as a way of being supports emotional safety and therapeutic relationships
	2.4 Explain how attunement, co-regulation and emotional containment support children's regulation and development *This should include:* • *Attunement* • *Co-regulation* • *Emotional containment* • *Emotional availability* • *Regulation before reasoning*
	2.5 Explain the importance of rupture and repair in developing trusting and resilient relationships *This should include:* • *Recognising relational ruptures* • *Repairing relationships* • *Rebuilding trust* • *Resilience through repair* • *Relationships strengthened through repair*
	2.6 Explain how therapeutic relationships support the development of children's capacity for reflection and mentalisation *This should include:* • *Developing the child's ability to recognise and name thoughts, feelings and emotions* • *Supporting curiosity about themselves and other people* • *Understanding behaviour in terms of thoughts, feelings and intentions* • *Helping children move from acting*

	out emotions to expressing them through words • *Developing reflective functioning through therapeutic relationships* • *Using conversation and curiosity to promote emotional understanding*
	2.7 Demonstrate relational practice when supporting children through everyday interactions
3. Understand the importance of self-awareness, reflection and containment in therapeutic residential practice	3.1 Explain how practitioners use themselves therapeutically to support children's healing and development
	3.2 Describe how reflection and personal development support effective therapeutic practice
	3.3 Explain how children can evoke emotional responses in adults and why understanding these responses is important for therapeutic practice
	3.4 Apply strategies to remain emotionally available when working with children who evoke strong emotional responses *These strategies should include:* • *Recovering curiosity* • *Emotional regulation* • *Seeking support appropriately* • *Repairing relationships*
	3.5 Explain how practitioners would provide emotional and systemic containment, and why this is essential to therapeutic practice

Indicative Content

Therapeutic use of self

Using Yourself Therapeutically

- The practitioner as the primary therapeutic intervention
- Therapeutic use of self
- Self-awareness
- Emotional availability
- Presence
- Authenticity
- Intentional use of relationships
- Maintaining a therapeutic stance

Developing the Relational Practitioner

Developing Professional Capacity

- Reflection rather than reaction
- Emotional maturity
- Developing professional judgement
- Personal growth through challenge
- The adult journey
- Maintaining curiosity under pressure

Understanding what children evoke

Relational Dynamics

- Transference
- Countertransference
- Emotional projections
- Recognising emotional responses
- Using self-awareness to inform practice

Staying emotionally available

Maintaining the Therapeutic Relationship

- Blocked care
- Defensive responses
- Compassion fatigue
- Recovering curiosity
- Restoring emotional availability
- Repairing relationships with children

Containment

Emotional and systemic containment

- What containment is
- Containing children's emotions
- Remaining emotionally available during incidents
- Managing anxiety within the home
- Recognising the limits of individual containment

- Systemic containment
- Nobody carries the work alone

Assessment Requirements

Learning Outcome	**Primary sources of evidence** **Other suitable evidence**
LO1 – Understand the principles of therapeutic parenting and their application within the Relational Developmental Communities (RDC) model	Work discussion; observed practice; case discussion; observation in reflective practice
LO2 – Understand the principles of relational practice and how therapeutic relationships support children's healing and development	Work discussion; observed practice; case discussion; observation in reflective practice
LO3 – Understand the importance of self-awareness, reflection and containment in therapeutic residential practice	Work discussion; observed practice; case discussion; observation in reflective practice

Unit 4: Community Practice

Unit reference	D/652/3921	**Guided Learning Hours (GLH)**	24
Unit level	4	**Total Qualification Time (TQT)**	92

Unit aim

This unit develops learners' understanding of how therapeutic communities intentionally support children's healing, belonging and development. Learners explore how community life, group processes and intentionally planned environments become therapeutic interventions, and how shared thinking, reflective practice and collective responsibility enable practitioners to create communities that promote safety, growth and meaningful participation. The unit also explores how reflective communities create shared understanding, transform everyday experiences into meaning and learning, and sustain the emotional and relational capacity of practitioners and teams.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand how therapeutic communities intentionally support children's healing, belonging and development	1.1 Explain how therapeutic communities support children's healing, belonging and development
	1.2 Describe how intentionally-planned social and physical environments contribute to children's safety, belonging and development
	1.3 Explain how participation, contribution and social learning support children's belonging, responsibility and positive identity

	1.4 Explain how community meetings promote children's voice, influence, agency and shared responsibility
2. Understand how therapeutic communities think and work together to support children	2.1 Explain how shared therapeutic parenting supports children's development
	2.2 Explain how therapeutic communities develop shared understanding of children's needs
	2.3 Explain how unconscious group processes can influence the functioning of therapeutic communities
	2.4 Apply strategies that therapeutic communities can use to respond to splitting and other disruptive group processes
	2.5 Explain how therapeutic community processes promote children's voice, participation, rights, belonging and development
3. Understand how reflective communities create meaning, learning and development	3.1 Explain how therapeutic communities help children make sense of their experiences
	3.2 Explain how reflective communities support thoughtful therapeutic practice
	3.3 Explain how therapeutic communities help children develop a coherent sense of self and identity
	3.4 Apply learning from reflective processes to strengthen therapeutic practice and

	children's development

Indicative Content

Therapeutic Communities as Intervention

Community as Intervention

- The power of the group
- Community as a therapeutic intervention
- Belonging
- Participation
- Shared responsibility
- Learning through community life
- Relationships beyond the key adult

Intentionally planned environments

- Predictability
- Routines and rituals
- Meals
- Celebrations
- Transitions
- Everyday life as intervention
- Creating developmental space

Participation as treatment

- Contribution
- Responsibility
- Citizenship
- Belonging through participation
- Social learning
- Developing confidence and self-esteem

Community meetings

- Voice
- Influence
- Agency
- Shared responsibility
- Collective decision making
- Participation in community life

Thinking Communities

Shared therapeutic parenting

- Shared therapeutic mind
- Collective parenting
- Congruence versus consistency
- Shared responsibility
- Congruence versus consistency

The child in the community mind

- The child distributed across the system
- Gathering the child together
- Shared formulation
- Multiple perspectives
- Collective understanding

Group dynamics

- Bion's basic assumptions
- Dependency
- Fight/flight
- Pairing
- Unconscious group processes
- The impact of group dynamics on children, practitioners and communities

Responding to group processes

- Understanding splitting
- Avoiding polarisation
- Maintaining a shared therapeutic mind
- Restoring shared understanding
- Repairing community functioning

Therapeutic community processes

- Yalom's therapeutic factors
- Hope
- Universality
- Altruism
- Learning through others
- Belonging
- Positive group culture

Reflective Communities

Meaning-making

- Thinking about thoughts and feelings
- Perspective taking
- Developing communication skills
- Using the Hear & Now to explore deeper issues
- Lead, follow, lead

Reflective communities

- Reflection rather than reaction
- Collective thinking
- Curiosity under pressure
- Shared meaning-making

The reflective architecture of RDC

- Supervision
- Group reflective practice
- Work discussions
- Coaching

- Community meetings
- Case reviews
- The purpose of reflective spaces
- Collective learning
- Systemic learning

Identity and coherence

- Fragmented experiences of self
- Building coherent narratives
- Identity development
- Integrating past and present experiences
- Belonging and identity

Learning into practice

- Translating reflection into action
- Care planning
- Coaching
- Developmental planning
- Goal ladders
- Reviewing progress
- Continuous improvement

Assessment Requirements

Learning Outcome	Primary sources of evidence	Other suitable evidence
LO1 – Understand how therapeutic communities intentionally support children's healing, belonging and development	Professional discussion; workplace observation; case discussion; contribution to community meetings	Reflective account; workplace documentation
LO2 – Understand how therapeutic communities think and work together to support children	Case reviews; professional discussion; workplace scenarios; observed team discussions and reflective practice	Reflective account; workplace documentation; presentation
LO3 – Understand how reflective communities create meaning, learning and development	Professional discussion; contribution to reflective practice, supervision or case reviews; workplace observation; case discussion	Reflective account; care planning; coaching records; developmental planning documentation

Unit 5: Developmental Practice

Unit reference	F/652/3922	**Guided Learning Hours (GLH)**	12
Unit level	4	**Total Qualification Time (TQT)**	62

Unit aim

This unit develops learners' ability to apply developmental thinking to the planning, delivery and review of therapeutic residential care. Learners explore how development can be intentionally supported through appropriately sequenced experiences, meaningful relationships and ambitious care planning. The unit equips practitioners to translate developmental understanding into purposeful action, helping children build competence, identity, enduring relationships and fulfilling adult lives.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand how developmental thinking informs therapeutic practice and children's progression	1.1 Explain how neurodevelopment influences children's readiness for learning, relationships and development
	1.2 Explain how developmental age, readiness and formulation inform therapeutic practice
	1.3 Apply developmental thinking to identify the next developmental task for a child
	1.4 Explain how practitioners scaffold development by balancing support, challenge and opportunity
	1.5 Explain how regression can create opportunities for renewed development

2. Understand how the My Tribe Journey supports intentional developmental planning and outcomes	2.1 Explain the purpose of the My Tribe Journey as a framework for children's developmental progression
	2.2 Apply the My Tribe Journey to identify a child's current developmental position and priorities
	2.3 Apply the My Tribe Journey to develop ambitious developmental goals and care plans
	2.4 Assess children's progress using developmental outcomes
	2.5 Explain how practitioners maintain developmental ambition and avoid developmental drift
	2.6 Explain how recording supports children's development, continuity of care and professional decision-making *This should include:* • *Recording observations* • *Recording analysis rather than description* • *Recording developmental progress* • *Recording hypotheses* • *Informing care planning* • *Supporting shared understanding* • *Continuity between practitioners*
3. Understand how practitioners support children to build a life that holds beyond residential care	3.1 Explain the key foundations of a life that holds and why they are essential to long-term wellbeing
	3.2 Explain how education, employment, competence and mastery contribute to

	children's long-term development and future opportunities
	3.3 Explain how practitioners intentionally develop enduring relationships and networks that continue beyond care
	3.4 Explain how practitioners provide educational participation, achievement and lifelong learning *This should include:* • *Trauma and learning* • *School attendance* • *Emotionally-based school avoidance* • *Executive functioning* • *Educational recovery* • *PEPs* • *Virtual schools* • *EHCPs* • *Alternative provision* • *Vocational pathways* • *Everyday learning opportunities*
	3.5 Explain how practitioners intentionally use everyday experiences and routines to support children's physical, emotional and developmental wellbeing *This should include:* • *Sleep and rest* • *Nutrition* • *Movement and physical activity* • *Play, recreation and leisure* • *Routines, predictability and structure* • *Emotional wellbeing* • *Self-care and independence* • *Developing healthy lifelong habits*
	3.6 Explain how practitioners intentionally strengthen, repair and sustain children's enduring relationships and support networks during and beyond residential

	care
	3.7 Explain how practitioners provide leadership across professional networks to maintain coherent developmental planning

Indicative Content

Developmental Thinking

Neurodevelopment

- Brain development
- Stress systems
- Regulation
- Windows of tolerance
- Neurodevelopment and readiness for learning

Developmental thinking

- Developmental age
- Developmental readiness
- Developmental formulation
- Looking beyond chronological age
- Understanding the child through a developmental lens

Developmental sequencing

- Identifying the next developmental task
- Matching intervention to readiness
- Scaffolding development
- Stretch versus overwhelm
- Building competence through appropriately sequenced experiences

Regression

- Regression as opportunity
- Revisiting unmet developmental needs
- Regression within safe relationships
- Supporting renewed developmental progression

The My Tribe Journey

The My Tribe journey

- Protected
- Loved
- Rooted
- Growing
- Empowered
- Understanding developmental progression

- The journey as a framework for planning and review

Developmental care planning

- Translating developmental thinking into action
- Developmental goals
- Developmental planning
- Outcomes tracking
- Reviewing progress
- Adapting interventions
- Maintaining developmental ambition
- Avoiding developmental drift

Building a Life that Holds

Building a life that holds

- Purpose
- Meaning
- Contribution
- Thriving adulthood
- Interdependence rather than independence
- Belonging beyond care

Education, employment and mastery

- Education as a developmental intervention
- Pathways into education, training and employment
- Competence
- Mastery
- Confidence
- Aspiration

Enduring relationships

- Family relationships where appropriate
- Family narratives
- Relational networks
- Community connections
- Belonging beyond residential care
- Enduring supportive relationships

Stage 1 and Stage 2 developmental planning

- Introducing independence from the beginning of care
- Stage 1: seeding developmental experiences through everyday life
- Stage 2: intentional preparation for adulthood
- Progressively increasing responsibility
- Practical life skills within a developmental framework

Network leadership of systems around the child

- Avoiding fragmentation and developmental drift
- Multi-agency working
- Maintaining coherent developmental planning
- Leadership during transitions
- Advocacy for children's long-term outcomes

Assessment Requirements

Learning Outcome	Primary sources of evidence	Other suitable evidence
LO1 – Understand how developmental thinking informs therapeutic practice and children's progression	Professional discussion; developmental case discussion; workplace scenarios; observation of practice	Reflective account; developmental formulation; workplace documentation
LO2 – Understand how the My Tribe Journey supports intentional developmental planning and outcomes	Developmental care planning; professional discussion; case review; outcomes review	Care plans; developmental goals; outcomes tracking; review documentation
LO3 – Understand how practitioners support children to build a life that holds beyond residential care	Professional discussion; transition-planning discussion; multi-agency case discussion; developmental planning scenarios	Goal ladders; coaching records; pathway planning; transition plans; evidence of education, employment or relational network planning

Appendix 1: Grading Descriptors

Each learning outcome is graded distinction/merit/fail, based on the below descriptors (which are indicative; not all features need be achieved within a single criterion, and the below is not exhaustive). To achieve the overall qualification, learners must produce evidence of work which is of a passing standard (i.e. either merit or distinction-level) for all learning outcomes.

RQF Level 4	Indicative qualities of learner evidence
Distinction	The learner demonstrates a deep and connected understanding of the relevant knowledge, theory and principles. They explain ideas accurately and with depth, making meaningful connections between relevant concepts and demonstrating a clear understanding of why they matter, rather than relying on simple description. The learner demonstrates curiosity and independence in their thinking and can use relevant theory and principles to make sense of questions, situations and practice. Where application is required, the learner draws on and names relevant knowledge or theory to inform their reasoning and practice, explaining why a particular response or approach is appropriate. They make relevant connections between different elements of Relational Developmental Communities, showing understanding of a broader context and using these connections to inform thoughtful professional judgement. Where reflection is required, the learner goes beyond simply considering what happened and what they might do differently. Their reflection demonstrates honesty and self-awareness, considering their own feelings, responses, assumptions or impact and how these may have influenced the situation. Where relevant, they can also consider their relationship to others and their contribution to the functioning of the group or community. They use this reflection to identify meaningful learning for future practice. The evidence produced consistently demonstrates a learner who is able to understand, connect, reason and apply, with theory strongly informing how they think about and approach their work.
Merit	The learner demonstrates a clear understanding of the relevant knowledge, theory and principles. They explain key ideas accurately, demonstrating the significance and making appropriate connections between their learning and residential childcare. Where application is required, the learner applies relevant knowledge or theory appropriately to practice and gives appropriate reasoning for their actions, decisions or proposed approach. Where reflection is required, the learner goes beyond simply describing what happened. They consider what worked, what did not, what they learned and what they might do differently, making effective use of their reflections to inform future practice.

	The evidence produced demonstrates a learner who understands the relevant learning, applies it appropriately to their work, explains the reasoning behind their practice and reflects meaningfully on their experience.
Fail	The learner does not yet demonstrate sufficient knowledge, understanding or capability to meet the assessment criterion. Knowledge may be inaccurate, limited or predominantly descriptive, with insufficient evidence of knowledge of relevant concepts and principles. Where application is required, the learner may struggle to connect learning to practice appropriately or to explain the reasoning behind their actions or decisions. Where reflection is required, evidence may remain predominantly descriptive, with limited consideration of what was learned, the learner's own practice or how their future practice might change. The evidence produced does not yet demonstrate the understanding, application, reasoning or reflection necessary to achieve the assessment criterion.

Section 3: Delivering this qualification

3.1 Requirements for Centres

Centres must be approved by CFI. In order to be approved to offer this qualification, centres must have:

- Staff who are appropriately qualified and experienced
- A learning environment that combines both theoretical and practical experiences

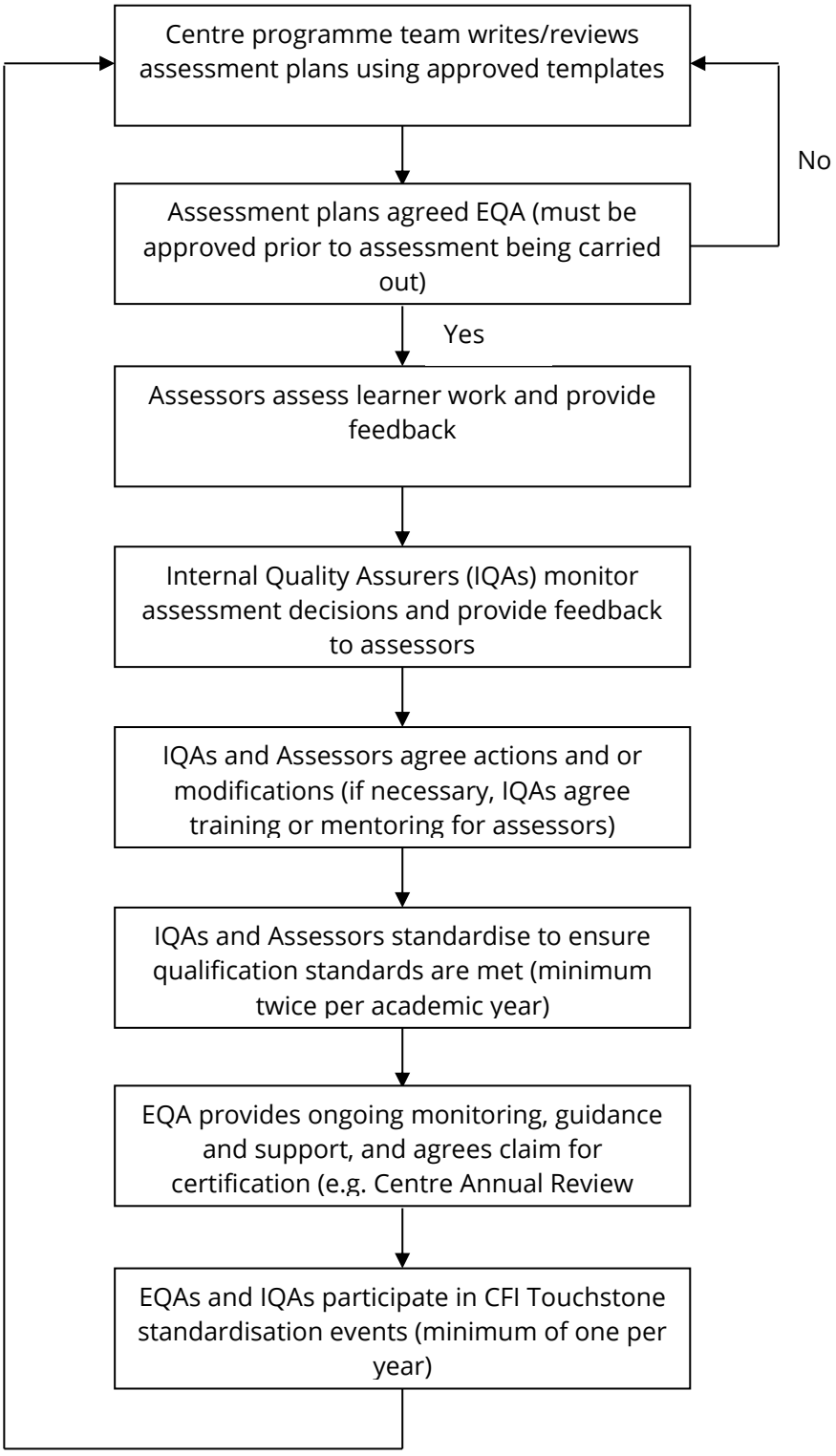
For more information about the process of becoming a centre, please contact us at info@cfiwarding.com or refer to our Centre Handbook (www.cfiawarding.com).

3.2 Quality Assurance

The CFI approach to quality assurance is underpinned by educational values which address the holistic development and transformation of the learner. In this qualification teaching, learning and assessment should be interconnected in order to support each individual to reach their full potential.

The primary aim of the CFI Quality Team is to support centres in delivering the best possible learning experience and high levels of achievement for learners. Centres will be allocated an External Quality Assurer (EQA) by the CFI QA Team.

Centres delivering this qualification are required to follow this CFI Quality Assurance process:


Centre programme team writes/reviews assessment plans using approved templates
No
Assessment plans agreed EQA (must be approved prior to assessment being carried out)
Yes
Assessors assess learner work and provide feedback
Internal Quality Assurers (IQAs) monitor assessment decisions and provide feedback to assessors
IQAs and Assessors agree actions and or modifications (if necessary, IQAs agree training or mentoring for assessors)
IQAs and Assessors standardise to ensure qualification standards are met (minimum twice per academic year)
EQA provides ongoing monitoring, guidance and support, and agrees claim for certification (e.g. Centre Annual Review
EQAs and IQAs participate in CFI Touchstone standardisation events (minimum of one per year)

3.3 Assessment Planning Guidance

This qualification uses a centre-devised approach to assessment. In planning their assessments, centres should ensure that assessment activities:

- are fit for purpose
- can be delivered efficiently
- meet the assessment criteria
- permit Reasonable Adjustments to be made, while minimising the need for them
- allow each learner to generate evidence which can be authenticated
- allow the specified level of attainment detailed in this specification to be reached by a learner who has attained the required level of knowledge, skills and understanding
- allow assessors to be able to differentiate accurately and consistently between a range of attainments by learners

They should also ensure that:

- sufficient time is allowed for assessment planning
- assessment tasks do not produce unreasonably adverse outcomes for learners who share a common attribute
- methods of assessment are in line with the assessment requirements in this specification
- reasonable timescales for assessment and feedback are given to learners
- a timely quality assurance process is conducted

3.4 Training and Support

To support centres in carrying out high-quality assessment and quality assurance practice, the following training and support measures have been put in place for this qualification:

- All centre assessors and quality assurance staff for this qualification are required to meet National Occupational Standards for assessors and IQAs. National qualifications (NVQs) are available for these roles. CFI can also provide customised assessor and IQA education as well as review of assessor and IQA practice
- Assessors and IQAs must keep an up-to-date CPD log and be able to demonstrate the relevance of their CPD to this qualification and their role
- Handbooks, exemplars and templates are available from CFI
- Where required, a customised Quality Assurance Action and Development Plan will be provided by CFI for centres

Please note: there may be a charge for training and resources provided by CFI.

3.5 Policies and Procedures

Each centre is required to work in partnership with CFI to ensure that all learners have the best possible experience whilst taking this qualification and are treated fairly. Our commitment to this is supported by our Centre Handbook, which all centres should become familiar with.

CFI has policies and procedures in place to support centres and learners. All centres must also implement their own policies, which comply with CFI's requirements – these will be checked during centre approval and in subsequent centre monitoring activities. It is the centre's responsibility to make relevant policies available to learners.

Relevant policies include:

- Learner Complaints Policy: which allows learners to take action if they feel they have been treated unfairly
- Learner Appeals Policy: which allows learners to appeal decisions made by centres
- Reasonable Adjustments Policy: which allows centres to make any necessary adjustments to assessments in the light of learners' individual circumstances at the start of the programme
- Special Considerations Policy: which allows centres to request extensions for learners in light of learners' individual circumstances which have delayed their completion of the programme
- Malpractice and Maladministration Policy: which gives a framework through which concerns about the delivery and assessment of the qualification can be addressed
- Equality and Diversity Policies: which ensures centres treat learners fairly and without any bias

CFI policies and other key documents are available on our website at www.cfiawarding.com or upon request via info@cfiawarding.com