

## **Working with complex systems and networks around looked after children and young people**

*For: NICE/SCIE Programme Development Group*

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### **Recommended intervention:**

#### **Specialist consultancy to networks around looked after children**

(in relation to NICE/SCIE Public Health Guidance Scope: 4.2.1 d, f & h).

**Summary:** Looked after children come from situations of family breakdown and trauma. The caring systems - fostering, adoption, residential homes - are substitute 'family' systems. The trauma in the looked-after-child can express itself through re-enactments in the caring system of a 'breakdown' similar to that of the family of origin, and this may lead to multiple placements and further emotional disturbance to both children and carers. **Specialist consultancy intervenes in this process** by helping to identify, understand and neutralise the trauma so that caring systems do not break down. This enables caring systems and networks to contain the child's disturbance and to provide the consistency and continuity of care that helps the child recover from earlier psychological damage.

This paper is based on practitioner experience over twenty-five years.  
It is not a formal research paper.

### **1. Normal emotional development**

One of the main developmental tasks of childhood is to grow the capacity to gather up and make sense of a variety of factual and emotional experiences. This in turn depends on growing a coherent sense of self: a self that can provide a way of thinking about feelings, that can develop a narrative thread that will hold together the mass of

contradictory and paradoxical emotions and experiences that every human being has to cope with.

This process starts in earliest infancy. Long before they learn to speak, babies start to push their feelings into their parents at a pre-verbal level and rely on their parents' empathy to make sense of them and to respond appropriately and reassuringly. When a child remains firmly rooted in a stable environment, the same adults who have moderated these early feelings will usually be able to put together a continuous narrative of babyhood and toddlerhood. They will think with him or her about their emotional responses to particular events, and slowly help the child to understand and express their own feelings and take responsibility for the feelings they pass on to others. The same adults will think together about how their own personalities and histories have impacted on the child, and on behalf of the child they will put together and integrate their own differences of opinion. By doing this, they will model a process of reflective awareness that will help the child to develop a secure sense of self and a capacity to think about the ambiguities and complexities of feelings – their own and other people's. These are the prerequisites for emotional resilience and satisfactory adult relationships.

## **2. Impact of family breakdown on emotional development**

Most children who come into care are not this fortunate. Their parents may not be able to manage harmonious relationship with other adults and often lack the resilience and capacity for reflection necessary for adequate parenting. To the extent that they have failed, their children will have been deprived of an ongoing experience through which the strands of their identity can be bound together to form an unbroken resilient thread. Most children taken into care do not find it easy to make sense of their own feelings or to take responsibility for the consequences of their actions. Most particularly, their thinking may still function at the level of very young children, who need to divide the world into extremes of good and bad, black and white, with no ambiguities or shades of grey.

In addition to this developmental deficit, many looked after children have been exposed to physical, sexual and emotional abuse. They will have learned to numb themselves and to cut off from their own feelings. They may use all kinds of hyperactivity to keep themselves from thinking and from allowing painful feelings to return. This may create a false impression of resilience, or it may show itself through destructive activities, lack of concentration, recklessness, self-harm and other behavioural problems. However, their emotional experiences remain embedded in their inner worlds as sharp, indigestible fragments of incomprehensible feeling, even if they were too young at the time to have any conscious memories of the events.

Although cut off from conscious awareness of their own disturbed feelings, nevertheless these children still find preverbal ways of pushing these feelings into their carers just as babies do into their mothers. The caring system and network may then become disturbed while the children themselves can seem to remain oblivious to the impact of their behaviour.

### **3. Impact on the carers and network: the importance of the consultant's intervention.**

The caring system and network that takes on responsibility for a looked after child has a huge and complex task. It has to provide ordinary age-appropriate care for a child who is no longer living with his or her own parents; it has to deal with the consequences to the child of the loss of his or her family of origin, and it also has to repair, or at least manage, the developmental deficit and emotional damage caused by previous failures in parenting.

**The role of the specialist consultant is to support the caring system in achieving these multiple tasks; to help the network make sense of the child's history and experiences; and in particular to help it to survive and contain the emotional disturbance pushed into it by the child without breaking down.**

Despite lifework, many children get insufficient help in gathering up their fragmented memories, or sharing the complex emotional tone of their particular family, its unique history, culture and traditions. This is a part of why the loss of siblings can feel so catastrophic for looked after children. However well the family has been documented – and unfortunately information is often in limited supply – paper knowledge cannot take the place of the feeling knowledge provided by someone who has known the family personally and over time, and who understands the day-to-day texture of their lives. Social workers used to fulfil this function: unfortunately, nowadays, social workers come and go, and a social worker who has known a looked after child for more than a year is an increasing rarity. Foster carers are often left in ignorance of much of the child's early history.

This is a waste. Foster carers who are well supported by the professional network have the capacity to provide a huge therapeutic resource for their foster children, but this capacity is often under-rated and under-used. The pressure to concentrate simply on improving a child's current behaviour, managing their education and providing appropriate boundaries can overwhelm all other considerations; busy social workers can leave foster parents feeling that the main priority is just to 'get on with it' without causing extra trouble, instead of joining with them in their efforts to remain thin-skinned and emotionally available. Meanwhile, schools can struggle unassisted with how the child's emotional difficulties impede their concentration and disrupt classroom dynamics.

This repeats the fragmentation that looked after children bring with them into the system. Instead of functioning like a stable and mutually supportive family, the network remains a scattered group of individuals, holding different scraps of knowledge, and different perceptions of the child, and failing to share and profit from their disparate understandings.

Anyone who has worked in this field recognises how powerfully looked after children can split the adults that surround them: how passionately different members of the network pick up on different aspects of the child and become alienated from one another in the process. This is far from being a criticism: on the contrary, it is a symptom of emotional availability. Each individual is potentially helping to gather up the scattered fragments of the child's experience. The problem is, that unless these disparate pieces are threaded together, each member of the network may mistake their partial understanding for an understanding of the whole, and end up unwittingly replicating the dysfunction that

typified the child's birth family in the first place. The form their dissension takes can in itself constitute feeling evidence about the dynamics of the birth family; this is something which a specialist consultant can help to identify .

There is a story widely known in many cultures of six blind men who go to see an elephant. Each one grabs hold of a different part: the ear, the tusk, the tail, the trunk, the leg and the flank. Accordingly each one insists on a different understanding of the nature of the elephant: it's like a silk fan, a spear, a rope, a serpent, a tree trunk, a wall. They argue long and bitterly, until they are helped to put together their perceptions, and begin to realise that none of them has taken account of the dimensions of the whole.

If foster carers are to do their jobs properly, they need to be emotionally available, able to resonate with the child's feeling states as they would with a toddler or a baby, and this may cause them to respond in ways that can shock a social worker who is not exposed to the child's disturbed feelings. Carers may find themselves unable to explain these disturbed feelings to themselves or anyone else, any more than the child can explain why they behave as they do.

*For example a foster mother said in a consultation that she had found herself so angry that she felt like hitting a child. Something in the way the girl cut her nails just got to her. She simply couldn't bear it. At the next network meeting a care worker who had known the family some years before, said that the child's mother used regularly to cut the child's nails down to the quick, until the little girl screamed in pain. We realised that the foster mother had picked up a fragment of the child's unspoken rage about something she could not recall or explain.*

In my experience it is vitally important that foster carers are facilitated in exploring these pieces of feeling evidence, and discovering how they may link up to the child's history or, indeed, to their own. For like any other parents, foster carers who are emotionally available will import their own difficulties into their relationships with their foster children, and will need help with what emotional disturbance from their own backgrounds may be re-evoked in them.

Foster carers need help, too, in understanding how they themselves can suddenly become the target of the looked after child's anger with parental figures, despite all their efforts at providing a loving and caring environment.

*For example, a foster mother had encouraged a child to help her prepare a roast dinner for the foster family on Mother's Day. He had done so with apparent eagerness and pleasure. It was only when the family sat down to eat that they realised that he had secretly added puppy shampoo to the mashed potatoes.*

Mother's Day presents the looked after child with a series of complex and painful feelings: fury towards their mothers, longing for their mothers, longing for a 'normal' family of their own, jealousy of the birth children within their foster families, or of siblings still living at home, to name but a few. In this case, the consultant could help the foster carer to understand how the child's urge to spoil had become overwhelming, because of his need to have her understand how much had been spoiled for him. This urge can hit both the child and the foster mother unexpectedly 'out of the blue'. It may test the limits of the foster family's capacity to contain such behaviour within a normal family home,

particularly when the child cannot say why he did it. Specialist consultancy is based on understanding the process of communicating devastating experience, making sense of the feeling evidence; it is a necessity if carers and professionals are to be helped to think together about why they might be left with extreme and painful feelings, rather than simply to respond to the feelings, and perhaps to pass them on.

Foster carers are often heroic in their attempts to give looked after children the attention and love that they need, but they cannot be expected to succeed without support from a collaborative and thoughtful network. Looked after children bring with them a plethora of disparate feelings incomprehensible to themselves and often incomprehensible to their foster carers.

It is not only the individual foster mother who gets filled up with the child's disturbance: the whole network can become disturbed.

*A group of fostered siblings generated a spate of vehement allegations within the network. The birth parents were well-educated and plausible, and each had come from an abusive background: each had in turn convinced the authorities that it was the other parent who was to blame for the ill-treatment of the children, while they themselves were innocent. However, both were addicted to drugs and to an unresolvable marital conflict. All the children had had to watch and be part of their parents' violent fights and torrid reconciliations while their own needs were neglected. The children were cared for in several foster placements. One foster mother was accused of sexual abuse because she had allowed the terrified three-year-old into her bed when he woke in the night. Another foster family was accused of favouritism because they could not cope with the violence between two of the older boys but felt able to manage the baby. Another foster-carer laid an official complaint of negligence against a field worker because of a cancelled visit. Social workers and foster carers fought, and called in expert after expert to endorse their various views, and the experts' advice duly differed, according to which professional had briefed them.*

'Every time you touch this case, it's like picking up shards of broken glass,' as the senior social work manager said. As a specialist consultant to the local authority, I was in a position to call a network meeting and to provide a thinking space where, over time, we could pool our knowledge, pick up all the splinters and move from mutual recrimination to thoughtful collaboration. We could not have done this without the support of the senior social work managers, who were committed to understanding the process whereby the children's past history was constantly re-enacted, pushing the system towards re-enactment of the family dynamic, and total breakdown.

We all have specific expertise but none of us can know, on our own, the precise texture and nature of the deprivation and trauma that each child struggles with but cannot articulate. If an experienced consultant provides a thinking space where all the professionals involved can listen carefully to one another's perceptions and feelings, and help one another to make sense of the contradictions, then there is a much greater likelihood that the network will arrive at an understanding of the whole, will contain the push towards breakdown and will provide continuity of care. This is the specialist consultancy service that needs to be provided and it needs to be provided to the network, not directly to the child.

As a child psychotherapist, I have spent almost twenty years refusing to work individually with looked after children, and insisting on using what I know to consult instead to their foster carers, residential workers, teachers, social workers and to other members of the professional network around them. I have often worked with children alongside their foster carers. In network meetings I have sometimes included members of the birth family or their social workers, or the workers who supervise family contact. I have worked in this way because I am convinced that this kind of consultancy is crucial as a prerequisite for any further intervention. Indeed, I have sometimes found that it is enough on its own: a mutually supportive network, like a mutually supportive family, can gather up the elements of a child's experience, help make sense of it, and support his or her sense of identity. This is much more helpful than bringing in expert after expert to work individually with the child, and so become part of an evergrowing and evermore split and dysfunctional network.

#### **4. Holding the network together**

I will give here a brief outline of the methodology I have evolved over the years for holding the network together. In Appendix A, I describe how I might apply it within various organisations.

In relation to one individual case within a stable organisation, where a placement is at risk of breakdown, the consultant needs to bring together as much as possible of the feeling and factual evidence that can be provided by each member of the network. This may include:

- details of the child's behaviour, and what each individual finds him or herself feeling in response,
- details of the child's history, in as far as it is known,
- details of the carers' history, and what the child's behaviour and situation may evoke for them,
- details of the current situation within the carer's family, and what that may evoke for the child, for the carer, and for the surrounding professionals in the network,
- details of the current situation in other parts of the child's life: school, social circle, birth family, if they still maintain contact,
- details of the current situation within the organisation as a whole, and how that might be impacting upon the carers, their supervising social worker, and the child's social worker,
- details of the social workers' own backgrounds and situations, where that might resonate with the history or circumstances of the carer and the child.

Through the joint exploration of these and other such factors, carers and professionals can arrive together at an understanding of what feelings may be being expressed through the child's disturbing behaviour, and agree on an appropriate intervention. In many cases, a one-off meeting, or a small number of meetings can be successful in resolving what seemed an impasse.

However, organisations struggling to contain large numbers of traumatised children often present a more wide-spread disturbance, that seems to endanger not only the children but also the carers and the professionals. In such cases, the consultant needs to be attached to the organisation itself, and work with it at all levels.

These are a few of my observations in regard to this kind of work, whether it be in a school, fostering agency, children's home or local authority department:

- Interventions work best when they are provided regularly, through a steady programme of meetings, that everyone can count on as part of their weekly or monthly timetable. They are most effective when they are not regarded as an extra, brought in around particular cases at times of crisis, and then dropped when the crisis is over.
- Meetings need to be held in the context of an ongoing close relationship with the relevant Head of Service.
- Meetings need to involve all members of a staff team, with their managers. Depending on the size of the organisation, meetings can be organised to include subgroups, with a representative from the tier above them, who can report back to his or her own group.
- Meetings need to be able to address the dynamics between staff and managers and the internal dynamics of the team, as well as exploring the dynamics of difficult cases. An experienced consultant will find that the material offered will usually provide illuminating parallels between staff dynamics and casework.
- The consultant needs to combine an understanding of group and organisational dynamics with clinical knowledge and experience of the emotional impact of disturbed and traumatised children.
- The consultant needs to remain in post reliably and ongoingly for several years. The longer such consultancy continues, the more thoughtful and cohesive the network becomes, and the more capable of providing stable and committed care for every child who comes into the system.

The precise structure for the programme of meetings has to be constructed in consultation with the Head of Service, depending on the needs of the organisation, and might evolve and change with changing circumstances. It must pay strict regard to the hierarchy, and to supporting the roles of managers, as well as to exploring the feeling and factual evidence at all levels. It will sometimes involve a single consultant, sometimes a consultant working with a team of clinicians.

I have attached specimen structures for this work as Appendix A.

### **5. Some evidence of the effectiveness of specialist consultancy intervention and what the children say** (NICE/SCIE Public Health Guidance Scope: 4.2.1g).

This is not a research paper and it is hard to provide hard evidence of breakdowns in caring systems that were prevented by specialist consultancy interventions.

However, I have been a specialist consultant for twenty years to Thornby Hall, a residential therapeutic community which takes some of the most difficult-to-place children in the country; children who have not been able to access education. I have used this approach to contain disturbance in the staff group in order to prevent placement breakdown, to deepen understanding, and to improve the quality of care for the children. Identifiable outcomes are:

- At age 16, 96% achieve one more GCSE passes
- At age 16, 65% achieve four or more GCSE passes
- At age 18, 87% enter full-time employment or education
- Most leavers avoid trouble with the law.
- Alumni return with their partners and children to report their achievements.
- Alumni have created an internet site for contact and support.
- Alumni recently arranged a celebration reunion dinner with staff.

## **6. Conclusion**

It seems to me that the difficulty of accessing services to help looked after children is dwarfed by the greater difficulty of getting existing services to act in collaboration rather than to ignore, hinder and attack one another. The destructive process tending towards systemic breakdown is an inevitable dynamic of looked-after children services and it needs to be contained by specialist consultancy. This consultancy is based on a comprehensive knowledge base of child development and its vicissitudes as well as on an understanding of inter-agency dynamics and advanced facilitative skills.



## APPENDIX A

### **Specimen Structures for a Consultancy Programmes**

Specimen structures for consultancy within specific institutions might look like this:

- Within a small children's home or a PRU, once-weekly meetings might be structured as follows:
  1. Half hour briefing time with Head and Deputy.
  2. One hour meeting with staff group, including Head and Deputy.
  3. One hour debriefing and discussion with Head and Deputy.
  
- Within a fostering agency a fortnightly input might be structured as follows:
  1. Half hour meeting with Director of Agency.
  2. Half hour meeting with Director and team leaders.
  3. One hour meeting with team of supervising social workers, Director of Agency and team managers.
  4. One hour discussion and debriefing with Director and team leaders.

This might be combined with a weekly three-hour 'surgery' input, where supervising social workers could invite foster carers and social workers to discuss specific cases.

If funding permits, a second clinician might work alongside the consultant, to provide joint work with foster carers and children. This work would be supported by ongoing consultation to the foster-carers and supervising social workers involved in the case, and by joint meetings with Local Authority social workers.

- Within a large residential community and educational unit a two-day-a-week input might be structured as follows:
  - 1 One hour meeting with the Director and Deputy.
  - 2 One hour meeting with the Director, Deputy, Head Teacher, Head of Care and team leaders, followed by a half-hour debriefing with the Director and Deputy.
  - 3 One hour meeting with each team and team leader, followed by a half-hour debriefing with the team leader.
  - 4 One hour meeting with the teaching staff and Head Teacher, followed by a half-hour debriefing time with the Head Teacher.
  - 5 One hour meeting with the junior keyworking staff, co-facilitated by one of the senior managers, and followed by debriefing time.
  - 6 One hour meetings, on a rotational programme, with the ancillary staff groups. (domestic staff, admin staff, ground and maintenance staff) co-facilitated by the Head of Care and followed by a half-hour debriefing with the Head of Care.

- 7 Individual meetings, on a rotational programme, with the Director, Deputy, Head Teacher, Head of Care and team leaders.
  - 8 Non-participatory observation of Community Meeting for children and staff, run by the Director, followed by half-hour debriefing with the Director.
  - 9 Regular case-discussion time around individual children, involving keyworkers, team-leaders, teachers and Deputy Director.
- Within a Local Authority Children and Families Department a three-day-a-week input might be structured as follows:
    1. Monthly meetings with fostering teams, including pre- and post-meeting debriefings with the team leader.
    2. Monthly meetings with children's home teams, including pre- and post-meeting debriefings with the Home Manager.
    3. Monthly meetings with the Heads of Department.
    4. Monthly meetings with the Managers of field-work teams.
    5. Quarterly meetings with the Director and Deputy Director of the Children and Family Services.
    6. Surgery time for network meetings around specific cases, where concerns have been raised in other forums. Such meetings would include all professionals involved, including foster carers, teachers, supervising social workers, field workers, nursery workers, contact supervisors etc.
    7. Surgery time for ongoing consultation to foster carers and supervising social workers around specific children, around cases that continue to give concern.
    8. Clinical time for occasional clinical work with foster carers and children.
    9. Regular meetings with other clinicians involved in individual work with children.

Alternatively, the consultant might manage a specialist team of clinicians providing joint or individual work with foster carers and children. In that case, extra hours would be needed to supervise and manage team members.