

## **The Association of Child Psychotherapists**

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### **Written Evidence for Sir Martin Narey's Review of Residential Care**

Date: 14<sup>th</sup> January 2016

#### **1. Background**

The Committee is particularly keen to hear from people who have worked in children's homes or other residential care settings. The ACP has been working with looked after and adopted children as part of their clinical caseload for over 60 years. Many of our members have worked in residential children's homes for years and have helped to establish reflective practice in therapeutic communities and other residential care settings. We have included in this response, from child psychotherapists who have worked with children and young people in care, for 15 years or more. This includes direct work with children in residential care homes, remand homes or educational and therapeutic communities. They are experienced providers of expert consultation and supervision to care home staff and individual or group therapy.

#### **2. The Role of Children's Homes within the spectrum of placement options, including when and for which children they should be used**

When children are too traumatised by their early years to be able to maintain individual or family attachments or meaningful relationships, they can sometimes need a more community and team approach to help to hold and manage them. They still continue to need secure attachments and consistent and intuitive care, but feel more contained by the safety of a team of professionals working with them, thinking about them and managing the level of risk or anxiety. Carers in a home, can become a larger and more versatile family where the child or young person starts to understand the different roles and functions of staff members/carers and can respond positively to less intense attachments but consistent systems within their home. They also respond positively to the opportunity to have other children and young people around them who understand them and can make allowances for them or even challenge them. In other words, the 'group' parenting of workers in a children's home can provide these children with a way of keeping their distance but gradually learning to trust significant adults and negotiating closeness on their own terms with flexibility and support programmes to facilitate this. We have found this to be particularly effective for those children who have gone from one placement to another and who have significant conduct problems or exhibit sexually risky or predatory behaviour. They can be very open about needing to be protected from themselves and can feel reassured and contained by having a community of support where staff know and understand the difficulties and seek to address them consistently but sensitively.

Children's homes should be considered when there are continual foster placement breakdowns and there are repeated patterns of self-destructive behaviour and obvious communications of distress around intimacy, family or single carer environments. However, they should not be viewed as 'the end of the road' for children and young people – rather as an alternative form of care, which needs to be regularly reviewed – involving feedback and discussion with the child or young person. Young people report that they can sometimes feel "stuck" and forgotten about in these homes, when their wish is to return to a family.

### **3. What works within Residential Care settings?**

See paragraph 2. Additionally, the turnover of staff enables them to resist the 'blocked care' that we see foster carers adopting, where reciprocal interactions are so negative that there is no wish to relate to the child as an individual with their own needs. The only sort of care that takes place then is functional and lacking in any enjoyment of the relationship and there is little potential for love and hopefulness. This situation can become persecutory and can happen to the most committed foster carers, if a child is continually rejecting and destructive.

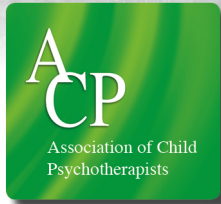
Residential Care settings sometimes have a school attached, and as school exclusions are extremely common in young people who cannot form relationships or feel overwhelmed by group settings where they risk being shown up or feeling different. In this respect, a residential care school can offer an alternative education programme with therapy integrated within the overall package of learning, designed to meet the educational, social and emotional needs of residents.

### **4. What improvements could be made to the way Residential Care provision is delivered?**

It is essential when working with powerful and negative (relentlessly sabotaging) behaviour, from children and young people - that staff have access to consultation and supervision. We have found that staff seek out our members who are psychoanalytically trained, to provide this. Psychoanalytically informed consultations can enable professionals to make sense of complex dynamics, their own activated difficulties and make use of the space to explore their own feelings and frustrations with a child or young person. They also need regular training and supervision, planned and structured rather than adhoc or in response to a crisis.

Additionally staff need time to meet as a group, to liaise and think about the young people in their care. This would help to avoid communication breakdowns and cultivate a culture of observation and insight, helping to address risk. Conflicts often arise about seemingly minor issues such as young people's personal likes and dislikes to more major issues. Developing joint strategies to help a suicidal young person to feel safe and thought about requires reflective space and experience. Our members have worked with young people where they have agreed with the staff in the home to check in with them at a certain time every evening. When a new member of staff has started a shift, this has not always been continued. Communication is key and young people sometimes choose to communicate through their behaviour, staff need to be supported to understand communications before reacting to them. Supporting longer term contracts for care home staff would encourage more secure and established relationships but also a culture where staff think carefully before moving on, about how to manage endings and transitions for children and young people. Our members report that children are deeply affected by sudden changes in carers and loss of consistent professionals with very little warning. This has a huge impact on those children who have taken time to invest and trust adults.

Residential settings currently have a system where each child or young person has a keyworker allocated to them. This system works well in terms of one worker advocating for the young person and liaising with their Social Worker/teacher/therapist. However, it needs to be backed up by a second keyworker in the absence of the primary keyworker, who knows the young person's issues, vulnerabilities and triggers. Some residential settings with which members work with already adopt this system, this avoids the experience for young people of having been 'dropped from mind'. For young people with abusive backgrounds, particularly those of neglect, an experience of being abandoned or apparently "forgotten" can trigger very negative outbursts.



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Life story work can be helpful for some young people in residential care, who struggle to know where they belong and in forming their own identity. However, this can also be upsetting and troubling information and our members report that having a consistent approach to here and now recording of experiences are valuable. There is a need for a creative approach to gathering information, such as keeping a personal electronic folder or scrap-book for each young person as a record of their time in the home. Staff can then work with young people to record significant events and experiences as well as photos, achievements and when they have managed to talk to staff about feelings, helped others etc. This aids attachment but also supports self-esteem and a sense of being thought about and understood – ultimately aiding recovery. These records which are much more personal than official records, can be backed up electronically and accompany children and young people on their journey through care. The ACP has some thoughts about developing this as a model which could be fairly straightforward to administer and has some similarities to the passport idea.

Our members advocate that providing the right support which includes mental health provision and treatment, where relationships can be established, is key for children and young people who end up in residential care homes. Getting residential care home placements right, is just as important as finding the right family for a child. Maintaining these placements for some of the most attachment disordered children and young people will ultimately save money and help to address the cycle of loss.

Alison Roy and Angela Evans – Child and Adolescent Psychotherapists on behalf of the ACP.