The Emotional Experience of Children Looked After in Residential Care and Care Staff

'Internal and External Home or Homelessness'

Sarie Hodgson

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Abstract

The research investigates the emotional sense of home and homelessness for children who are looked after in residential care and the care staff who look after them. Evaluation of the literature includes studies, which explored the historical context of children's homes, practice and perspectives, psychoanalytic concepts and the contribution of child psychotherapy in working with and thinking about this group of young people, their carer's, and the organisation in which they live.

The study was undertaken using observation as a methodology, and the use of the application of grounded theory to analyse and support the data. This explored aspects of residential life for the young people in their home as they arrive, live and leave care. The themes of containment, anxiety and conflict were identified by the author, abstracted from the data and then linked to significant concepts associated with home and homelessness, which are discussed in detail within the research.

The concepts are referred to using the following terms:

1. 'Place' – Containment linked to the experience of being emotionally held and understood, a sense of belonging and identification.
2. 'Wanderings' – Anxiety linked to impact of early trauma, transition and defences.
3. 'Throwaways' – Conflict, to indicate emotional distress and disturbance, loss and separation.

These terms, which are commonly used to represent aspects of the homeless experience, are also applied to the role of care staff. The research also discussed the impact on the staff and organisation when working with children who have experienced complex trauma, and the meaning of the observer's presence for the participants.

A number of conclusions and recommendations are considered regarding how the emotional needs of these young people can be met during their journey through

residential care, in order to support the development of an internal and external sense of belonging.

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Acknowledgements

I wish to acknowledge and thank:

Chapter 1
Introduction

This research presents a picture of children and young people within their home in residential care, and is an exploration of their experience of feeling and being housed or homeless within their internal world and in the minds of others. Through observation, the research has provided me with an opportunity to study, be alongside and understand in greater depth an internal 'home or homeless' state of mind, within the external house of children who are looked after in residential care and the staff group and institution that care for them.

Within this study, I have focused on an understanding of the young people's communication of experience and feelings, including the absence and presence of internal and external figures. This includes feelings and figures that are anxious, distressing, frightening, nurturing, secure and containing. The research also examines where there is a sense of internal and external presence in their world and what factors support them to have a sense of being and belonging. I wished to explore what makes a good or bad experience and home for the children and staff and how the complex process of relationship between the children's experience of a home or homelessness state of mind may impact on the capacity of staff to look after, or house a 'homeless' mind. This is evidenced by staff both within their care and responses towards the young people, and in their ability to think about these fragmented and painful experiences. I have used the concepts of 'home and 'homelessness' as representations in linking states of mind for both the young people and care staff, which I will expand on further in this chapter.

The absence of knowing and belonging is an emotional homelessness for children looked after, which is expressed in varying forms within the research. The anxiety and disturbance this evokes and how the young people and staff

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communicate this is explored. The researcher has sought to receive their experience and observe 'presence', when those who care for them have provided a sense of emotional home. This is based on evidence gathered from my observations within the children's home.

Within local authority inspection reports which are available to access, children in residential care are often asked direct questions about their views, but there is less focus on 'paying attention' to the range of their communication and expression. Within my research, I wanted to keep both aspects in mind and draw upon psychoanalytic thinking in providing an insight into the lives of children living in residential care and the impact of living in transition and uncertainty regarding their past, present and future care.

Over a number of years, I have worked with children in this field in a range of different settings; as a residential care worker, social worker, a therapist, psychotherapist, and consultant in assessing the needs of young people who are no longer able to live with their families. The therapeutic work with this particular group of young people has often been challenging. I have also experienced the complexities of the network around the child and the importance of working and thinking together.

During the course of my experience working with looked after children in therapy, one of the core themes that emerged was the child's strong sense of absence, not only the absence due to often repeated early separation from their birth family, but the on-going sense of absence of stability and of continuity in experience. The child's development is influenced by these experiences, including their sense of self and identity, presenting behaviour and emotions, sense of belonging, and developing relationships. In the context of the research I have linked this to an internal and external sense of emotional being and longing, which come together to form a sense of 'belonging' (Briggs, 2015).

These different experiences provided me with an understanding from the perspective of the young people, their carer's and those professionals with responsibility for ensuring their needs are met. When considering a research question, although there were many areas of interest I considered exploring, I felt a strong sense of commitment to thinking in a more detailed way about the young people who are in residential care.

In undertaking this research, I will present the perspective of children in residential care, the contribution of psychoanalytic thinking and the mental health needs of this group of children who have often experienced disrupted attachments.

Loss and separation are constant experiences for the child in residential care, past, present and future. The issue of attachment and separation and the subsequent effects will be examined, in particular how the child experiences absence. Children entering residential care will often not have established a secure attachment - an early experience of an available and protective caregiver as referred to by Bowlby (1973), and will experience emotional pain when faced with separation. In ordinary development the 'secure base' as identified within attachment theory is associated with the experience of 'home' linked to the self as being housed in others', normally the parents' minds. Scanlon refers to the development of a secure attachment in childhood as 'a mind with a lived-in feel, which can be valued and looked after' (2006, p.11). These ideas will be linked to the child's experience of transition and state of not knowing, as many will not know if they will be returning home, moving to another placement or remaining in the care home.

The research draws on data gathered from observation with children living in residential care. The residential home that I have visited has been known to me through my work with former residents and I have therefore, had contact with

the manager and staff as a clinician when thinking about specific children whom they have cared for in the past. I was also interested to see if my experience of the home as an observer matched that of mine as a clinician.

Research and literature regarding children in residential care includes: children's views, their behaviour, care staff, the institution and future planning. Increasingly publications explore the internal world of the child, which I will examine later in the literature review. The research aims to present a picture from the perspective of the child within residential care, with its unique differentiation from those in foster care, and to link this to a theoretical base. The child in care often remains in a lost state of not knowing, which together with their early, often traumatic experiences can impair their functioning, and those who care for them can find themselves caught up in related 'homeless' states of mind.

Presence and Absence – Home or Homelessness

The experience of home and homelessness in children's minds and in their experience of reality is linked within the thesis with the central concepts of containment anxiety and conflict within psychoanalysis. I have also attached to these concepts' terms which are commonly used to describe aspects of the experience of homeless people, those being place, wanderings and throwaways. I will describe these psychoanalytic concepts and terms in further detail within the thesis. The experience of feeling and being 'unhoused and housed, dismemberment and re-memberment' were concepts introduced by Scanlon and Adlam (2006), who considered the experience of a group of people who were seen to refuse to be included in systems of care, 'homeless people with complex needs who refuse to be settled' (Scanlon and Adlam, 2008, p. 530). They also explored the impact and implications for staff teams and

agencies that attempted to offer care and accommodate such people, and how the staff group can refuse to reflect or think about these painful states of internal homelessness. These themes have strong associations with the experience of children in care who have often had an early experience of failure of parental care, which exacerbates a sense of internal exclusion. Their subsequent sense of difference through such experience and due to living in residential care may not only lead to internal world exclusion but to an unconscious and at times, conscious refusal to be included, settled, cared for, or to care for themselves, which might be presented in the form of adopting unhelpful behaviours.

The metaphor of a house or home as representing the mind has been illustrated within psychoanalytic thinking over time. Freud (1900) in his discussion on dream material referred to a house as representing the body or spaces inside the body, and Jung (1963) suggested the symbol of the mind was a home with many rooms and storeys. Whilst Bick (1962) refers to the infant's search for a containing skin like object which can house the body and mind, Scanlon and Adlam question:

> How one might 'come to feel secure in the external space of a house when one's internal home/space is experienced as empty'. (2006, p. 11).

Trauma can inhibit the capacity for reflective functioning and such enduring emptiness can lead to an inability to establish secure attachments (Bateman and Fonagy, 2004), leaving a young person in an 'unhoused' state of mind.
The research will include exploration of the internal world and the absence of the object both internal and external for the child. Many children in residential care have had experiences which result in difficulty in establishing a good internal object, making it hard to keep hold of good experiences in the present. The child in care can feel there is no one there to accept and care for their unwanted painful feelings; they can feel both internally and externally homeless. I wished to observe where containment or holding was provided and what it was that young people or staff needed or did in order to provide this. Bion's concept

of the container is an internal working process that can be experienced as integrating. Winnicott's idea of 'holding' or an environment that is holding is external or in the transitional stage, and as such an atmosphere can be positive. Briggs (2015) refers to the holding environment as a place that can offer compassion, understanding and tolerance, and can also try to enable 'attunement, to verbal and symbolic forms of communication' (2015, p.72). This is similar to the way the mother is attuned to the instinctive needs of the baby, and the therapist is to the patient. The absence of what Bion (1962) describes as the containing capacity of the mother in reverie to absorb her infant's feelings of fear and terror, and return this in a way that can be managed can leave the child overwhelmed. There is an absence of an external object that can reassure and receive their state of mind. In addition this may be compounded by the absence of external controls over bad parts of the self. It is then difficult for the child to preserve and use the internal object when the external object is absent. I have linked these ideas to the concepts of home, established through presence and containment, and homelessness, derived from the experience of absence and loss. How the child experiences separation will be influenced by their previous encounters. If parental figures have often been unavailable, separation may be experienced as significant rejection or loss and this will impact upon the potential for regulating and for attachment to future carers. These themes will be explored within the data.

Research Aim

My plan was to gather data from the children's home from my visits to the home as an observer over a period of time. I particularly focused my research on the themes of absence (Homelessness) and presence (Home) for the young people and how this was communicated through the core themes of anxiety, conflict and containment. I then attached the associated terms connected with home

and homelessness: place, wanderings, and throwaways. By identifying and focusing on particular themes, this enabled me to examine in detail the meaning of the communication of the young people with each other, staff and the observer. I was interested in whether the staff could reflect on the children's communication, including the powerful projections that the staff and network receive. The projection of the child's on-going experience of absence and disturbing defence against the subsequent anxiety that emerges can be re-enacted by professionals in the organisation. This can then restrict their capacity to think about the child's pain and loss, as the trauma associated with severe deprivation can affect those caring for them. With these concepts in mind, I visited the home and initially met with the manager, deputy and staff to discuss the project, and then arranged to meet with the children to talk to them further about this. Given the young people's early and current experience of loss, transition and the presence of repeated transitory figures in their lives I anticipated that there may be some resistance to my presence in the observer role or certainly some confusion. I was also interested to observe the reality of this and what the presence of the observer might mean for the young people and the staff group.

Gathering these themes enabled me to explore them in the contexts of the group, individual children and staff. Due to the passing nature of many of the young people, as some moved to and from the home, it was not possible to focus on each child present.

The research includes chapters addressing the national situation in respect of looked after children and a comprehensive review of research literature in this field. I will also consider the experience of looked after children prior to moving into residential care, including themes of trauma, loss, and abuse, which many will have experienced. Psychoanalytic theory will also be explored in the context of the experience of young people who become looked after.

Chapter 2

Literature Review and Research

The Literature Review will begin by setting out the larger context of what is known about the experiences of children in care. I will consider the current national statistics for children in residential care and the historical context of children's homes including institutional abuse, child protection and studies of residential children's care. The review will primarily focus on the work of child psychotherapy with children in care that is applicable to my observations of the children in the home under research. This will be followed by a broader examination of literature regarding models of approach and practice within children's homes. Whilst there is a wealth of literature regarding children in care, the literature review found limited research that examined in detail, psychoanalytic observations of both children and care staff within one institution.

The children have often come into care having suffered disturbing and distressing experiences, which may have resulted in them exhibiting concerning behavioural difficulties. There are many reasons that children become looked after. Many will have suffered emotional, physical, sexual abuse or neglect. They may have experienced parental mental illness and been exposed to violence in addition to foster and adoption breakdown. Rowe, et al., (1984) suggested that the prospect of a return to their birth family is reduced for children who have been in care long term, leading to a higher number of risk factors predisposing them to mental health difficulties.

Outcomes of being in Residential Care

National Data on Children in Care

There is an extensive range of policies and guidance applicable to looked after children and young people. The National Institute for Health and Clinical Excellence (NICE) uses the term 'looked after children and young people' to mean those looked after by the local authority under the guidance of the Children's Act (1989). This includes young people who are subject to a care order or temporarily looked after on a planned basis. The Department of Education Statistics for Children, Schools and Families (Department of Education, 2014) recorded that there were 68,840 children and young people looked after by local authorities in England, March 2014, an increase of 1% more than the previous year. Whilst most looked after children were in foster care, 9% were in residential settings. These numbers have been generally stable since 2010. The number of boys who were looked after increased during 2005 to 2009, whilst the number of girls decreased. 37% of looked after children were between 10 and 15 years of age and there was a small increase in the percentage of 5 to 9 year olds in care in 2014. 74% children looked after in March 2014 were from a white British background. The number of young people aged over 16 who are looked after continues to increase. A number of factors including early exposure to adversity, age at removal and the child's experience whilst in care, are considered to also affect the long-term outcomes for looked after children.

The impact of early experiences can have enduring outcomes for the psychological, physical and social development of children and young people. We know from research that some children do have positive experiences in care and go on to achieve and maintain good mental and physical health, and are successful in education and work. However, poverty, deprivation, low income, parental unemployment and separation are all significantly associated

with going into care (DoE, 2009). About 60% are reported to have emotional and mental health difficulties and many experience problems with their health, education and social interaction when leaving care (Department for Children, Schools and Families, 2009).

In the 2014 statistics, Educational attainment at key stage 1, 2 and 4 for children who are looked after continued to progress for most measures. Since 2010, achievement outcomes for looked after and non-looked after children has remained similar. However, non-looked after children continue to achieve more than those in care at all key stages. Girls in care are also consistently more successful than looked after boys, echoing the experience of non-looked after children (DoE, 2014).

There are more looked after boys than girls who have emotional and behavioural difficulties and only half of all children in care are thought to be emotionally healthy (DoE, 2014). 'Strengths and difficulties scores' which are the standardized measures for screening mental health and well-being with children and adolescents have shown little change over recent years. In 2014 a higher proportion of boys than girl's scores indicated cause for concern with their emotional health. Concerns for boys in care are higher than girls at all ages. The concept of resilience (Rutter, 2000; Schofield and Beck, 2005) has, however, been identified as an important factor supporting possible 'good progress' in care. During the year ending 31 March 2014, convictions for looked after boys aged 10 to 17 decreased from the previous two years, although this did remain higher than for all children. A higher number of older boys in care committed offences. Although the figures have reduced, this remains higher than national trends for all children. These figures continue to reflect the harmful effect of early trauma, abuse and disrupted relationships with primary parental objects for young people in care, but may also reflect failures of institutional care.

Children's Homes and Child Protection

Children's homes began to emerge in the mid-19th century and were set up by Stephenson, later known as the National Children's Homes, Barnardo, and Rudolf - The Children's Society (cited in Wolmar, 2000). Children were seen to be rescued and saved, and whilst over time there have been variations in practice, care and policy, an important part of safeguarding children today remains the principal of protecting and removing them when at risk of harm. For some children, however, moving into the care system can result in further abuse by adults who are responsible for caring for them.

De Mause (1991) in the '*History of Child Abuse'* offers a detailed account of the 'untold story of child abuse' and called the neglect of this as an area of study a reflection of the cruelty with which children have been treated throughout time. The NSPCC report '*Investigating Institutional Abuse of Children'* (1998) highlighted the devastating effect on children who have been abused within an environment that is supposed to protect them. In 1967, concerns about the treatment of children at Court Lees children's home emerged and the home was later closed. This led to changes within childcare practice in the late 1960's and early 1970's. Institutional abuse within children's homes, however, remained largely hidden until the late eighties, when the sexual and physical abuse of children was acknowledged in homes such as Kincora (1980) and Castle Hill (1989) although there were years of unheard warnings in both. Bloom (1992) suggests the 'It can't happen here' attitude, is significant in the failure to protect children. This is echoed by Brannan, Jones and Murch (1993) who identified a substantial feature of abuse at Castle Hill as being the 'disbelief of other professionals and parents and their inability to accept the volume and extent of the abuse' (1993, p.273). In the latter, the 'Pindown' regime was used in an attempt to control young people, and its effect resulted in many of the young people displaying signs of post-traumatic stress disorder. These investigations

highlighted that institutions may be reluctant to report concerns and incidents due to the fear of damaging their reputation, loss of credibility, referrals and licence. Since this time the abuse of children looked after in residential care has been better publicized including in Staffordshire, Leicestershire, North Wales, Cheshire and Devon. By the end of 1999 there were major investigations in 32 police forces across the country, but despite this Barter (1998) in the NSPCC research noted that there remained little research regarding institutional abuse of children. Wolmar (2000) observed the low level of media coverage and lack of social interest in the past and how in part this allowed the abuse to continue for so long uncovered. He identified the complexity of this issue, and that these children in care were not seen as innocent victims when they arrived in care homes, an attitude which exacerbated the difficulties for some people in recognising the existence of abuse in children's homes. The discovery of the case involving Jimmy Saville's widespread abuse of children over many years, included what has been described as a 'boarding school for difficult girls', and the recent findings regarding longstanding failure to protect many children in care from gang related child sexual exploitation in Rotherham (citied in Independent Enquiry into Child Sexual Exploitation, 2014), has bought the issue of child abuse more acutely into the public mind. In addition to the abuse young people may experience by staff, system abuse is a further complexity. Young people in care may also experience drift and multiple placements. This can impact on the continuity and stability of education and mental health provision. The abuse of children in care by other young people is also a serious concern and is considered further within this research.

I have worked within children's homes and with young people and staff over many years, and these have appeared to avoid many of the above difficulties and abuse. However, on-going revelations about institutional abuse continue to emerge and it is clear that further understanding and investigation is required.

Further to the Munro Review (2011), there have been some positive developments in social work reform but issues of concern remain. The Centre for Social Justice commissioned report '*Enough is Enough*' (2014) identified 'Some local authorities are applying higher thresholds that do not prioritise the importance of creating and building relationships with at risk children and young people, and developing an understanding of their difficulties' (CSJ, 2014, p 113). A reoccurring theme was that the voice of the vulnerable child or young person was not being heard. Some vulnerable children and young people reported that they did not have the opportunity to talk to their social worker in private which has been confirmed by young people I have worked with as a psychotherapist over time. This may impact on their ability to build and maintain a relationship, establish trust with their social worker, and may leave them feeling alienated from the system itself.

The CSJ report (2014) informed that social care support and/or protection was worse for older children and care leavers than any other age group. There remains evidence and concern and in some cases over many years, regarding the care, protection and support provided to some vulnerable children and young people by social care and mental health services. This is mirrored by the Rotherham Enquiry and demonstrates key legal failings and missed opportunities.

Social workers remain in an uncomfortable position, often caught in procedural systems which can affect the quality time they are able to spend with vulnerable children and young people, and in turn their own morale. Shared trust and respect in relationships are essential. Knel-Paz (2009) emphasised the importance of relationship in a social work study. 'It was the quality of the therapeutic bond established between social worker and client that was the basis for what was conceived of as a positive intervention' (2009, p. 88).

Whilst Child Psychotherapists in settings such as Child and Adolescent Mental Health Services (CAMHs) equally experience similar pressures in relation to criteria, administrative demands, bureaucracy, resource reduction and process in the context of looked after children, they also have the unique perspective of being able to build a clinical relationship with a child. This not only provides an opportunity to begin to know about the needs and wishes of that young person, but also offers therapeutic potential. Children in care need a relationship that emotionally claims them, and within child psychotherapy the emotional space is made available to allow understanding of the child's communication and inner world, to contain unbearable feelings and respond to this appropriately. The intense, detailed and length of psychoanalytic training, in contrast to other statutory child protection trainings, supports the child psychotherapist in this process. It encourages receptivity and an open mind to thinking about the child, moment-by-moment and session-by-session, and to respond to them in a way that requires highly tuned observational and therapeutic skills.

Child Psychotherapy and Children in Care

An evaluation of the outcome of psychoanalytic psychotherapy with fostered, adopted and children in residential care was undertaken between 1988 and 1994 (Boston, Lush and Grainger, 1991; Boston and Lush, 1994). This innovative research evaluated psychotherapy with looked after children, who had been considered 'untreatable', but also attempted not to interfere with clinical practice (Boston, 1989). Since this, psychotherapy with children in care has become a significant part of the child psychotherapist's work, and has led to further research and interest in this field, in particular describing the internal world difficulties and support this group of children require (Canham, 2003; Kenrick, 2000; Hindle, 2008). This research highlighted that child psychotherapists could bring a different level of understanding about looked

after children and the problems they encounter, and contributed towards the development of therapeutic methods which enabled them to reach and connect with these children.

When considering literature regarding children who are looked after in residential care, and those that care for them, it is important not only to consider their experience of living and working within the home, but the context in which the young people arrived there, including their early external experience and how this has impacted upon their past, present and future relationships. The review will initially focus on the work of child psychotherapists, in particular those that have influenced my own work and inspired me to continue to think and work with this group of young people. Child psychotherapists have offered an important contribution to our understanding of children who are looked after in institutional care, the network around the child and how psychotherapy and psychotherapists can support them.

Child psychotherapy with its unique emphasis on the internal world of the individual and the development and growth of work of this nature is founded on the pioneering work of Child Guidance Clinics. This led to the emergence of mulit-disciplinary teams and the establishment of the *Journal of Child Psychotherapy* in the 1950s. Boston and Szur in '*Psychotherapy with severely deprived children'* (1983) brought together the work of a number of child psychotherapists within a multi-disciplinary framework. This volume focused on children in residential and foster care, many of whom had experienced abuse and neglect. The Kleinian concepts that were used are carefully defined within the context of clinical case presentations. These highlight reoccurring themes concerning severely deprived children including defences, and the metaphor of falling and identification with the aggressor. Issues of transference are explored both within the psychotherapeutic process but also in the child- carer relationships. Their work also highlights the important role that psychoanalytic

psychotherapy can play in helping children in care within therapy but also in their current and future relationship. The children referred to in this collection of papers have been '*doubly deprived*', which was considered further in the paper with this title by Henry (1974). Within this, she emphasised how the loss or lack of one or both parents, in addition to the child's experience whilst in their care, has contributed to the child's failure to have the emotional resources, which might enable them to cope with their pain in non-destructive ways. The past experience of the child's internalised parent-child relationships continues to be played out in their future relationships with foster carers or staff in care homes. The second deprivation emerges from the internal 'crippling defences' (Henry, 1974) that prevent the child making use of future support. These themes are present in the research and were expressed by both the children and staff during my contact with them.

The experience of many children who are looked after in residential care has often involved complex forms of abuse and neglect, which at times will have even led to a psychotic state of mind. Klein (1946), Bion (1957), Segal, (1956) Rosenfield (1947) and Joseph (1975) working in the psychodynamic tradition, developed theories which have enabled us to think about primitive emotional experience at the core of psychosis, states which are often observed within children in care. Rustin (1997, p.1) identifies how this has contributed towards our 'understanding of the absence of symbolic capacities, of concrete thinking and states of extreme withdrawal, distress, confusion and disorders of thinking'.

Docker-Drysdale (1973; 1986) at the Mulberry Bush School, and the Cotswold Community introduced a more structured form of psychoanalytic thinking to working with deprived and damaged children. The exploration of the application of a psychodynamic understanding of children in care is conveyed with imaginative observations by Hunter (2001, p. x) who communicates the child's 'longingness for what might have been, for what had been, but got lost' and

their sense of betrayal, mistrust, sadness and helplessness. Expanding on her work with young people, Kenrick (2005) examined the 'dilemmas and technical issues' faced by child psychotherapists in working with children who are looked after in her paper 'Where we live'. She considers interpretation within clinical work with these children, and how technique has developed since the work of Freud and Klein's concept of the 'total situations transferred from the past to the present, as well as emotions, defences and object relations' (1952). Kenrick notes the difficulties for looked after children in tolerating a wrong interpretation.

> Not being understood could, almost literally have been a matter of life and death, or of a malignant understanding; but being understood too well can in itself be persecuting or can put them in touch too poignantly with early deprivation. (2005, p. 55)

This illustrates the sensitivity and delicacy of the therapeutic process with looked after children and how child psychotherapy can begin to help children make sense of their past, present and develop 'A meaningful narrative of their lives' (Kenrick, 2012). She continued to explore these themes in her papers on working in transition and the psychoanalytic framework for working with looked after children. The challenge of helping looked after children has been considered further by Rustin (2003) in examining the impact of physical, emotional, sexual abuse and neglect, in addition to loss and how the child can begin to establish a sense of belonging.

Child Psychotherapists have written extensively about the impact of abuse and neglect upon children including literature on how for some children this can lead to presenting harmful sexual behaviour towards others (Woods, 2003), and the emotionally detached personality development of the neglected child (Music, 2009). Music also draws together our understanding of child development, attachment and neuroscience and the impact of trauma and severe neglect on brain development. This offers an insight into our understanding of the internal world and external presentation of the looked after child who has experienced

early neglect. Music (2013) more recently offers hopeful commentary for children in care and the capacity for 'windows of opportunity' for learning, new experiences and brain changes in later life. (Music, 2013).

Child and adolescent psychotherapists offer valuable insight to our understanding of the internal world of looked after children. Canham (2000) explored the theme of relationship between the child and their carer/carer's, and the child's need to be 'emotionally claimed'. Briggs (2012) in considering Canham's contribution in this field powerfully conveyed the disconnection between the child and worker:

> The disconnection arises through the transitory nature of their time together in the children's home and by the different, apparent temporary, needs they have for one another: the child from residential care, the worker for the experience of delivering this. (2012 p. xxiv)

Psychotherapy and the Care Staff Perspective

Psychoanalytic psychotherapy research literature also considers the significance of relationships between child and family, care staff, professionals, the system of care, network and organisation. A number of child psychotherapists have examined the ways in which children in care mobilize infantile defences against seeing and knowing about unbearable truth and reality and how in turn the projective processes operate within the staff group and system. Anna Freud (1965) in her book '*Normality and Pathology'* addressed the difference between how children and adults express their need for help. She suggested generally parents may identify their child's difficulties and seek support; but children may not as eagerly pursue help for their own emotional needs. For looked after children their experience is different due to the absence of biological parents who might have expressed concern for them in a meaningful way. Rocco-Briggs (2008) highlighted that these children have

adults who are professionals who are paid to look after them with different responsibilities and power. She notes the impact this has on the child's other relationships, including their biological parents and all professionals involved in caring for them, which involves complex dynamics.

Canham (2002) and others recognised that psychotherapeutic support for a young person needs to extend beyond the clinical setting to the professional network around the child. This recognised the impact of disturbance and projections on those caring for and working with looked after children, in particular those within the larger group residential institutions, who are exposed to, and experience the full force of the child's complex communication. The theme of deprivation is considered in relation to the network and context of the children's home in Emmanuel's papers '*Deprivation x 3*' (2002) and in '*Turning a blind eye or daring to see'* (2012, p. 253). She examines how the projections of deprived and abused young people impact upon those that care for them and the network around the child, and how psychoanalytic concepts can be applied to therapeutic interventions with looked after children and informs the process of consultation to professionals caring and working with them. Emmanuel writes the 'profoundly disturbing dynamics and defences against anxiety' (Britton, 1981) used by children and families are re-enacted in the system by care professionals' (2012, p. 251). These themes are further examined by Rocco-Briggs (2008) who questions who owns the pain of children in care when their parents do not and the effect of this on whoever cares for them. Sprince (2002) also describes consultancy to the staff group in which psychoanalytic thinking and working in the transference are at the heart of the consultation process and how the system reflects the child's traumatic experience and needs for expression. Milligan (2003) described the impact of the children's strong emotions on the 'whole child care system' and how this in turn may result in high levels of psychological disorder. Cregeen (2008, p.174) offers a model of consultancy to residential staff in which ''the consultant is the therapist to the

worker team as patient'. What emerges within the consultation meeting is the disturbance of the young people which is transferred into the care staff, in addition to the anxieties for the staff linked with the parental role they fulfil.

Child psychotherapists have also demonstrated the valuable contribution they can make not only in supporting thinking in the network but also how they might meet the complex needs of the network. Briggs (2004) also describes how the consultation process regarding children in transition can provide containment for professionals, which can contribute towards the development of knowing rather than denial, and will allow thinking about what children need for the future. In thinking about the system of care, Rich's (2009) paper, '*Labels that Disable'*, presents the viewpoint that:

> 'Residential care has a unique and valuable role to play in providing stable care and treatment options for some children and young people in care ….it is often not the children themselves that are difficult to place,' but the system which makes it difficult for children to sustain placements by placing them inappropriately'. (Rich, 2009, p.1)

Psychotherapy and Organisations Perspective

As the research is based within an organisation, I will examine some of the literature regarding organisations from the psychodynamic perspective. Goffman (1961) in the 1960s and 1970s set out the concept of 'total institutions', which are the most vulnerable to abuse and fits in with the pattern observed in many of the homes where the worst abuse took place. In Goffman's book '*Asylums*' (1961) the analysis differed from previous approaches to organisations and emphasized understanding action in terms of meaning, which influenced thinking for children in residential care today in thinking about the interpretation and understanding of meaning (assigned to objects, events, activities and symbols, possessions, clothes etc.) He described projections into

asylums, which are made to carry states of minds that people cannot bear. This projective model may also apply to residential homes.

This search for and identification of common themes within residential homes continued and included the promotion of the establishment whilst residents, or inmates were stripped of their identity. Clough, Bullock and Ward (2006) highlighted this emphasis on people being looked after as a group affected their individualised care.

Writers using a systems psychodynamic model offer an understanding of the organisational dynamics for children and staff through experience, reflection and using psychodynamic theory. Exploring the internal world of adult organisations, Stapley (2006) examines something of the world beneath the surface of individuals, group, organisations and institutions and reflects on the 'internal' realities of the members of the organisation, which can be applied to the internal and external world of children and their carer's in residential care. This theme is also emphasised in Armstrong's book '*Organisation in the mind*' (2005) which is rooted in the 'Tavistock approach' where the author aims to define and explore the theoretical and clinical foundations of 'the proper object of a psychoanalytic approach to working with organisations'. This draws on the work and concepts developed by Bion, including that of container/contained (1959), emotional experience in groups (1961) and the 'work group' (1961) which gives meaning to the work group as an arena for transformations.

Child psychotherapists have, and continue to have a respected contribution to our understanding of young people, staff, systems and organizations linked to residential care and the network around the child. The unconscious anxiety and defences that develop within the child and those that care for them have been considered further by Menzies Lyth (1998), Hinshelwood and Skogstad (2000), Miller and Gwynne (1972) and Armstrong and Rustin (2013) amongst others, and provided me with a useful way of seeing and analysing the research. The

above contributions are by no means exhaustive, and further psychodynamic and psychoanalytic theories and perspectives are referred to throughout the research.

The Children's Perspective

Young people who have left care have contributed to our thinking and understanding of their experience in many different ways, this includes within books, television documentaries and to qualitative research studies. Fever (1994) suffered multiple kinds of abuse during his upbringing in children's homes, and his book '*Who cares? Memories of a Child in Barnardo's'* is an account of his experience, demonstrating the bewilderment and powerlessness of children in this situation, and his on-going experience of flashbacks, poor sleep and anxiety. Ryddell (1996) also writes about the negative effects of institutionalism and discrimination that he experienced in care in '*The Cornflake Kid'*. These accounts are only part of the story of life in Children's Homes but portray an experience of systematic abuse and neglect and a failure to meet their physical, social and psychological needs and the distorted relationships, between children and staff.

Hewitt (2003) in his account of his life in care during the 1970s in '*The Looked after kid'* recounts his separation from his mother and recalls his journey in the care system. This details his transition from an abusive foster placement where his carer changed his Christian name and took away his identity, to a short-term temporary placement where he was shown kindness and care. It further explores his experience of growing up in residential care and the experience of leaving. What appears most striking in his book is the aspect of relationship, transitory and connectedness, to the numerous children and adults who come and go in his life. This includes the many changes in social workers and care

staff, and the lack of communication in the transition process. In addition to the trauma he experienced, he also conveys moments of ordinary interaction in which tentative relationships, connections and containment emerged and remains in his memory. This resonated with some of the observed interaction within this research, when some of the young people came together in a more playful way, and their history could be momentarily put aside before reappearing, often with full force. Hewitt experienced the children who lived in the home with him as his 'true family', which again reaffirms my own observations of some of the peer relationships within my research, and the sense of family gained, although at times fleetingly, from the relationships made within the home. Hewitt has since become a successful writer and offers hope and encouragement for children looked after, however, he also conveys that despite the success he has achieved there remains a harsh critical voice inside his mind mocking and at times sabotaging what he has yearned for. This echoes with many of the looked after young people I see in my role as a psychotherapist. A further aspect of his story, which ties in with the young people whom I observed as part of the research, was his awareness that his life was recorded in some way in local authority 'files'. Hewitt gains access to the files as an adult and writes:

> In those files you see and hear people talking about your character, appearance, and demeanour. You see how others view you…Not only is your early life set down forever but also chronicled are the memories that will never fade,. It is the closest you can get to attending your own funeral – one of the very few perks of being a looked after kid.
> (Hewitt, 2003, p. 205)

He equally conveys in reading the material the re-emergence of feelings of isolation and abandonment that had ruined his childhood. What is powerfully communicated in contrast to numerous research studies driven by strategic policy recommendations is the feeling state and quality of his reality experience.

An Institutions Perspective

In the 1960s the focus of research was on approved schools and secure units but this began to move towards children's homes in the 1980s and 1990s. Despite the availability of this knowledge, other sources of information continue to dominate the view of the value of residential care for children, in particular the focus on well-publicised failures and inquiries. There have been numbers of commissioned and official reports, some in response to instances of abuse within care, although also aiming to try and raise the standards of care in general. These make recommendations about leadership, clarity of purpose, the qualities required for a 'good' home, but they are less effective in understanding the causes of the gaps in care and service and do not explore the complex psychodynamic aspects of the care situation and the way residential institutions work.

Literature on children's residential care has often focused on research and theory (Clough, Bullock and Ward, 2006). Bullock, Little and Millham (1993) examined the research literature from 1960 to 1992. There were a number of studies examining the impact on staff and residents of the 'ethos' and culture of the homes. These did not reflect on outcomes for those leaving care but highlighted that 'informal cultures created by staff and children are especially significant in influencing performance' (Bullock, Little and Millham, 1993,p 8). Residential care continued to decline from 1993 to 2003 with changes in size, age range and function. During the later period the authors noted that research moved towards the tasks of residential care and wider child-care system, rather than concentrating on conditions, and was beginning to consider the longer-term effects of care.

'*Caring for Children Away From Home*' was authorised by The Department of Health during the period 1995 to 1998 (Department of Health, 1998). This study

focused on what was required in the planning of services. It highlighted the importance of clear and consistent objectives within the organisation, strong and comprehensible management and appropriate family contact. This review also offered recommendations for managers and staff to explore, which might lead to progress in practice.

Berridge's review (2002) looked at the evidence of 'what works' for children in residential care. He emphasised within the research findings that both the formal role and the personal and professional qualities of the head of a home influence   the quality of care; my findings also support this view. In addition, he also identified that despite evidence of great need, there remained a lack of specialist or therapeutic input for many children in residential homes.

The Social Services Inspectorate report (SSI, 1993) on the national selective inspections of children's homes summarised the significant principles underlying positive care:

> The effectiveness of staff in those homes where good practice was observed was based on clear leadership, organised and consistent ways of working, and clarity of purpose.
> (SSI, 1993, p.31)

These studies offer an important contribution to our understanding of the complexities of residential care for young people in the context of their changing ethos and practice over time. However, the continued emergence of failures in the care system highlights on-going difficulties in practice. Whilst these studies focus on the theoretical needs of looked after children, there is little reference to the internal world of the child as explored in the work of child psychotherapists. There is a greater emphasis on outcomes and recommendations but it is interesting to note that there is a struggle for both the inside (psychoanalytic) and outside (statutory outcome research) to unite and come together.

In summary, in understanding research into looked after children, there is substantial confirmation regarding the features that may lead to successful outcomes, including knowledge about the significance of the relationship between carer and child. In reviewing the research to date, despite the wealth of recommendations regarding what should and should not happen in residential care, we continue to hear of repeated failures in the care and protection of young people in residential homes. Brown et al., (1998) distinguished between outcome results and theoretical explanations by developing a range of performance indicators. They suggested for young people in care their outcome prospects further improve if the home is able to meet their particular needs and has a positive staff and child culture, and a clear theoretical understanding regarding the reasons behind children's behaviour and the best treatment approaches. In reality, the transitory nature of residential care, and the coming and going of young people and staff make this difficult to achieve. Canham (1998) concludes:

> If it is to work it requires the space to be made available for thinking about the painful and complicated dynamics that looking after children in this way requires. (1998, p.60)

The research literature within this review regarding looked after children considers a psychoanalytic model and other perspectives, alongside outcome evidenced research. This provides rich material regarding an understanding of the internal world of this group of children, and an exploration of what might work in meeting their needs and provide them with both an internal and external sense of home.

Chapter 3

The Psychoanalytic concepts of Containment, Anxiety and Conflict and the link to the experience of children in care.

The words containment, anxiety and conflict are used widely in everyday language and their meaning will vary subject to both understanding and context. I will consider these terms within psychoanalytic psychotherapy, and later explore these as concepts, which have been assigned to the research material and analysis.

There is connection and inter-play between these concepts – containment gives space to a need for understanding. When containment is absent, a child needs to find another way of dealing with anxiety. They may have to hold onto this uncomfortable feeling state and deal with this by other means. By attempting to avoid interactions and situations where such anxiety might arise, leading to agony, isolation, or disturbance in behaviour – conflict emerges as a defence against anxiety and a lack of either early or current containment.

Containment

Containment is an active and dynamic process. Bion's (1962; 1970) theory of 'container-contained' is centrally concerned with the processing of thoughts derived from lived emotional experience. His use of the word container denotes the full range of ways of processing experience from the most destructive and deadening, to the most creative and growth promoting. The container is a process, a capacity for the unconscious psychological work of dreaming, the capacity for preconscious dreamlike thinking – reverie, and the capacity for more fully conscious secondary thinking – conscious reflection. All are involved in the

containing function of the mind, although it is the former which Bion views as of primary importance in effecting psychological change and growth. The 'contained', like the container is a living process which continues to expand and change. Bion's notion of 'the contained' places primary importance on unconscious thoughts. Both conscious and unconscious thoughts and feelings constitute aspects of the contained.

Bion identified 'beta-element' thoughts, those being the raw 'sense –impressions related to emotional experience' (1962). These unthought-like thoughts which are unlinkable with one another constitute the only connection between the mind and a lived emotional experience in the world of external reality. They are transformed into elements of experience which may be linked in the process of dreaming, thinking and remembering.

In his earliest psychoanalytic work, Bion (1959) introduced the idea that thoughts – shared unconscious 'basic assumptions' hold the power to destroy a group's capacity for thinking. This was expanded upon in his work regarding 'attacks on linking (1959) and a theory of thinking (1962) in which he refers to the requirement of two people to think, for example within the mother-infant relationship. Containment takes place in the context of a relationship. It may include passive listening, but not something that happens to a person, but is sought. The container acts on the material it is sent in a way that allows some change. Bion describes this as a form of 'learning from experience' (Bion, 1962). Feeling psychically 'known' – 'K' d – by the mother, can lead to the development of a capacity to know the self and relate to one's own experience. For many children in care, their early experience may have been characterised by a mother who was unable to be emotionally available to them as an infant. The infant's intolerable feelings and projected thoughts are then returned, which leads to a state of 'nameless dread' (1962). The infant or the young person's experience of a failure to have their projected feeling state understood is internalised as a form

of thinking, or a reversal of thinking. This attacks the contained process by which meaning is attached to experience.

Growth and the capacity for doing unconscious psychological work occurs in both container and contained when the relationship of both is of 'mutual benefit and without harm to either' (Bion, 1962). The child in care is, however, more often under pathological circumstances and as such the 'container may become destructive to the contained; resulting in a constriction of the range and depth of the thoughts one may link' (Ogden, 2004). This may be experienced as the young people being unable to tolerate, or reject the contained, for example a staff member's thoughts. Within residential care it is possible for growth to be evident within the contained as the container-contained are involved in a dynamic emotional interaction.

The container is that into which an intolerable feeling state is projected, and the contained is that which can be projected into the container (Bion 1962). Within the home the contained may manifest in a range of expressed behaviour from the adolescent, but may include possible disturbed expressions of change and development in the young people. When considering Bion's concept of the container/contained within the research, the container is the receptivity and emotional capacities of the staff, together with their thoughtful structure of living together within the home. This may provide the possibility for young people to develop a sense of value and internalise a sense of belonging both internally and externally.

As a result of their accumulated experience, many children in care lack a containing internal object, which is a consequence of the broken link and the breaking of the container-contained relationship, if it was indeed present. This may impact on the capacity of the child to form a new relational link which is too frequently evident within foster and residential placements. Damage to the

container-contained relationship impedes the development of the capacity for thought in these children, and helps us to understand why so many children in care do not develop a sense of belonging. When entering a system of care, they may have no expectation of being connected to or with, and therefore do not expect to feel contained by a substitute parental figure. They experience 'Double deprivation' (Henry, 1974) as they may also be unable to make use of care as this is perceived to be unavailable.

In the home, containment also involves processes and procedures. The children and staff may apply this to themselves or to another. This serves to support the one which is contained in order to avoid an overwhelming experience of fear and danger and associated confused disorganization of self that characterises traumatic states.

A Containing Space.

Alongside this experience of actual containment, the infant takes in a helpful, containing maternal presence which can support further development of containment within. Containment of infantile anxieties is often described in terms of the mother and baby, but as the process relates to the capacity for being in touch with, tolerating and thinking about emotional experiences, it can also be provided by others. In the research, the staff try to look after the young people, and the manager attempts to contain their anxieties. The young person does not then have to rely solely on the external object to contain his distress but is able to find this internally – he is able to go through a thinking process, a kind of self-reflection, which allows him to sustain experiences in absence. The experience of internal containment if established does not provide all of the containment required in daily life. We also require others to tolerate and give back in a form which allows us to internalize the experience.

Containment offers the young person some basic sense of safety and security. The container-contained relationship allows the person to think in the sense of considering thoughts at an internal level. Containment can be provided as the adult creates a space for the child to enter their world, to leave unwanted difficulties which can be returned when they are ready to receive them. The parent/adult accommodates the child in this giving space. The sense of being at home is this very sense of having this kind of space within the relationship. If in contrast, such a space is absent and there is a failure to find containment in this way, this can lead to a feeling of being alone, not feeling adequately held within a family, a feeling of not belonging and being an outsider. This can be experienced as alienation and lack of contact with the world. The loose connection is a reflection of the failure to develop a containing bond that keeps the person connected within a family/home and which helps them to feel safe within themselves.

Where there are difficulties within the mother or child or carer, or within interaction between them, it will be more difficult to establish the container-contained relationship. Such problems may be re-experienced in future relationships, in particular the care system. It may be too difficult for care staff to tolerate what the child is trying to communicate, or a 'brick wall' type response may be experienced by the child. In contrast the mother or care giver may attempt to protect the child from overwhelming pain, and may mentally wipe away anxiety rather than act as a thoughtful container. The child then has no opportunity to learn from experience. The young person, may also envy the caring adults capacity to contain, and may either seek to spoil, or convey that misunderstanding is preferable to being understood. (Bion, 1962).

Green (1986) introduced the term 'dead mother syndrome' to describe the experience of the infant whose mother's mind is not available to the child, and is

subsequently experienced as if 'dead'. The child has had an absence in psychic experience and cannot understand this withdrawal. The infant is then faced with having to identify with an absent, emotionless mother. Green (1986) described the infant's subjective experience of the relationship leading to a loss of love and meaning. The loss of meaning and absence is then observed in the transference/counter-transference experience, and there is a deficit or impairment of the internal object (Alvarez, 2012).

For children in care, their internal experience is often replicated by external experience. They have experienced the real, external loss of their birth family, and some will also have had the subjective experience of being parented by a figure that is felt as if dead by the child. This early interaction between subjective experiences in interaction with the actual loss of the mother may influence future repeated placement breakdowns. This 'dead mother' concept can be helpful to draw on when working with those who care for looked after children in supporting their understanding of why some children present this 'dead mother state of mind' having experienced the absence of an available mother, followed by the reality loss at removal from their care. Within the research, a young person who had experienced the death of his mother had clearly experienced an available mother in his early care. This was in contrast to another young person who lived with his mother but experienced her as unavailable, absent and failed to protect him from abuse. This creates inconsistency for future carers. In order to develop future attachments and a sense of meaning, the child needs a responsive experience of parenting, but early in the placement they may be unable to tolerate such aliveness and the child's initial experience of absence resurfaces in the relationships with carers. The object never gets to survive damage by the subject, so that the child never has to develop an attachment to an alive object and risk the danger the object might leave. Music (2009) reflects that these children's links have "not developed and grown together". These children create

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'virtual objects' (Rose, 2011) in an attempt to master absence and a sense of being nothing by converting the absence into a nothing object.

Anxiety

Depressive anxiety is a felt state of inner danger produced by fear of having damaged internal objects. It can threaten to overwhelm the capacity for understanding and thinking, and the sense of self.

Defence against anxiety includes projective identification when anxieties are defended in oneself and placed in another person or a psychic retreat.

Freud (1927) in later work considered 2 types of anxiety – traumatic, reality orientated 'automatic' anxiety in which the system was overwhelmed, and 'neurotic' anxiety, which gives rise to certain symptoms, which are similar to the unconscious defences as described by Menzies Lyth (1959).

Automatic anxiety presented as an affective reaction to the helplessness experienced during a traumatic experience. These ideas are consistent with later developments of this concept within psychoanalysis, including unconscious defences. This was seen in helplessness of the infant during and after birth, in which danger proceeded from outside, and flooded a psychic system. Freud considered anxiety as the original response to helplessness in the trauma, which is not understood by the subject and later reproduced in their danger–situation. Freud analysed the causes of mental pain – anxiety and the defences used to keep painful thoughts away. He referred to the state of alarm or anxiety that emerges when we cannot end the felt sense of deprivation and the deprivation of a desire lasts too long (Freud, 1926). This leads to feelings of impatience, restlessness and irritability and as this continues an increased state of panic can develop and ultimately a loss of control.

Klein (1946) viewed projective identification as one of the earliest defence mechanisms used by the developing infant to protect him or herself against internal persecutory anxieties. Steiner (1993) illustrates how in the normal course of projective identification we can both project into, and withdraw projections from others so that we can understand the other's perspective. However, under conditions of emotional pressure or psychological distress the individual is unable to withdraw the projection and remains out of touch with that aspect of the self which remains unconsciously located inside the object with which it was identified. This leads to distortion of the object, whilst depleting the projector's ego (Jaques, 1955).This was observed within the research at times as occurring both within the children and staff.

Anxiety in Groups

Both Jacques (1955) and Menzies Lyth (1959) described the unconscious defences against anxiety as they emerge and shape organisational dynamics. Jacques (1955) viewed the defence against anxiety as being externalized into groups and organisations, as it were from the outside. Menzies Lyth, (1959; 1988) in contrast saw defensive processes as generated from within the organisation and to which new workers must adapt and incorporate.

Bion's theory of container and contained (1963) argues that the relations between the two are reciprocal, the container influences the contained, and the contained shapes the container. Bion (1960) stated that groups manage unconscious anxiety by using primitive projective processes. In uncertain or complex organisations where anxiety is high the mental state of the group is characterised by primitive defences, phantasies, affects and 'basic assumptions', in the search for emotional security and as a defence against the anxiety and

uncertainty, chaos and 'not knowing'. The subsequent defensive splitting and projective mechanisms result in individuals taking up roles and relationships within the group's phantasy which undermines the real work or tasks of the organisation. Bion highlights the link between defences against early depressive and paranoid anxieties as described by Klein (1927; 1975) and the way individuals use organisational processes to defend against anxiety that ordinarily occurs in the life of the organisation. The dynamics of early life are then replayed within the dynamics of groups and institutions bringing the primitive anxieties to the surface.

Menzies Lyth (1959) argues such primitive anxieties can lead organisations to develop routines and procedures that function as social defence systems which are similar to the unconscious defence systems. The intensity and complexity of the anxieties are projected into the current work situation and can sabotage the very task required. Hinshelwood and Skogstad (2000; 2002) and Obholozer, (2003) have used the psychoanalytic perspective to observe, understand and enhance the functioning of professionals and point out the significance of the institution as a container for anxiety.

Steiner (1993) helps us to consider the way in which patients can retreat behind a powerful system of defences which offer a hiding place or protective armour. When emerging with caution they will quickly retreat from contact with others which leads to pain or anxiety.

Anxiety is managed in different ways. Menzies (1959) expressed the view that institutions can be developed in order to provide opportunities for young people to develop a healthy self. She referred to children having identified and functioning with episodic and discontinuous attention, and in turn developing similar fleeting and superficial attachments, and having difficulty in sustaining

attention in school or in an activities, which she termed 'the butterfly phenomenon'.

Menzies (1988) draws our attention to the effect of institutions with limited boundaries, in which everything is open and intrusive. She highlighted that if effective control over boundaries can be established this can have a positive effect on the development of identity.

> This in turn gives a stronger sense to what is inside, of there being something comprehensible to identify with, of there being 'my place', or "our place" where "I" belong and where "we" belong together. (Menzies, 1988)

The function of reverie in containing anxiety is important for staff in institutions. This may be within an individual member of staff or within the organisation – talking things through in an intuitive way to reduce 'primitive agonies' and anxiety (Winnicott, 1940).

Conflict

Conflict is referred to within the research as the child's struggle with internal and external disturbance and rage. They may try to keep this out of sight and of mind, but this may also escalate into external violence which others might find hard to explain.

Freud (1916) provided an early view of the root cause of conflict and delinquency when he described the individual who seeks punishment by a reason of a harsh superego. Within this, oedipal wishes, relationships, boundaries and guilt are central and superego formation is dependent on the oedipal resolution. Klein, (1927) echoed Freud, but suggested that the superego tries to reject the desires belonging to the Oedipus complex.

Bowlby (1946) focused on the early separation from the mother as a key predisposing factor leading to later delinquent behaviour, which resonated with Winnicott's earlier thoughts regarding the relation between 'not being wanted' and the anti-social tenancy (1940). Anna Freud (1949) identified early object relations as key to later presentations of conflict. She attributed this to the early disturbance of object-love which emerged as a result of experiences of ambivalent absence, neglectful or unstable mothering, or multiple carers. As a result the child cannot then invest emotionally in parental figures, so subsequently retreats to the self and the need to gain a 'greater importance than normal.' She cited the absence of what Winnicott called 'good enough mothering' (Winnicott,1956) as resulting in a lack of understanding of expressed aggression and potency, which then manifests in a range of behaviours from 'overemphasised aggressiveness to 'wanton destructiveness'.

The child's Identification with the aggressor (Winnicott, 1969) is a defence against internal feelings of weakness and fear. This can often be observed in the child's belief that by identifying with the aggressor, they have chosen to become bad. This in turn reinforces the feeling that the child is deserving of the anger and judgement. This is then internalised by the child who believes that in some way they deserve punishment, are the cause of abuse and are overwhelmingly bad. Winnicott (1956) formulated later that the anti-social child had experienced deprivation rather than privation and was seeking what was once had.

The network around such children has the capacity to enact the internal worlds of acting out, 'challenging' delinquent or criminal young patients. This can of course lead to a failure in providing a structure with boundaries, consistency, emotional care and containment. Young people identified as falling into this category can find it difficult to be truthful, and the capacity to lie almost automatically may indicate mistrust not only in the external world, but also in the young person's

own internal objects and a need to keep them at bay, alongside attempting to hold onto difference and separateness. The destructive patterns of behaviour often reflect a drive for activity as a defence against memory and thought, particularly when having experienced an early experience of abuse and, or neglect.

Winnicott's (1956) view that some delinquent or conduct disordered children are in search of something would suggest a degree of ego development and strength and a capacity to make demands on society. Where there is a poorly formed ego and deficit in remembering and feeling, the immature functioning ego state will render it difficult to form a capacity for empathy and remorse, having not received this experience themselves. Alvarez (1992) describes the deficit observed in some patients who she describes as 'undrawn'. They may present an empty state of mind, appearing to be lost, overlooked, have limited expression of enjoyment and pleasure, and equally do not evoke affection or interest within those around them. This may be seen as a defensive retreat of 'giving up', but can easily be misinterpreted by care staff as defiance. Horne (2004) expressed the need for us to examine the relationship between psychoanalysis and delinquency. This includes the need to address the issue of environment and placement for such young people:

> Containment with understanding provides a developmental experience that enables some delinquent adolescents to move on safely to more normal development. (Horne, 2004)

This could mean a therapeutic kind of containment in residential care which provides an opportunity to address the early deficits, where the need to retaliate can be understood and avoided. This also requires thinking together with the network to prevent 'unthinking reactions 'and provide a safe and containing environment, particularly for those young people whose offending behaviour may be a defence or a response to absence, and where there is conflict within relationships communicated through their expressed behaviour.

In summary, psychoanalytic theory helps us to understand the containment relationship as the first kind of home, before awareness of what we later think of as home. Some children can become the container for the unwanted bits of their parents, a reversal of containment. Being in care can be experienced as being without a home, a lived, rather than literal homelessness. Homeless people can become victims of a collective projection of the living parts of everyone that is not accepted, which resonates with the experience of children in care.

For the child in care and the homeless, although their experiences are different, the issues of containment, anxiety and isolation, conflict and rejection are prominent for both. In the absence of a capacity to contain and feel contained, one can say that rejecting the container is behaviour that has already taken on a destructive quality.

Chapter 4
Residential Care and Theoretical Treatment Models and Practice

Earlier I described a range of theoretical material which draws on principles of a psychoanalytic perspective. Historically, there have been a range of different approaches and practice within residential care which has been influenced by theoretical frameworks, some of which remain within childcare practice in homes today. I will consider these within this chapter. These concepts combine an understanding of the experience of care from the perspective of the child, family and carers within a context of these relationships. The therapeutic culture, structure and location of the home, together with the quality of the child-carer relationships, are all significant factors that impact on the experience for young people and care staff's life in the home. These themes will be considered from a research and evidence perspective and explored more fully within the research gained through observation in this study.

Psychodynamic and Therapeutic

The psychodynamic and therapeutic approach informed much of the early literature on residential childcare. The psychodynamic and therapeutic work of Docker-Drysdale (1973) was influenced by the work of Winnicott (Reeves, 2002) who developed the concept of the deprived child's need for 'primary experience'. They drew on Winnicott's notion of primary maternal preoccupation, which was applied, to the residential care. This model of meeting need, with special attention to symbolic communication continues to support current work. Rose (1990; 1997) and Ward (2002) focused later on the therapeutic community perspective. This approach concentrated on the emotional needs of the children, their environment and how their care and treatment needs were provided both individually and using group methods.

Rose (2002) offered further contribution in '*Working with Young People in Secure Accommodation'* (2002), which examined a similar practice to the 'secure' task. Gradually some of the principles and methods of the 'pure' psychodynamic approach began to be considered within mainstream residential care rather than being applied only to more specialist therapeutic communities. This also included the provision of more access to external psychotherapy for children in 'ordinary' residential care (Boston and Szur, 1983; Hunter, 2001). Berridge's (1992) review identified that most young people in care have significant emotional needs. However, in the past direct or specialist support had been limited. With increasing understanding regarding the complex needs of children looked after, specialist therapeutic support is more accessible through Child and Adolescent Mental Health Services today.

Therapeutic Care

The field of therapeutic care offers theory in which experienced clinicians, frequently with a psychotherapeutic understanding, have described their work with children who presented with a wide range of emotional difficulties. These early communities such as Dingleton and the Social Rehabilitation Unit at the formerly named Henderson Hospital focused on the dynamics of the community as a whole and centred on group treatment. By creating strong group identification, the aim might be to compensate for a failing in primary connections; this may include attempts to build ties at a sibling level supported by the parental role of staff. This work began to explore the complex emotional presentation of the children and considered the kind of care and treatment which the young people needed. Brown and colleagues (1998) described a positive unit within a therapeutic community in terms of structure and outcomes. However, Main (1946) showed how patients developed splitting of good and

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bad objects, resulting in destructive splits within the staff team where there was poor communication between staff.

Clough, Bullock and Ward (2006) reflect that in the past the local authority management in children's homes were more resistant to thinking about therapeutic care, which may be as a result of anxiety:

> Therapeutic care will require much greater skills and depth of knowledge than 'ordinary care'; there may be a feeling that the children in 'ordinary' children's homes are not in need of therapeutic support but simply require ordinary 'common sense' caring or there may be a view that therapeutically oriented care would not support children's family links, rights, cultural and ethnic identity, and will not address the poverty and oppression of their lives.
> (2006, p. 33)

Cant (2002) referred to the importance of 'joining up' therapeutic experience around young children who reside in a therapeutic community. Flynn echoed that the 'culture of enquiry' (Flynn, 1998) is essential within a therapeutic community 'to foster alive, creative and containing work' (Cant, 2002). Kennedy (1986) further highlighted the value of gathering together 'the work of the day' as essential to the therapeutic process within community care.

A Good Home

When considering the effectiveness of residential homes, the qualities and features such as management, the fabric and resources are frequently examined and inspected. Information regarding these aspects is often obtained by initial experiences and impressions and discussion with staff or from the young people's responses. This can create a picture of the home; however the conditions for effective practice remain a complicated process. The management of the home and the behaviour and presentation of the young people who live there will affect what happens within it. Features that contribute to the establishment of an effective and safe environment can enhance the

development of a good home and can lead to positive outcomes. Although even qualities and characteristics one might expect in theory to lead to the creation of a good home, will not always do so.

The Culture of a Residential Home

Clough, Bullock and Ward (2006) highlighted how different research has indicated that the attitude and behaviour of children and staff will be influenced by a home's culture. Whilst there will be many different aspects that exist including the personalities and characteristics of the children, the roles staff take on, and the fabric of the building, it is the established ethos and culture which can strongly shapes the internal life of the home. The culture may have developed over time as a result of ways of doing things or due to the stressful and anxiety provoking nature of the work and life within the home.

Sinclair and Gibbs (1998) study: '*Children's Homes: A study in diversity'*, examined gaps in the current and enduring outcomes of the 48 homes under study. They sought to clarify the variations in outcomes when considering the everyday routines, characteristics of those living there and organisational features of the homes. The young people valued a home where they felt listened to, cared for and where other children were friendly. Also, if they did not experience being bullied, sexually harassed or were less affected by delinquent cultures. In addition, improvements and progression in education supported their positive feelings about living at the home. Many of the young people wanted to maintain contact with their families but not reside with them. Sinclair and Gibbs (1998) concluded that the most effective homes were small, and the manager had a clear and autonomous role. The staff supported the leadership style of running the home, and worked together towards clear objectives and with a feeling of united purpose. Negative outcomes were

assessed to be more likely when the children had poor and abusive relationships with other residents, experienced a high degree of absence from birth family and friends and had no sense of achievement. Young people appeared to adjust better socially if management had a clear view about aims and goals for the young person and there was a low rate of staff turnover.

Managers can use the strength of a staff culture, in addition to training and supervision, to improve the experience within the home for all. A strong culture can support staff when the children understand the aims of the home, how these are put into practice and perceive staff as people able to represent their needs. From the findings of these research studies it appeared that homes that did best on nearly all the criteria employed were those with:

> Concordant goals and strong positive staff cultures, and either strong positive child cultures or ones that were fragmented, without undermining the work of the establishment.
> (Clough, Bullock and Ward, 2006, p.138)

In the home under study in this research, staff cited that a clear goal was to work hard to 'fight for' the rights of the children they care for and ensure other professionals and agencies meet and understand the children's needs. There is a strong emphasis on liaison, consultation and meetings about the children, and encouragement for the children to contribute to and be actively part of this process.

Hinshelwood and Skogstad, (2000) stated that unconscious assumptions, attitudes and beliefs about work were an essential element of institutional culture. The emotional atmosphere is also an important feature of the culture.

All of this research recognizes that when children are in care, there is concern that the experience of internal absence within placements will intensify the damage and harm that resulted in initial separation from their family. A child

who is struggling in residential care requires an experience of a containing and effective intervention and environment rather than a transfer to a home that is unable to meet their complex needs. When the needs of children remain unmet by system neglect this can be further damaging. At the home within the research, the ethos is to remain committed to ensure stability of placement and historically, it is rare that any young person has been transferred to another home, a fact that was acknowledged within their own Ofsted inspection.

Relationship - Children and Carers

In the early 1900s, Lane advocated getting to know the dynamics of the children's relationships with each other, whilst also intervening in the children's worlds. This was achieved by group or community meetings, or in 'children's courts' as named by Lane. Between 1913 and 1918, he developed a children's residential unit called the '*Little Commonwealth'*. 'Shared' responsibility was the predominant theme and the creation of a safe environment, in which children could talk about their feelings and experiences, and think about and understand the effect of their behaviour on others. A core theme within this was the development of group membership, loyalty and acceptance, which was perceived to have a positive effect. This confirms that the presence of a positive child culture may reduce the need for direct staff involvement at all times, however, there will be moments when it is important for staff to intercede in order to support and protect a young person.

A number of authors have focused on children's relationships with each other as a central component of the child's world.   Whitaker and colleagues (1998) found that a number of young people experienced bullying as a result of some staff believing children had the capacity to resolve difficulties themselves. Carers' failure to intervene or know about a child's experience of verbal or

physical conflict was voiced by children in research by Cawson and colleagues (2001). However, such problems were managed more effectively by homes considered to be better (Barter, et al., 2004). These findings support the recognition of the impact of children in care living together with others and also the knowledge that the 'child's world cannot be left to look after itself' (Barter, et al., 2004).

We know the relationship between adult carer and young person is a fundamental contributor in supporting the child's sense of belonging within both foster and residential care. The quality of child–staff relationships was, however, not as significant as peer relationships in contributing to a young person's emotional health as identified by Sinclair and Gibbs (1998). This is explored further within the analysis of this research data, and is also echoed within a number of autobiographical accounts by adults who grew up in residential care. The environment in which children live will influence and be induced by relationships as observed in Parker's account of research, cited by Clough (2000). Parker (1988) suggested child focused practice achieved the best results rather than those that are institution-orientated.

> Retrospective accounts provided by adults and young people who had been in care - it is the sense of receiving understanding, sympathetic, comforting and individual attention which stands out as the hallmark of the experiences which they cherish. (1988, p. 111)

> Establishments do 'best 'when the children feel they are cared for, listened to and responded to in a quiet, sympathetic, and consistent fashion. (1988, p. 115)

The more recent studies enhance the findings of earlier work on residential childcare. Studies evaluating hospital wards and children's homes for severe learning-disabled children were conducted by King, Raynes and Tizard (1971). Respect towards the children was identified as contributing to the best homes. They acknowledged that whilst an environment focused on the child might enhance performance, there is a principled quality*:* 'Kindliness and

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consideration … seem to us important whether or not they benefit children in measurable terms'. (King, Raynes and Tizard, 1971, p.199).

The importance of relationships between children, staff and peers was emphasised by Berridge (2002). He writes:

> Recent research has sought to explain this using attachment theory. Several of the studies of residential homes explained successful residential care according to the quality of the interaction between young people and adults. Terms used include: empathy; approachability; persistence; willingness to listen and reliability (2002, p.100).

This view is also supported by the work of McNeish, Newman and Roberts (2002) who write of the qualities of positive and enduring relationships, the capacity of staff to use humour, to form a connection and to be committed and caring towards the young person. This is a central element of the carer-child relationship within residential care and repeatedly referenced as a meaningful part of relationships by the young people observed within my research.

Listening to Children

There has been a significant focus on the value of good quality experience in everyday life in much of the former research regarding residential childcare. Clough, Bullock and Ward (2006) noted that there were a number of studies focusing on the importance of the child's understanding and having good everyday ordinary experiences, these included '*The Other 23 Hours'* (Trieschman, Whittaker and Brendtro 1969), '*Daily Experience in Residential Life*' (Berry,1975) and '*Healing Hurt Minds*' (Rose, 1990). This material includes areas covering the planning and management of routine or unplanned experiences, the latter can often occur on a daily basis for young people. Whilst some focus on the management and control of behaviour, others reflect on how staff responses to everyday challenges of child care help children to feel

understood, valued and a sense of belonging. Ward (1996) referred to this as 'opportunity led work', which leads to the potential for positive communication within everyday experience.

Staffing and Training

Formal guidelines regarding residential care often identify the need for better qualified staff. A concerning fact was identified by Sinclair and Gibbs (1998) who did not find evidence that more positive outcomes might be achieved for young people based only on higher ratios of staff or where they were more qualified. They question whether these findings are as a result of staff attending training courses which have been inappropriate, not supported their work in residential homes, or whether staff may not have been able to put into practice their training. These findings also contrast with those of Wolmar (2000) in his research into the abuse of children in residential care which highlighted how many of those responsible for abuse were unqualified and the homes poorly regulated, as stated earlier. Training not only provides theoretical knowledge, skills and an understanding of the complex needs of the young people but encourages a curiosity about the task, all of which are essential to helping the young people to gain a sense of belonging at the home.

Previous research seems to suggest that training can support good practice but there are other relevant factors to be considered. Some training courses have not been appropriate for the reality experience of working in residential care. There is some evidence that staff report having to work in a way they do not want (Hills and Child, 1998). Sinclair and Gibbs suggest low morale may be more apparent within qualified staff because of the 'incongruence between their training and the job they found themselves doing'. (Sinclair and Gibbs, 1998. p149).

Beedell and Clough (1992) in 'Evidence to the Inquiry into the Selection and Recruitment of Staff' argued that a lack of considering theory affected the way work was undertaken within residential care and offered little preparation for the reality of the work. They also highlighted that qualified residential social workers were more likely to leave residential work than enter the residential care system, resulting in few qualified social workers remaining at work in this field.

Size of Home

The size of a residential home remains significant. Sinclair and Gibbs's (1998) study clearly stated that generally, children's homes should remain small, as these will achieve better outcomes for the young people. Smaller care homes are viewed as expensive but aim to mirror some of the features of a foster and family home, with the exception that staff in a residential home will go on and off duty.

There are a range of views regarding the differing benefits and disadvantages of small homes. There appears to be limited evidence regarding the advantages for children in care of interaction with others, but more evidence of distress caused from an experience of being bullied and abused within residential homes. Although a foster placement may give the appearance of mirroring family life, evidence that this reduces the possibility of conflict situations as compared to residential care, remains unclear.

Location of Home

There is a clear expectation within authorities that out of area placements are managed in the same way as home authority placements; however, in reality

practice varies. Some authorities acknowledge that the further away a child is the harder it may be to assure quality and monitor the placement, particularly when the expectation is that this will occur face to face.

Recent statistics suggest that almost half of the children placed in residential care (46%) were placed outside the local authority area (DoE, 2012). These out of county placements are often perceived to offer specialist care for children with complex and enduring disabilities or severe mental health issues.

Children placed in residential care away from their local area have been identified as a particular 'at risk' group (Thomas Coram Research Unit, 2013). Despite this, children are moved to residential care outside of their area as this may be seen to provide an opportunity to disrupt patterns of risky behaviour, such as child sexual exploitation, offending and gang membership. Further challenges emerge, however, as local authorities try to protect and promote the welfare of these children living far away from home. This may include the difficulties of accessing appropriate support for the young person including a wide range of professional and local support services and agencies.

In summary, there has clearly been considerable research taking into account the differing application of theory into what makes a home a home for children in care and what is required to support those that care for them. Whilst the above provides a greater understanding of the development over time of the different features and elements that can contribute towards a more effective and emotionally containing experience for children in care, we are acutely aware that for many children in care their experience does not provide them with an internal sense of belonging and the external home that they require.

Chapter 5
Developmental Trauma, Attachment and Adolescence

When exploring the context of presenting behaviour of the young people within this research, it is essential to consider the experience that led many of the young people to enter the residential care system. Their experience of trauma will have affected their attachment patterns and may have led to difficulties during the developmental period between their early childhood and emerging adulthood that is adolescence. These experiences will also have impacted on the young people's emotional and mental health.

Attachment

Containment and loss

In my experience in a consultative role in residential homes I have observed that there is an increasing emphasis by managers to assist care staff to have a greater understanding of attachment theory and specifically, apply this in practice. In theory this might improve the young person's capacity to develop attachments and relationships.

Attachment theory draws on contributions from psychoanalysis, developmental psychology, ethology and systems theory, and like psychodynamic approaches it explains people's relationships and emotional needs using an 'internal world' model. Current social work literature also often draws upon attachment theory, although it took some time before this approach was applied in the residential homes. Fahlberg (1990) and Cairns (2002) work began to apply such theory with clear implications for residential staff. This model focusing on emotional warmth has more recently been adopted by some local authority residential

homes as a working model to underpin practice and thinking (Hampshire County Council, 2011).

Attachment theory, which presents an internal working model of self and attachment, also examines the place of absence. Ainsworth (1969) drawing on the work of Bowlby studied 1-year-old children in the 'strange situation', which provided an early example of the child's response to external 'absence', and was noted as evidence of an attachment style. Upon the mother's return, she interprets the child's initial response as 'not noticing' her departure, and her return as confirmation that the child does not mind her absence. This denial of loss and mis-communication (Parks et al., 1991; Goldberg et al., 1995) remains prevalent for the young person in residential care. Children who are looked after will often not have had the experience of forming affectional bonds (Rutter, 1981). Traumatic events will be exacerbated for children who have disorganised attachment patterns and experienced unsatisfactory parenting, multiple carers and a 'chain of uncertainty' (Aldgate, 1988).

The Psychoanalytic approach offers further ideas regarding attachment. Research based on attachment theory (Bowlby, 1969, 1980) has helped to identify children's responses to different kinds of non-containment. For the uncontained child, bad feelings are unbearable and are therefore projected on to others in an attempt to find some relief. These children are described by Docker-Drysdale (1986) as presenting as unintegrated, and frozen. Boston (1972) in her work with a child in care considers the difficulties of applying theory to practice when working with looked after children. She referred to the young person's phantasy which has been reinforced by their reality experience that their 'hostile impulses might be responsible for the disappearance of their parents' (Boston, 1972). She highlighted the problems that therapists, and care staff face. Whilst they may understand the phantasy and hostility they must

prove they can contain and survive the violence, as the original object in the child did not.

This can equally be applied to the role of care staff. Drawing on Bion's (1959) work, Henry (1974) in her paper '*Doubly Deprived'* also highlighted this further as she reflects on the different types of 'attacks on linking' that young people in care display towards those who are trying to care for them. This can include an attack and loss of contact with them, an attack on meaning and feeling, and an attack on the mind and capacity for thought of the carer. In such situations it becomes increasingly difficult for the carer to draw on their understanding and effectively apply the model of attachment theory. Providing basic security, care and predictability in line with the attachment model is just one strategy that staff may employ to begin to support the young people in their care to develop meaningful relationships. The ability to use a carer as a secure base is linked to secure attachment, described by Rutter (1999) as 'felt security' which supports the influence of attachment processes for looked after children. Neuroscience and its relationship to attachment theory continues to be developed and explored within trauma focused work such as Eye Movement Desensitisation and Reprocessing (EMDR) and is described by Perry (1999) and Van Der Kolk (1999).

Attachment and Organisation

Children need to feel secure within a family or the system of care in order to develop emotionally. Care staff group also need to feel secure within the organisation in order to work effectively. Organisational complexity will impact on their attachment to the work and people, and issues of security; dependency, anxiety, projection and separation all have a significant effect on their role and attachment behaviour in the workplace. Holding an attachment perspective in

mind will support building a secure enough base within highly complex organisations, particularly those with constant change and a high level of disturbance such as residential care. This will be explored further within the research.

Trauma

The dramatic effects of traumatic experience have now been documented in more evidence-based research. Neuroscience research has examined the impact of early trauma and neglect on the developing brain and mind of the child. Perry (1995) suggests that children's brains will develop differently depending on their early experience. The pattern of the developing brain and nervous system has been shown to be different where a child has experienced poor, inconsistent or traumatic early attachment relationships. Several authors have suggested this can lead to reduced capacity for self-regulation (Schore, 1994), reflective function (Fonagy, 1999) and emotional and behavioural difficulties (Archer, 1999; Balbernie, 1999; 2001: Hughes, 1997; 2003; McEwen, 2000). These traumatic experiences in young children can lead to the development of survival responses, including 'fight, flight or freeze' (Perry, 1999) and the child may exhibit fragile and exaggerated responses and struggle to engage in the 'normal world' (Parnell, 1999, p. 92). The young person is also susceptible to 'early forming personality disorders (Schore, 1994; Ross, 1997; Fonagy, 1999; Van der Kolk, 1999). Dissociative and disorganised patterns of response and consistent difficulties in developing relationships formation may persist.

Many children in residential care have suffered the trauma of abuse, neglect and separation from their parents, which will have affected them emotionally and mentally in many ways. Traumatic events can result in significant difficulties

for children and young people because of the way in which the memory is formed, and the event or experience changes their view of the world and their place in it. These difficulties may be maintained for many reasons due to painful recollection of the experience. The young person who tries hard not to think about painful experiences has little opportunity to process the memory.

Adolescence

The young people within the research are mostly adolescents. This developmental period is a time of transition. Winnicott (1951) developed the concept of a 'transitional object' in childhood. This assisted the child as they moved from a position of being in part dependent on another, which he called relating, to a state of 'using' others more fully, in line with emotionally known and experienced wishes and needs. Healey (2003) refers to the journey of adolescence in which young people create individually or collectively, a range of transitional objects to support them on their journey. These include peer relationships and the use of legal and illegal substances through this period.

Adolescence can be a period of vulnerability and possibility, and the way that adolescents approach tasks will be influenced by earlier experiences within their families. Music states that 'the adolescent brain is re-organising and reforming and is vulnerable' (2011, p.196). Mental health worries including stress and anxiety can become more prominent during this period, in addition to the hormonal, psychological and bodily changes. This period is considered both transitional and central to the psychological, emotional and social growth in the making of adult life. For the looked after child in residential care, that adult formation will also be heavily influenced by their earlier childhood experience.

There are a number of psychological tasks that adolescents face. Klein (1946) refers to the working through of conflicting feelings in relation to the oedipal state and the experience of separation and individuation from the family. The young people within this research, may not have experienced 'normal development' within 'good enough' homes, or have had parents who have provided a good enough experience of emotional containment (Bion, 1962) The absence of a place that enables development and the lack of safety will not have facilitated an internal capacity to contain painful feelings and thoughts.

The young people within the research study are either emerging adolescents or in the midst of experiencing the complexities of this. Their adolescent development will have been effected by a possible failure of care within infancy, disrupted and disorganised or disordered attachment and/or experience of abuse and loss. During puberty some may be able to gradually integrate the trauma, but for many they may be unable to overcome these early difficulties in experience. This can make the transition unpredictable and unstable.

The Idea of Adolescence

Winnicott (1961) referred to 'Adolescent doldrums' as the period of years for young people in which there is much uncertainty about their future life. Identifying with parental figures would result in loss of personal identity. He suggests that whilst adolescents seek freedom and responsibility, and may fight for this, adolescence and growth takes time.

Adolescents face anxiety-making issues, in particular, trying to discover an identity. This can occur in the external world, through education, work and in friendships and relationships. Alongside this is the search for identity within oneself and often intense feelings. Relationships can provide containment, however, for those adolescents who have experienced disturbance and

disrupted attachments, containment is often only provided by professionals whose presence in their lives is transitory. However, along with increased vulnerably and anxiety come moments of warmth towards particular friends and relationships.

Mental Health during Adolescence

Adolescence is a time of significant transition from childhood dependency to adulthood responsibility and a period of adjustment in terms of emotions and expectations. It is a critical period of vulnerability for developing mental health problems. One in ten 5-16 year olds has a diagnosis of a mental disorder, and one in six have a common mental disorder. ('Future in Mind', Department of Health, 2015)

Outcomes for young people with mental health difficulties are effected within their education **(**Breslau, et al., 2008) employment and socialisation (Wittchen and Hoyer, 2002), and physical health (Rajmil et al., 2009). Serious mental illnesses such as depression, psychoses, severe anxiety, substance abuse and eating disorders can emerge in adolescence and may be on-going through adulthood. As vulnerable children in care have higher levels of mental health problems, research regarding the impact during the adolescent period and transition into adulthood is essential. A number of agency and governmental initiatives have attempted to address the issue of risks to mental health in adolescence (World Health Organisation, 2008), (Department of Health, 2004: 2006). These identify the need to ensure the health and wellbeing of children and young people, as an 'investment in tomorrow's society (WHO, 2008).

Chapter 6

Methodology

Research and Psychoanalytic Theory

The aim of my study was to observe and analyse the experience of children living in residential care within their home, and those that are responsible for caring for them in this setting. I will explain how I collected and analysed the data which enabled me to identify the core themes which emerged from my observations and analysis. These provided meaning, understanding and narrative to the children's experience and life stories. As stated earlier, there has been extensive research regarding a more generalised theoretical process-outcome perspective of young people in care, and also from a psychoanalytic viewpoint including analysis of looked after children within individual psychotherapy. I, however, wanted to combine both in considering the whole experience of the child, carer and organisation and adopted research methods, which enabled me to fulfil this. This will further be discussed.

I will also consider observation and the case study as methodology, as my research was undertaken in a single institution. It will be important to initially place this in the context of psychoanalytic psychotherapy research.

Whilst inevitably all researchers will have some construct of possible outcomes, I have attempted to undertake the analysis by accepting 'not knowing' and to engage with the research 'without memory and desire' (Bion, 1967). In this way, the outcomes and meanings of the observed communication and behaviour can emerge and take form in the mind of the researcher.

The psychoanalytic psychotherapy training provides a background for the child psychotherapist to use their 'research' and therapeutic skills in 'observation, interpretation, introspection, recording and theoretical understanding of ideas'

(Rustin, 2003). Using the consulting room encounter as a methodology has been open to criticism and misunderstanding. The employment of other methods of research including grounded theory and more systematic procedures of data collection and analysis, continue to be employed in the on-going journey to provide an outcome evidence base that supports the effectiveness of treatment whilst maintaining the essential experience from the young person within the therapeutic relationship.

The paper presented is qualitative in methodological research and is a single case study. This study employs a form of thematic narrative analysis using grounded theory, which is exploratory, open-ended, and aims to enrich understanding as a case study.

The Case Study

Case study research can provide an understanding of the complexity of a case, whether it is a single patient, an institution, organisation or system. Stake (1983) referred to the case study as being explained by individual cases and not by processes of enquiry; the case can be 'whatever bounded system is of interest' (Stake, 1983, p. 283).

This case study is both 'intrinsic' – that being it is of interest and 'instrumental' in that I hope it will provide insight (Stake, 1994). Yin (1994) identified some of the skills that the case study researcher should possess which include: the ability to interpret responses, to listen carefully, be adaptive and flexible in different situations, have a clear understanding of the issues being studied, and to avoid having fixed ideas. I endeavoured to hold all in mind throughout the research and function as a senior 'research investigator' (Feagin, Orum and Sjoberg, 1991). In addition to observation as a method of research, I also used the single

case study model given that my research was undertaken in one single home. Midgely (2004) identifies that the single case study offers a more in depth exploration of processes, which provides more meaningful and clinically rich findings.

The case study method allows investigation of complex structures, whether personalities or institutions, and the interconnections of factors which give them their specific character. As occurs within analysis of a single patient with psychoanalysis or psychotherapy, there is equally extensive material to examine within the single institution. The systematic analysis of a single case, or institution, involves looking for repeated episodes or patterns. It allows a comparative method within the frame, as each element or part of the case under study is considered as separate occurrences. This method of observing and research within a single institution has been explored by Menzies (1959, 1988), Miller and Gwynne (1972) and Hinshelwood and Skogstad (2000) highlighted the transition from observational reflections to research findings. These were successful due to the detailed knowledge conveyed, enabling an understanding of its relevance to the lives and experiences of the people and organisations under study. The limitation of the case study method may be the difficulty of generalising however, from a psychoanalytic perspective, which is interested in understanding complex entities, the case study offers a central method of investigation.

The case study can provide the context for testing or consolidating established theories, in addition to providing the grounds for new theoretical hypotheses. It is a reliable methodology when undertaken with care, and procedures introduced by Stake (1994) and Yin (1994) have enhanced the reliability and validity of this form of research. Stake (1995) introduced a more intuitive, empirically grounded approach within case study research which he defined as 'naturalistic', in which he argued that data generated by the case study might

resonate with the readers experience and facilitate a greater understanding, which applied to this research.

The Case History and Psychoanalytic Research

The case history is generally viewed as being based on the researcher/therapist's particular impressions in contrast to the experimental method which aimed to create conditions similar to a laboratory in which variables could be controlled and the researcher aimed to focus free of interference (Lees, 2005). Freud attempted to establish the case history as a method of research and referred to the 'inseparable bond between cure and research' (Freud, 1927, p. 256). He believed that data can be analysed from the therapeutic session and as such is a form of scientific research.

Rustin (1997) states that psychoanalysis is both a form of healing and scientific research. He presents the idea that the laboratory is the consulting room:

> As this conforms to the standards of the experimental laboratory in research terms and the setting up of the rigorous psychoanalytic laboratory is designed 'according to the demands of their objects of study' (1997, p.53).

Observation as a Research Method

The mind is the main research instrument in psychoanalytic observation:

> The mind takes in what is seen and heard, registers feelings in the observer and other people, and processes what has been observed." (Skogstad, 2004, p.67-87)

Skogstad (2004) recognised that psychoanalytic concepts, such as the unconscious, anxiety, transference, defensive and projective processes, in

addition to the psychosocial culture are all relevant and significant within the context of this method of observation of institutions.

The proposed research is a qualitative study and will draw on the specific skill of the observer, which is in line with the method of infant observation as established by Esther Bick in the 1940s. This method includes different aspects, which are relevant for psychoanalytic research outside the clinical setting. These include: observing with objective thought, careful attention of the observer's individual experience, the ability to reflect and consider the complete experience, regard for the unconscious dimension and the formulation of interpretations. This method of infant observation was developed further as a way of observing institutions.

Rustin (1989) suggested that the methods of observation developed in relation to infants have also provided a method for investigating the qualities and effects of institutions and the care provided within them. Hinshelwood and Skogstad (2000) also presented this as a method of research in observing the dynamics of institutions, which will be considered in more depth within the analysis of this research. They note that the observer attracts a number of expectations within the organisation; they may be viewed as a potential support or a critical figure, all of which may be indicators of the functioning and culture of the organisation and its members. These could be seen in comparison to the transference within therapeutic relationships.

As in infant observation, the research has been undertaken in a non-clinical setting, a children's home. 'Where the observer has a responsibility to maintain a reliable, non-intrusive, and friendly, attentive presence' (Rustin, 1989, p.8). This aspect of learning is linked with Bion's distinction between 'learning about' an activity and 'learning from experience', which allows the observer to know something or somebody. Within infant observation, students begin to consider

elements of transference and counter transference in the observation situation. Rustin writes:

> The position of observer removes the active role, which adults expect to have in the presence of infants, and this absence leaves a space in which the infant's sensations have a more intense impact (1989, p. 10).

This echoes my own experience of infant observation and influenced my proposal to use this as a method of research. Within infant observation, the observer can become deeply identified with the infant's experience but may also be drawn into identification with the mother. This and many other conflicts can be stirred up within the observer, and as in infant observation, these were issues that were considered in the process of this research. It was important to be flexible, mobile and responsive to the young people and situations and to move through the building with them. Although the observer role largely has a passive quality, in part this passivity can give rise to anxiety. The nature of the organisation as a home for children in care did create an internal struggle for me as an observer, in not wanting the children to experience me as a rejecting figure, not responding as I would in my role as psychotherapist or as a visitor might.

Whilst the researcher set out to remain only in an observing role, both the young people and staff sought to actively engage the observer in discussion and interaction. Jorgensen (1989) stated that participation can 'reveal meanings and connections that escape the pure observer', however, the researcher tried to maintain a position of 'neither encouraging nor rejecting' (Skogstad, 2004). This is a difficult stance in such an environment but it allowed more internal access to subjective experience. I was aware of some of the differences and similarities of my observing role within the home, from that as an observer during infant observation. Within both, there is the experience of getting to know, the observation of the developing and presenting personality, as well as relationships and analysis of what is being observed. The young

people in care and staff members sought interaction and communication with the observer and as such the meaning they attached to the presence of the observer appeared to move the observer into the position of an observing participant.

Critics of this method of research have questioned whether as a researcher we are inserting our preconceptions and theoretical models into the field we observe. Rustin (1989) writes that psychoanalytical observation, as a method of research requires the observer:

> To have in mind a range of conceptions and latent expectations, by which they can give coherence and shape to their experience, and to remain open-minded and receptive to the particular situations and events to which they are exposed (1989, p 57).

They must tolerate "not-knowing and not-understanding' in order to reach a deeper understanding of one's own original experience (Bion, 1970). I also kept in mind Bion's (1997) suggestion that an analyst, or in this case the observer, should pay attention to 'wild thoughts' that include rhythmic and other symbolic signals that may be carriers of fundamental meaning.

Within this research, in order to give an accurate and true account it was important to present the child's own views, perspectives and feelings as observed and conveyed by them. Qualitative research is a more subjective form of research, in which the researcher can introduce their perspective as an observer/researcher to provide a more detailed and complete picture of a specific area of work. Barter (2006) used observation alongside interviews within his research in residential homes.

Researchers with widely differing theoretical perspectives have used participant observation, with a range of options in terms of how much participation there is, including observation behind a one-way screen or from a distance, to being

involved in interaction. As such, all observation could be seen as participant observation. The observer joins the everyday routines of those they wish to study, in an attempt to observe action in its 'normal' natural context. Within this research the needs of the young people within the study shaped the level of participation to some extent, and as an observer I was subject to the atmosphere of the setting which Rees (1987) suggests effects objectivity. Supporters of this research method argue that as a method of research it is less likely to lead to the researcher projecting onto others their view of the world they are attempting to explore and understand, and can therefore, provide a valid picture of social reality. Whilst the observer will begin their work with some predetermined ideas, they can openly observe the world of those studied. My position within the organisation was inside out – observing but responding to communication rather than someone outside who might work in residential care and observe from that position. By experiencing and observing the home this allowed me to experience some psychoanalytic aspects including containment, anxiety, defences and conflict, whilst also considering the more systemic issues of management.

The success of the observation does depend initially upon the acceptance of the observer by the group being studied, and once accepted their presence may to some extent influence the actions of those observed. In this way their presence could modify or change the world they wish to study. The observer must endeavour to blend into the background, watch and listen. Critics of this method cite that as the study progresses the observer may lose their detachment; however, such involvement may mean that the observer has been accepted by the group and therefore, those observed could be said to act normally and naturally. Rather than change the activities of those observed, the observer can blend into and become part of the activities, becoming an observing participant. I believe this was similar to my observing role within the institution under study.

Grounded Theory

In this study, data gained from observation within the residential home was analysed using a form of grounded theory. Research using this framework of theory is founded in the data and can offer explanations applicable to the residential setting. Grounded theory was developed by Glaser and Strauss (1967) and is a methodology that has been primarily used for qualitative data, although it can be used for quantitative data also. The raw material is studied and coded, from which categories emerge.   Abstract categories are formed as a result of successive experiences and the presence of similar elements. Urwin (2012) illustrated how this results in the integration of themes and concepts, which produce 'new theoretical ideas within a framework of emergence'.

In analysing this research data, and using the process of 'constant comparative method' (Anderson, 2006), the data was fractured and interaction, observation and communication were coded into categories of moments of containment, anxiety and conflict. This helped me to identify the reoccurring emerging core themes within the research linked to the internal and external sense of home (presence) and homelessness (absence) which was explored more fully in the context of a number of participants. This raised the question of whether another researcher would have generated the same groupings within material under study. The individual nature of any research may generate theory grounded in the information, which could offer explanations, interpretations and predictions.

Grounded theory allows the meaning to emerge from the mass of data. The use of grounded theory enabled the researcher when analysing the material, to focus on the recording of particular issues of importance. The concepts of containment, anxiety and conflict were considered from the author's experience of working with children in care. Within the research for example, anxiety emerged as a significant theme for both the young people and care staff, based

on observational material. The use of grounded theory supported the central concepts identified by the author but additionally allowed me to analyse the degree with which these emerged. Generally, the analysis confirmed what might have been expected, however, within this research it was interesting to observe and quantify through the data analysis, areas which might not have been anticipated. One theme which emerged from the analysis and is documented in more detail later was the extent by which the young people provided containment for each other. This was unexpected given my previous experience of working with children in residential care where there has been a high degree of conflict between the young people. This outcome may reflect the presentation of the children present at the time of the research but also reflects the positive functioning of the home. The use of grounded theory also provided evidence for the role of the observer which is considered later in further detail. This is significant in that this may contribute to a way of thinking about future support for children in residential care. Whilst to some extent I was not surprised by the sought interaction of both the children and staff, it was through the use of grounded theory that I was able to identify the level of containment, rather than resistance, that this provided for both. One could purport that such outcomes could be gained through other forms of methodology, however, I felt it was the frame by frame use of grounded theory as analysis which provided the evidence base research outcome.

Methods of Data Collections and Analysis

Data collection

Within case study research it is important to treat the data collection alongside other aspects of the research process (Yin, 1994). Data sources in addition to the observation visits to the home, included meeting with the manager, and deputy manager, some individual staff members, the whole staff group, and the

young people as a group. This provided an opportunity to outline the ethical and practical issues such as time, frequency and observer role, but also to hear any anxieties of both the staff group and young people.

The research was conducted by undertaking fourteen observational visits to the home, over a four-month period and being present there for an hour and a half in each visit. Hinshelwood and Skogstad (2000) who conducted observations of organisations over a three-month period emphasised the importance of the consistency and regularity of the visits in enhancing the link between the observer and the organisation. Their approach drew on the method of infant observation, applying this to institutions.

Initially the researcher had identified two residential homes to be studied; all were known to the researcher in the role of clinician as a child psychotherapist. However, the researcher continued to offer psychotherapy to individual children at one of the homes and considered it was not therapeutically appropriate to be visiting the child's home in a different role. I recognised that this reduced the possibility for a comparative study of more than one home. I was able to use a comparative method in reflecting on the different observational visits I made to the home, and also on the sequence of observations that took place within each single visit to the home.

The manager was welcoming and expressed interest in the study, as did the staff both in the introductory meetings and throughout the research. Most of the visits were conducted in the evening when the residents had returned from school, or during the day during a school holiday period. This did result in some of the older residents not often being present, but all were present at some time during the period of the research. As an observer I recognised that it may have been helpful to experience a wider range of times of day in order to achieve a more extensive scope of experience of the young people, staff and institution.

However, the overall regularity created by the observer and for the organisation, helped to provide consistency for the young people and care staff, and for the observer in developing the role and in an attempt to reach a state of neutrality. The researcher had worked with children at the home being researched in the past but was not currently doing so.

The research has included material relating to seven children specifically, in part this was due to some residents being largely absent when the observer visited the home, changes in the composition of young people and also due to issues of consent. Ideally I had hoped to include the entire young people resident at the time, but this was not practical. I was aware that some young people seemed to gain my attention more than others and at times it was not possible to be with all of them, when for example some were indoors and others outside. I became aware that the youngest child within the home appeared to demand more of my attention than others and this may be reflective of the emotional life of the home. The residents included a range of genders, ages, and length of time as a resident associated with the home. The researcher explained to both the young people and staff that she would be there in an observing role and that they should continue in their everyday routines and activities.

Data Analysis

In analysing the data within the case study, evidence is presented using various interpretations. This analysis consists of, 'examining, categorizing and tabulating the evidence (Yin, 1994), in order to address the initial proposals of the study.   I approached the research with an open mind, recording what I observed and only later, when all of the information was recorded and the study was finished did I begin to analyse the data. Focusing on the meaning of each

episode and interaction that took place appeared to be the best way of pursuing the investigation. This also was a learning discovery of how one might approach an institution from a child psychotherapy perspective.

Process notes were written up and recorded soon after each visit, and material relating to home (presence) – containment, and homelessness (absence) - anxiety and conflict were highlighted. These terms will be explored in more depth in the following chapter. Theme and content analysis methods were explored by recording episodes or moments, which had been observed. (See Appendix A for an example)

Employing a coding system to identify the significant emerging themes allowed me to identify 3 core categories;

    a) Containment – 'Place'

    b) Anxiety – 'Wandering'

    c) Conflict- 'Throwaways'

The breakdown of what themes were included in these categories is examined in more detail in the next chapter.

The organisation and analysis of the material was complex as this involved separating and analysing material relating to a number of staff and children. I endeavoured to look for 'ordering patterns' (Rustin, 2002) in the communication, behaviour, experience and relationships.

Each recording was placed in a table with separate colour coding for residents, children and the observer. Initially, I had not intended to include myself in the observer role, but both the children and staff's direct communication and interaction with me was clearly apparent and led to the inclusion of this material within the analysis.

In each adjacent column the researcher recorded in sections the transcript, then analysis of this and which category this was linked to (Appendix A).

The recordings were then linked to the core themes:

1) Home – containment.
2) Homelessness - anxiety & conflict

These core subjects are explored in depth within the chapter examining the data and analysis and enabled the development of hypothesis and theory regarding the experience of being in the home. Although the research question at the outset was to consider the sense of belonging and absence, the core themes identified began to emerge during the process of observations as ones of significance and interest.

Each observation was considered from 'a different lens' (Anderson, 2006) that of the child, adult (staff) and observer role. The primary data included descriptions by staff regarding the young people and their history, and observation and analysis of interactions and communication by individuals and the collective group, which invariably included different people at different moments and during different visits. These were recorded in detail in the form of written processed recording, which was completed immediately following each visit.

My initial recording did not include interpretation, which occurred at a later stage. I did not consider it ethical or appropriate to audio record my observations. It was essential to conduct the research with sensitivity towards the young people within the study and be respectful that I was observing them within their home. In addition written note taking would have interfered with the free flowing attention that it was necessary to give and also compromise the best use of one's subjectivity. I recorded and separated observations and

communications of each individual young person or member of staff. Separate meetings with the management team were also recorded and processed as part of the research. I considered the main threat to objectivity within the study to be my wish to protect the emotional well- being of the residents and anonymity for them and their home, and my concern that I may not be able to maintain neutrality and be pulled into the role of therapist. In addition, I was aware that my previous link with the home might influence some of my perceptions. It was important to discuss and consider this within supervision. The validity and reliability of the analysis, including the core themes was shared and discussed within academic supervision. Further reading and discussion also supported the research.

Additional Data Collection and Analysis

Relevant policy and research documents on children's residential care were read and are referred to in the literature review. This information supported the research and data interpretation in order for the outcomes to be placed within an appropriate context. Data was collected to provide some further context for the study. This information was gathered from a number of sources including The Department of Education and Local Authority Social Services.

Ethical considerations

Ethical approval was sought from the local authority home and professionals. Careful consideration was given to potential ethical issues that might emerge and plans to address these if required. The research design, methods and distribution process were sensitively developed to promote trust in the process and respect for the young people. Following discussion as below, the young people, managers and senior professionals of local authority social services

completed written consent forms. The researcher also consulted the social workers that had parental responsibility for the children. Following consultation with them it was considered it was not necessary or appropriate to contact those parents who had no contact with their children as this would not be in the best interests of the child to involve them just for this purpose.

Confidentiality has been maintained throughout the research by using anonymity for the children, staff and home. This has restricted some of the material presented regarding the young people's history, but is considered an overriding factor that must be respected.

Discussion with the Young People

Information for participants explicitly outlined the reasons for their inclusion in the study, and to ensure their individual needs were considered. The researcher sought to ensure that the young people felt comfortable in being observed in their familiar home environment. Data collection techniques were designed to encourage exploration without requiring individuals to share personal experiences. Anonymity of participants was discussed including confidentiality to be maintained, unless there were reasons that might emerge relating to safeguarding of the young people from harm.

Prior to the research visits, participants and staff were made aware that should concerns arise that indicated individuals might harm themselves or others this information would have to be shared with a relevant person. Information was shared on one occasion with the young person's knowledge. Staff members were always present in the building during the observational meetings, although not always in the same room as the young people. Participants were encouraged to discuss or raise questions directly or anonymously or in private

by speaking to staff or the researcher after the visits in order to address individual queries or concerns. Each young person was given an opportunity to 'opt out' of the research at the beginning or at any stage of the data collection and there was advanced discussion with the residential care staff, so that all of the young people in the study knew this. The young people were invited to attend an initial meeting. This reiterated the meaning of 'consent', 'anonymity' and 'confidentiality'. All of the young people were then given the researcher's contact details should they want to discuss further any issues.

My main ethical concern of the research was that it involved conducting research with children looked after in residential care, who are vulnerable young people separated from their families. The observer carrying out the research was experienced in working with young people and the research was conducted to ensure the young people were not affected by their presence within the research.

Meetings with staff

The research also included meeting with the manager, deputy manager and other staff members at the home to discuss the aim of the research and how this would be conducted, including any ethical issues for young people or staff. During the research, staff also conveyed their perspective on the needs of the young people, their thoughts about their often challenging and disruptive presentations, and issues within the wider organization, which impacted upon both the residents and staff. Staff included both temporary and permanent staff.

Chapter 7

Home and Homelessness

The concepts and features

Within the research aim I identified the core themes of presence, using the concept of home, and absence, referred to as homelessness. These are examined within the research findings.

Analysis of the material focused on 3 significant themes within this framework: 1) Containment (Home), 2) Anxiety and 3) Conflict (Homelessness). For the purpose of the research these have been explored using terms that have been widely used in relation to the homeless: 'Place' (containment) ' Wandering' (anxiety) and 'Throwaways' (conflict) and these are considered in relation to the young people, the carers, and the role of the observer. These central concepts are explained in more detail below.

HOME

'Place'–internal /external Containment

: Empathy. Reverie, understanding, connection, hopefulness, attunement, being, belonging, attention, positive identification, self-esteem, permanence

Children and young people in residential care will have experienced a failure of normal parenting; they may have suffered abuse, trauma and rejection throughout their lives and will anticipate that other adults will fail them. They may test out these expectations, often in extreme ways in order to confirm their fears. It may not be possible for care staff to avoid failing them in their minds, but they may be able to provide containment if they can understand the child's experience of parental failure. Containment is a function usually provided by the mother in the parent–child relationship. Bion (1967) developed the notion of a

person as a 'container' and compared this to the role of the mother in her ability to receive and understand the emotional states of the baby, making this more bearable. Where containment is provided for children in care this offers an emotional sense of place, an internal emotional home. Within the research, containment, or 'place' as I have referred to it, includes observed moments of understanding, receptivity to the needs of the young person, and observation of a listening and responsive voice and the provision of this kind of care. This kind of containment requires the object to be able to be open to the projections of the other and be able to understand the experience evoked in them. This may have been provided by young people with each other, and the care staff towards a child/the children, or the care staff or manager towards each other.

Being part of the group itself can provide the psychological and social support experienced as a maternal holding environment. The analysis includes observation of an individual, where the group might consist of two or more young people, the care staff-child dyad, the group as a whole, or the researcher's presence where in that observed moment a favourable emotional response or presence of another act as a container. Although this research does not attempt to examine the group processes in detail, it does consider the human wish to belong and to establish a psychological state of feeling emotionally held and contained by another. Positive identification as a containing function is explored within the analysis; this includes the concept of the self and the observed capacity to form relationships which might be observed through shared qualities, interests and ideas in play or interaction which highlight identification as an emotional tie.

'Good' children's homes will try to offer both a physical place or space and a relational space. For the young people in the home their original relational/physical place has already been disrupted leaving them somewhere in between. The home must therefore, attempt to find a balance, providing

boundaries and care but without confining. The development of an internal pathway will support the young person to begin to establish secure and trusting relationships, which in turn may allow them to process their experience, and continuity of emotional care and home.

A Sense of Place

The word 'place' within the thesis is linked to a cluster of concepts that one finds within a thesaurus including - a home, residence, dwelling, room, circumstance, condition, location and space. In addition to the internal sense of home and containment, it is also important to consider the external environment, which will impact upon the internal world and contribute to having a sense of place.
Munro and Hardy (2006, p.2) noted: 'Placement instability ... may compound existing difficulties and further reinforcement of insecure patterns of attachment'. Issues of continuity and stability of care are paramount in considering how to achieve meaningful permanence and an internal sense of home for children who are looked after, and leave care as a result of adoption, reunification with family or go along other legal pathways.

When young people have experienced adverse earlier relationships, meaningful relationships will take longer to establish. Howe (2005) highlighted the need to 'proceed very gently' in establishing relationships with children who have experienced trauma, as relationship development can be a slow and complex process (Rushton, 2007). These themes reflect what young people in care need in order to experience an internal and external sense of home and containment. Thoburn, Murdoch and O'Brien (1986) noted that for the child, a true sense of permanence would not be achieved through stability and continuity alone.

Understanding Permanence in Residential Care and the Home - External

The research aim, in exploring a sense of internal and external home or experience of homelessness is inextricably linked with the concept of permanency, which is so often applied to thinking about children as they move within the care system, in and out of a range of placements. Given that looked after children are at high risk of negative outcomes, the creation of pathways to permanence for young people in care is crucial. Many of these children with significant needs cannot, or do not wish to live with another family, and therefore, residential care as a specialist service provision is required. For professionals and those caring for children in care, the concept of permanency has a shared objective for children and young people; including preventative work, a return home, and long-term placement in addition to the options of adoption or residential home as permanent placement until adulthood.

The Department for Education guidance on the Children Act 1989 (2010a) sets out a broader definition of what permanence should offer a child:

> A sense of security, continuity, commitment and identity ….a secure, stable and loving family, to support them through childhood and beyond (DoE, 2010, p. 12).

This concept of permanence needs to be considered in the context of understanding family relationships, and reflection about the connections and differences between the ways children are cared for by parents and the way children are looked after away from home. This question has been addressed in the past by Bullock and colleagues (2006) who considered how public care might achieve 'the healthy psychosocial development that sound parenting produces' (2006, p.134). Edwards, et al., suggested attention needed to be given to the sense of connected 'close-knit selves' and the 'collective fusions within and across generations' that embody the view of 'family' (2012, p. 741).

A permanent home and sense of place are about past, present and future connections.

The Psychoanalytic perspective draws our attention to the internal worlds and emotional needs of looked after children and those that care for them. Both need to have emotionally and mentally processed and recognised the reality of the internal loss in order to cope with this and the difficulties they have been exposed to and experienced. When considering an emotional sense of place and home, I have linked the internal and external narratives in extending the concepts of internal containment and relationship from psychoanalytical ideas to the external context of home.

Homelessness

Britton (1983) referred to a child's sense of being 'psychically unplaced' following the breakdown of family life. For a young person in care their need to remain in the mind of their parents is constantly open to internal attack and living with other young people who are 'psychically homeless' (Cregeen, 2008) will make the process of gaining a sense of home and belonging more difficult. These concepts are explored within the main body of the research analysis, however, are complex and often overlapping.

The psychological feeling of homelessness, which is referred here as being without an internal or external family, does give rise to significant anxieties and projections which have to be managed. Whilst children in care are not physically homeless, they may often feel that they are, and may reject the efforts of others to make them feel they have a home. There are therefore, parallels between the experience of a looked after young person and that of homelessness, such as the homeless person's lack of family ties, their ambivalence towards others in

spite of mutual need, and of being unhoused in the mind and reality. Coston (1989) noted that a significant number of the homeless are lonely and feel rejected by society. The experience of loneliness can be painful and unwanted and has damaging consequences both emotionally and physically (Ernst and Cacioppo, 1999; McWhirter, 1990). Rook (1988) observed that an individual's changing circumstances are connected to the interaction of personal dynamics and constraints that can lead to loneliness and as such are also factors associated with the experiences of children in care.

Definitions of homelessness include, 'rough sleeping, no permanent housing and a lack of right to secure housing (Wright and Walker, 2006, p.467). *Homelessness* means to be without a home (Farrington and Robinson, 1999). Kelling (1991, p. ii) suggested; 'Homelessness is much more than rootlessness; it is the lack of a secure and satisfactory home'. Although some homeless people have a place to stay, most are transient, frequently moving from one living place to another. This again brings to mind, although different, the experience of many looked after children as they move from one place to the next with no real sense of home.

The homeless individual experiences issues of daily endurance, violence, and rejection, in addition to loneliness, depression, and fear (Coates, 1990; Hombs, 1994; O'Reilly-Fleming, 1993; Sumerlin, 1995). McWhirter (1990) identified links between loneliness and depression, hostility, alcoholism, poor self-concept, and emotional difficulties. Further research linked the experience of loneliness to anxiety and personal hostility (Hansson, et al., 1986), an increased vulnerability to health problems (Jones, Rose, and Russell, 1990), and even suicide (Cutrona, 1982; Medora and Woodward, 1986), all of which are prominent features for homeless young people.

A review of research published between 1990 and 2011 (cited in Dworsky, Napolitano and Courtney, 2013) suggested that between 11- 36% of young people leaving care become homeless during the transition to adulthood, compared to only 4% of young people of the same age who are not in care. The recent extension of allowing young people to remain in foster placements until the age of 21, should in theory, (based on previous evidence) reduce the risk of homelessness, at least in the short term.

Homelessness

'Wandering' - Anxiety

: Invisibility, fear, hopelessness, distress, withdrawal, low self-esteem, self-harm

For children in care, anxiety is a prominent issue as a result of the deprivation of care in their early experience and the insecure positions they find themselves in, both internally and externally. The anxiety they experience will be communicated and enacted in different ways. The term street wandering has been used to describe homeless young people's experience of aimless wandering with no specific destination. This image has associations with the transient life of people with mental health difficulties, or drug misuse. The use of drugs to gain a sense of belonging within the street group highlights the distress, hopelessness and withdrawal that are also associated with many young people in care. Street wandering also denotes movement with nowhere to go, from place to place. If we consider this in relation to wandering within the mind resulting in depressive anxiety, or the development of defences against difficult emotions, which are too painful, or threatening to acknowledge, we again see strong associations between looked after children and those living on the street.

Defences emerge in order to protect us from anxiety and pain, however, Steiner (1993) recognised that defences are sometimes held onto and remain resistant to change where they form an organised structure which results in a 'psychic retreat', this being a place that a person can withdraw to in order to seek comfort from anxiety and pain. This pathological retreat then serves as a hiding place and creates separateness from emotional contact with others. Observations of both the young people and staff, as individuals, in the differing pairings and changing group, highlighted how retreats emerge in order to find relief from different states and experiences of anxiety.

Within any children's home, the presence of anxiety is likely to be apparent, because of the very nature of the institution and its occupants. Removal and separation from parents, in addition to often-traumatic experiences of abuse will engender distress, emotional pain and anxiety. The internal aspects of the young people's object relationships are projected into others, often the staff, who within the transference may be experienced as a figure from the young person's childhood.

The concept of anxiety within the research refers to the feelings that are evoked in part as a result of the above experience. These can be differentiated into different forms, the 'signal anxiety' (Stapley, 2006, p.46) that being an initial reaction that occurs at the perception of danger, leading to a flight or fight response. This might be observed as a temporary dysfunction, however, if attempts at relief fail and the perception of danger increases, this will lead to actual anxiety, where thoughts and feelings are felt to be unbearable. Defence mechanisms that are unconscious psychological processes of thinking and feeling will be employed in an effort to reduce the anxiety. The actual anxiety may be communicated in a number of different ways by the young people, either through their words, expressed emotion, or behaviour. Within the research, this includes observable communication of fear, loss, hopelessness

and withdrawal. The anxiety is a state of mind in which loss; either of objects, satisfaction or integrity is threatened.

Anxiety and conflict are not always directly observable due to defence mechanisms. Menzies Lyth (1959; 1990) showed that individuals within organisations can evade anxieties and conflict, using 'defensive techniques'. This will be explored more fully later within the research. Jaques (1955) also suggested that individuals used social systems to support their defence against anxiety.

Self-harm is included within the category of anxiety as a communication of distress and self-directed violence, although the researcher does not feel this can be easily identified and attached to a single meaning. It involves a complex range from severe high visibility harm to hidden external and internal forms of passive and active behaviours i.e. cutting, eating disorders, alcohol and substance abuse.

Homelessness

'Throwaways - Conflict

: *Expressed disturbance, dysregulation, disagreements, verbal and physical threats or action. projection, projective identification, identification with the aggressor*

Homeless young people have been described using a variety of terms including throwaways and runaways. Young people who have been forced to leave their home by their parents due to unmanageable behaviour, social rejection or abandonment have been described as throwaways, and this symbolises an involuntary entry into the homeless state (Washington, 2011). With this description in mind the observer recorded 'throwaway' moments of internal and

external conflict communicated by both children and their carer's. This included the internal conflict of feeling states and experience, and external expressed conflict, sometimes in the form of anger.

I referred earlier to the complex interplay within relationships played out between 'them and us' as described by Scanlon and Adlam (2005; p.4). These unbearable states of being unhoused and dismembered in the mind, can lead to dangerous and violent behaviour in an attempt to get inside, and gain a sense of belonging. The destructive behaviour communicated, however, often maintains the outside position as others reject, abandon or ostracise, or by the people themselves as they refuse to engage with help that is offered. Cordess and Cox (1996) suggest that this behaviour should be understood as a communication of longing for a safe space that might endure the attack and contain and control their rage. In turn the carers of those expressing their trauma and disturbance through conflict can become traumatised themselves, creating a traumatised and unhoused organisation.

Skogstad and Hinshelwood (2000) stated that a general feature of institutions is that conflicts are spread between different groups, internal conflicts then emerge between different groups who then turn against each other (e.g. Bott Spillius, 1976, 1990; Menzies, 1959; Miller and Gwynne, 1972; Roberts, 1994). Within this research, moments of conflict were noted between residents, residents and staff, and within the staff group, where the capacity for acceptance and tolerance of conflict and ambivalence was observed. Roberts (1994) examined the 'impossible task' that many helping professionals set as they bring to work their own needs and inner conflicts. The self-assigned impossible task he describes, in this case provides the young people with the parenting they never experienced, is 'anti-task' in an institution where children are in transition. Conflicts emerge in residential care where the dominant defence is either to accentuate difference where staff – 'we' perceive

themselves as strong, and 'they' – the children, are seen as holding all the problems, or where there is a denial of difference, identifying with the young people to the degree that they are overwhelmed by their despair and pain. Conflict moments also include tense moments referring to interaction, which did not allow any real contact to develop, and 'contributed to the deadening of the atmosphere' (Skogstad, 2004).

When analysing the data, the researcher has attempted to also include projective processes. This includes where a person being observed has attributed their own unacceptable behaviour to another, and where I have perceived a projection that has altered or affected another person, observed in their behaviour or comments.

Young people who present a complex range of behaviours and high levels of expressed emotion have often experienced chronic traumas of serious physical or sexual abuse or neglect, which originated much earlier in their childhood. Their disturbance may be communicated through extremes of physical or sexual violence either within the family, school or locality. This behaviour may have or can lead them into the juvenile legal or mental health systems. Specialist and intensive services such as adolescent mental health units, or intensive residential or secure units may be required. However, increasingly children with such presentations reside within children's homes like that within the research, as a successful foster placement would require high levels of extra support.

Context of Behaviour - external

In order to understand, avoid or prevent difficulties, it is important to consider the situations in which moments of conflict and periods of disturbance take

place. This will be considered within the research gathered. A study of the experience of working in children's homes reported that homes go through recurring periods of peaks and troughs in terms of residents' behaviour (Whitaker, Archer and Hicks, 1998). A participant observation study found that although mealtimes were generally well-ordered experiences, they were sometimes a source of tension and an indicator of possible problems later in the day (Berridge and Brodie, 1998). Research by Barter et al., (2004) reported that staff commented that acts of serious sexual violence between young people occurred in the late evening.

O'Neill's (2001) study identified that mixed-gender units benefited the boys but disadvantaged the girls who complained about the attitudes of the boys. (There was also some evidence for reduced levels of overall violence and verbal incidents in mixed-gender homes (Barter, Reynolds, Berridge and Cawson, 2004)).

Chapter 8
<u>The Home, Young People and Care Staff</u>

I will now provide an introduction to the home, outlining the structure, care staff and young people who have and were currently living there during the period of research. In doing so, it is important to also place this in the context of the emotional need of the range of young people who live and have lived there before, and information that was gathered from meetings with management, staff and from inspection reports. The material must also be placed within the context of the children's history, living circumstances and age, including the core themes and features of trauma and adolescence.

The Structure of the Home within the Research

The home is run and managed by the local authority, and the home offers care and accommodation for up to eight young people of either gender who have emotional and, or behavioural difficulties. At the commencement of the observation, there were 7 young people, 1 of these left during this period, 1 new resident arrived, and was preparing to leave at the end of research. 1 young person left either as a result of significant incident, and 1 resident left to live with an extended member of their family. The young people were aged between 10 and 16. They have moved to the home either directly from their family or a foster placement, some had experienced a significant number of placements.

The young people had experienced complex trauma, abuse and bereavement. One of the recommendations of the homes Ofsted report was to ensure that the home had a programme in place for promoting the young people's independence and move into adulthood and leaving care.

The Staff

The home staffing numbers were sufficient to ensure the services safe operation, the staff group was diverse in terms of gender, race, and skill mix. The staff group was well established, with most staff members having worked at the home for a significant period of time. The team appeared to be cohesive and worked effectively together, and communication and staff support was reported to be good.

The staff received on-going training and a training schedule was available for staff to improve their skills and competences. Formal supervision for staff was well established and these meetings were reported to identify training and developmental needs. The staff conveyed feeling generally well supported and positively motivated by the team manager. Daily handover meetings took place as staff left and arrived, and monthly whole staff meetings occurred. The home employed a chef, and the young people appeared to enjoy mealtimes and reported that the home offered sufficient choice.

The Young People

The mix or composition of young people living at the home was different at different times. The comings and goings in terms of length of living at the home varied, with one child having lived in the home for 8 years, another came and left within a four-month period. Although the home did not specifically provide emergency placements, there had been times when children had been accommodated in these circumstances. The home did not accept children for respite care. Few of the young people had on-going contact with a parent, either directly or via telephone contact, and all, at the time of the research had previously resided in the geographical area and local borough.

The composition could be stable for a period and then major changes occurred quickly. These various patterns of admission, transition and departure meant that both young people and staff were frequently faced with new people and those new young people equally found themselves in a similar position.

Coming to Live in the Home

Most young people came to live in the home as a result of parental difficulties or failure to provide adequate care and protection, and for some as a result of their experience of being neglected, and abused by one or both parents.

Some had experienced loss in the form of a parent's death and the unavailability of another caregiver. For most children it was their first experience of living in a residential home, some had moved there from a foster placement, whilst others directly from their family of origin. Some young people had been in local authority care in one form or another for most of their lives, or for long periods. Some of the residents had returned to their parents care for brief periods.

The children were described by staff as expressing a range of emotions and behaviours upon their admission into care. For some, they appeared to settle quickly into the routine of life in the home. After an initial transition period, they attended school. Some were considered to be potentially able to move to a foster placement or possibly return home. For most, however, they were suffering the consequences of trauma, including abuse and neglect. Some had been involved in offending, misuse of alcohol and drugs, whilst others were prone to violence, self-harm or were withdrawn. The children generally displayed a range of emotional and behavioural problems, with disturbed behaviour and poor impulse control, including at times, propensity to destroy

property and make physical threats against others. Some of the young people frequently stayed out until late, ran away, caused disturbance or were excluded from school. Others were emotionally and physically more isolated and appeared more dependent upon staff.

During the period of the research, only two of the residents understood that they would not return home or to an alternative placement. Whilst staff indicated that there was a strong possibility that some of the other children would remain at the home until adulthood, there was a sense that this may have been unspoken between staff and the young people, and possibly caused anxiety and denial for both.

Emotional Need

There were varying levels of emotional and psychological needs of the young people living at the home. Children who live at the home were admitted for a variety of reasons.

Although at times children move to the home when requiring short-term or substitute care, those present during the research were largely considered to be living at the home on a long-term basis. In the past where children lived at the home for a short period these were children from families that were considered to be comparatively more stable and supportive, but in which there had been a crisis or difficulty within the family, and an expectation that the child would return to the family after a period in care. The management of the home reported that such cases were increasingly less likely to be admitted to the home now and that once placed at the home the children were more likely to remain in care until they became a young adult or if they did leave this could often be to another experience of alternate care.

Children who had lived at the home on a short-term basis in the past experienced a need for care and support, which was urgent but not necessarily long-term. In most cases these children either moved into foster care, or returned to their family. This also allowed them to usually stay in their existing school.

Complex or Enduring Needs

Some of the looked after children who live and have lived at the home come from families, in which there has been historical violence, abuse or neglect, or have experienced multiple placements. Some of these children presented distress and emotional instability through their unsafe behaviour, self-harm or impulsivity. Although this behaviour needs to be understood and supported in order to stabilise their lives, care staff and the manager were aware that the mere management of behaviour would not address the underlying causes of their distress.

The manager of the home reported that children increasingly moved to the home if there was an available space rather than being led by their emotional needs and the kind of care that might be most appropriate. A foster placement may have been a better fit, but sometimes the home might be directed to care for them according to where or whether there is an available place/space.

Chapter 9
The Children and Young people
Observation, Analysis and Findings

For some young people in residential care, their experience is a period of waiting for a foster placement to be identified. Canham (1998) poignantly uses the analogy of a station waiting room in which children wait to move onto the next placement or staff to move to the next shift, or progression in their career development. For many, the residential home is, however, a permanent place until adulthood and the prospect of a return home or to a new placement is no longer possible before that time. In presenting the research findings and the young people's experience of living either in state of not knowing and, or a temporary home until adulthood, I wanted to identify what or who supported them to experience a sense of home and containment and what factors contributed towards them remaining in an internal homelessness state.

Children looked after have experienced significant loss. Freud's '*Mourning and Melancholia*' (1917) and Klein's '*A contribution to the psycho-genesis of manic depressive states*' (1935), refer to the loss and absence of a loved one as a complicated psychic process. Hunter-Smallbone (2007) suggests this process of loss and mourning for children, who are looked after, involves anger and aggression at being abandoned, in addition to guilt and the fear that they have been driven away. It also involves ideas of self-punishment for transgressions and feelings of hostility towards the parent, and involves feelings of rage, helplessness and fear of reprisals, 'Plunging the mourner into the passion and dependency of infancy' (Hunter, 2007, p. 319).

For the looked after child, the parent may still be alive and may therefore, re-connect with and re-abandon the child. This can result in a young person feeling ambivalent and having an intense insecure attachment, and a belief that they

are not good enough or worthy of love. These children in order to remain connected with the parent may sacrifice their own self-worth. Consciously, they may have feelings of self-blame for there admission to care, however, their expressed behaviour may convey their distrust, attack and revenge, whilst they reject their own difficult 'acted out feelings' (Hunter-Smallbone, 2007). This puts into context the experience of the young people observed within the research and I will present the research findings using the core themes that emerged from the analysis. Each area will be structured, introducing the issue and theoretical contribution, followed by the research observation and illustration of the findings.

The Children and Young People

The researcher recognised that for the reader of this research, having a more detailed account of each child, including the history that led to them coming to the home, their current situation and future plan of care, would greatly contribute towards an understanding of their presentation. However, due to the need to maintain confidentiality and the researcher's commitment to this, and in protecting the identity of the young people and their home, only a name (anonymous), age and the length of time they have lived at the home will be referred to.

James (10) had arrived at the home a month prior to research commencement

Louise (16) living at the home 8 years

Mark (14) living at the home 1 year

Emma (16) living at the home 6 months

Joshua (16) living at the home 2 years

Harry (15) living at the home 3 years

Robert (14) Arrived during the research.

Tom (16) living at the home 2 years

Material is not included regarding every named young person above. Some of the children did enter or leave the home during the period of research, and there is more focus on specific residents who were present during observational visits. All originally resided in the borough and only three children had contact with family members. All staff names have also been made anonymous.

Beginnings

An aspect of all looked after children's lives are that of uncertainty and this will be a constant presence even in transition and the beginnings of new experiences, new placements, carers, schools and therapeutic interventions. The absence of stability and a containing sense of internal home remains a constant, either consciously or unconsciously within the experience of 'beginnings' for children in care.

Some looked after children present well during the initial period of their placement and may begin to show more disturbances as they become more settled with their carer's. Rocco-Briggs notes how it can be when young people in care:

> ….begin to develop an attachment to their carers that they begin to show their really disturbing experiences in an effort to have them understood. (2008, p 193)

Canham (1999) observed that many looked after children had no sense of time, past, present or future, along with this was a missing sense of causality, order and sequence. He suggests that an important factor in their lack of a concept of time is due to their feeling that 'no one has time for them' and as such they do not introject an object that is attentive to their development, either past or future.

Observation and illustration of findings

James, at the age of 10, was the youngest of the residents. He had moved to the residential unit following a breakdown in his foster placement. He arrived only shortly before the commencement of the research. James was not only the youngest but notably smaller than the others residents. James was not present during my first introductory meeting with the residents when I discussed the aim of the research and structure of visits in an observation role rather than as a participant observer or interviewer, but was present for my follow up visit.

When I meet him at the beginning of the second observation he greeted me enthusiastically:

> *"You're the lady we can talk to, aren't you?"*
> *During this visit, James is requested by staff to complete schoolwork and is moved away to another room. He is not observed again until just prior to the observer's departure. James enters the room tearfully and says he has fallen on the stairs; a member of staff briefly attends to him and examines his leg and foot. Louise (female resident) however retorts "poor, poor James…. I'm not listening".*
> *When informed that the observer has to leave, James states, "I didn't get to talk to you." He is reminded that the observer will be returning. Louise interjects "She doesn't want to hear from you."*
> *[Observation 2]*

This brief observation sets the scene of a picture of a young person who appeared to feel lost and on the outside of connections with other young people and adults around him. Although his physical needs were attended to on this occasion, I frequently observed him to be alone or conveying his sense of difference; absence of belonging and internal homelessness. Even in my first observation and contact with him, he communicated his feeling that he has missed something, and was missing something. I observed that when I met him he was quickly taken away by staff at a moment when he wished to make a connection with me. When he reappeared, he had symbolically fallen, with

echoes of Boston and Szur (1983) links with being dropped and let down. Louise denigrated his repeated expression of a wish to make a link with me as she mocked him. James' expression of a need to connect was repeatedly attacked, which in turn became an attack on his qualities and his mind. At this early stage, his vulnerability and open need was apparent but denied by others, which led to him being pushed away, and possibly represented their attempts to deny their own vulnerability.

Presence of Home

<u>Place</u>

Within the residential home it is often the care staff and managers that the young people look to as parental figures to provide emotional containment and a sense of emotional home. However, this can also be provided by other young people themselves, the organisation and the building itself.

Stern (1985) regards attunement as the 'intersubjective sharing of affect'. The early developmental and attachment theories by Stern, Bowlby, Ainsworth, and Winnicott, consider attunement to be central to every aspect of the infant's psychological development. Bowlby considers this further in focusing on the ordinary moment-to-moment and day-to-day interactions between mother and infant that build a strong attachment. Interactions between the staff and young people occur on a daily basis, with the hope that a 'living attachment' may exist and develop (Hughes, 1997).

<u>Observation and findings</u>

James was observant and watched the observer intently from the outset, even from a distance there was a strong sense of his desperation to be heard and find a connection. This was evidenced in the sense of the projections and

fragmentation of others around him, which was characterized by mistrust and miscommunication between James and some of the residential staff. The observer recorded many moments of connection and containment between the staff and young people, the children with each other and the staff with each other, although there were fewer moments of observed emotional connection between James and some staff.

From the outset one could observe James' vigilant state and unconscious wish to make a connection of some form with the researcher. At the beginning he communicated this in his wish to talk (Observation 1, 2, 3) and later in seeking to ensure the researcher might keep him in mind.

> *"Do you remember when you came last time?"*
> *[Observation 3]*
>
> *James is keen for me to watch him play a football computer game, to be alongside and with him.*
> *I joined J, he said, "get another chair else you will have to kneel down and then your knees will hurt." I sat down next to him*
> *He told me he was going to be Manchester United and he was playing Reading. He said that he was "really good at this".*
> *James told me K (staff) bought the game for him.*
> *He began to talk about the game*
> *James continued to score and said "when I get to 5 nil I'm going to try and get sent off" ….."When I am winning, I just want to end the game, I don't know why,"*
> *I commented on him not wanting to see the game through, because he had already won.*
> *He agreed. "I don't know why" (found myself wanting to make interpretations).*
> *James attempted to do a diving tackle in an attempt to get sent off but without success.*
> *James - he said, "I don't think I'm going to get sent off now because it's nearly the end of the game".*
> *[Observation 10]*

James seemed to be demonstrating aspects of a core belief that is frequently observed in children who are looked after, that being a difficulty in regulating

emotions, enduring challenging tasks, maintaining hope and expectation (Fonagy et al.,1992).This may also have been a reflection of a core belief that he is likely to be sent off (sent away). James' need to end the game before its completion may in part be an attempt to prevent the sending off (being moved) and provide some safety and hold onto success and hope, and a need to have some control where his early reality experience has provided little of this. There is also the unbearable pain of experiencing something good. The good experience may re-activate overwhelming distress associated with early experience; avoidance may then be a way of regulating tolerable amounts of interaction.

Many children in care can become stuck at the early stages of narcissistic and pre-oedipal play, having not reached integration. James' used his own structure - the game, to initiate his own play, which allowed a level of communication. James communicated within this play that the possibility of facing loss is too painful and must be avoided at all cost, but there is also no pleasure gained in winning, a kind of limbo state of being in the game, possibly reflecting his internal limbo world in day to day life. The above process also highlighted James's wish for the presence of another alongside him.

Identity and Identification – home and homelessness

Children in care can often struggle with identification and taking inside good internal figures. Boston and Szur (1983) referred to their difficulties in making meaningful relationships, and instead have a tendency to relate to the surface qualities of people, as Meltzer (1975) described, an 'adhesive identification'.

Observation and illustration

James' sense of identity is troubled and complex, the sequence and his repetition "*I don't know why*" appeared to reflect the trauma and broken attachment he had experienced and how this has resulted in a difficulty in integrating the many aspects of his developing self. Whilst there is the possibility of curiosity and search for meaning, the split off pieces can be hidden, unacknowledged and out of the control of the young person, 'Why am I in care?' many looked after children ask. Children in residential care are often cut off from their past and unable to integrate their early experiences into their identity at adolescence. Within the research, staff struggled to recall or acknowledge James' past and there is a lack of information, or misinformation about James' early childhood. This also left James having to rely on his own incomplete memories, including knowledge of his parents:

> *He continued playing. "K (staff) bought the game, you know K, don't you?"*
> *I confirmed I did. He continued playing football commenting on his skills.*
> *James "I don't know what I think about here. It's all right but I don't like the older ones. Only really Mark and Harry a bit. The older ones are big and I'm little."*
> *I said they were quite different ages.*
> *James - "Yeah, I don't really like school much either, I liked my old school more". He smiled*
> *James- "Do you think they will let me go swimming, they said I might not be able to but I think that was because they said I was being annoying and just to shut me up, do you think I should ask them?"*
> *I said he seemed unsure. He could ask although I remembered them saying that no one was going swimming this evening.*
> *He continued with the next game, again he was Man United.*
> *James - "I always win". He again spoke about the game, his play repeating, "I'm really good at this, do you think I am?"*
> *He began a new game quickly taking the lead and again saying he was going to get sent off.*
> *[Observation 10]*

Within this passage we can observe the different states and meaning, which James communicated through his words and actions. James was desperate for

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the observer to be alongside, to understand and reaffirm his way of thinking and feeling, not only in the football game but also in the game of interaction with the staff and other young people. On some level, consciously and unconsciously, he wanted the observer to know that he was struggling to fit in and find his place. Can the observer be a helpful figure that can help him to achieve his goal? Externally this is represented in the form of swimming, but he was equally expressing his internal state of mind and his experience of loss, emptiness and torment. James' sense of abandonment, as a result of his reality experience of failure of holding, prevails in the moment. His sense of the object failing to meet his needs is a reaction to this type of disappointment, which results in his psyche need to retreat and find rescuing resources.

James' game playing involved being on the side of something good, the best team, but the experience of winning appeared to be an unfulfilling experience and he needed to find a means of terminating this, i.e. being sent off, and what this represented for him. This brings to mind the view that absence is consequent on an experience of presence. Alvarez (1992) in her work with autistic and severely disturbed young children demonstrated that for many of her young patients, the deep, emotional and cognitive disturbance which they suffered was linked not so much to anxieties and anger about losing the object, but was linked to anxieties and despair at finding it. This seems to echo James' presentation as a young boy who had little or no experience of a constant and stable object on which to draw, internalise and project into his feelings - no continuing sense of his own identity. James wanted the observer to know the game had been bought for him by a particular member of staff, and repeated this sequence. Was this his need to hold onto a connection with another thinking mind? Someone who can think about him and what he might need? Containment and a sense of place are provided by the member of staff in the act of giving something that James can hold onto.

The theme of loss and his experience of separation and change are also evident in his reference to moving school, but these anxieties and despair may also reflect some deficit in his earliest interactions with his mother or carer, and may be a consequence of the severe early trauma or neglect he experienced. Like James, other residents presented as having developed complex identities and identification. Care staff discussed their concerns about one of the residents' behaviour, presenting as abusive and aggressive, placing himself at risk and neglecting his own self-care. Listening to them, I noted that he appeared to be replicating and mirroring the behaviour of their descriptions of his parent's treatment of him. There appeared to be identification with an aggressive part of his parents which has been internalised in his mind. In an effort to conquer the distress of such unbearable thoughts and feelings, the young person appeared to seek relief in being like the aggressor, taking on all of the severity of their disturbance.

Containment and Connection
United – children and staff

Many of the young people at the home, and in residential care have not experienced a relationship with an 'attentive object' and subsequently it will have been difficult to make sense of painful feelings, experiences and sensations. The absence of these containing and receptive objects leaves the young person with the overwhelming task of having to use extensive psychological defence mechanisms. The experience of feeling 'contained' (Bion, 1959) with tolerance and understanding may be new for many of the children who come to, and live at the home. Sprince (2002) refers to the terrifying and tyrannical nature of the internal object, which is often internalized by many looked after children. As a result, these children do not respond to rewards and punishment, and sometimes individual psychotherapy can be

experienced as too frightening. Sprince, however, believes that they can gain relief and benefit from experiencing 'concrete triangulation', that being an experience of containment from supportive adults who are attempting to understand what they project into those around them and what has been projected into them.

Emotionally damaged children need help to have and hold onto that vital good primary experience, particularly for those which Winnicott (1988) terms as 'unintegrated'. Unintegrated children have often lacked but still need the experience of children who have had a normal development. Winnicott introduced the idea of the holding environment and maternal pre-occupation, which resonates with Bion's reverie or containment (Copley and Forrayn, 1987). Studies of Infancy have also explored the mother's attunement to her baby (Stein, 1985). These are linked to the concept of her attunement to her child's communication and her capacity to tolerate and think about this. The mother holds onto all of the baby's feelings without feeling overwhelmed and gives them back to the baby in a way that enables the baby to take in more good than bad feelings, which is experienced as containing. The mother also needs to notice and respond to the complex range of expressed emotions and feeling states. James seemed to be seeking a parental figure that could reach out and carefully manage and enable him to make connections.

Observation and illustration of findings
In observing the young people, individually, in groups and with staff, I wanted to try to capture the moments when feelings were contained and understood, either by staff, each other or their experience of the presence of the observer. When the material was analysed in depth and grouped into specific categories, overall there was a higher number of occurring moments of containment observed than specific observed conflict and anxiety. In addition there was an almost equal proportion of containment and anxiety as conflict combined.

The observed moments of recorded and coded child-to-child interaction highlighted equal amounts of their capacity to contain and link with each other, as that provided by staff, and may have been attributed to the development of some tentative friendships between the young people.

> *The young people are not in the building and staff appeared to be in a reflective and sombre mood, talking about the difficulties and stress of working in the environment. A number of young people then appeared, Mark, James, Harry and Louise. They said hello. "Alright"*
> *Harry spins the ball on his finger. The children then began to try and take this from him, but all are laughing. The observer feels the young people have broken the pensive mood.*
> *A moment of unity is observed when the children return together and enter the building.*
> *The staff had been reflective in conversation with the observer. The mood is lifted. The presence of the young people brings energy into the building. [Observation 3]*

Mealtimes appeared to offer more containment than the unstructured time, i.e. watching television, and there were a higher proportion of observed positive interactions. This was the time when most of the young people and staff present came together as a unit, often with warmth and humour. There were greater moments of positive interaction at mealtimes, although some young people (older residents) were frequently absent at this time. The table, which the young people and staff gathered around at mealtimes, appeared to have a role beyond food routines as a place where people came together to communicate and be with each other. This may provide an opportunity for shaping and sustaining relationships as staff and young people spend time together as a group. This might include specific staff members and young people or the whole group (at mealtimes). There was not a formalised therapeutic group space for the children at the home, but the researcher observed that children and staff appeared to enjoy shared experiences including taking them swimming and to outdoor activities, and perhaps this in itself provided something therapeutic. There were

many occasions when I observed the young people and staff together being taken to activities, places, being collected and playing games in a very ordinary way which produced laughter and humour and represented something akin to more commonplace routines and experience of family life. This may seem an obvious prerequisite for providing internal containment and a holding environment , however, I have been struck by how absent this has been in other homes I have attended as a therapist/consultant and again consider that some of this is connected to management style and the establishment of a close, reflective and united group.

The kitchen and the cook also provided a source of containment and comfort, this appeared not only to relate to the provision of basic care in the form of food, but also an internal nourishing. The young people were comfortable with the cook, and the observer noted there was a relaxed atmosphere in the kitchen. The children and staff went to the kitchen to select their evening meal served to them by the cook. There was a brief time during the period of research when the cook was not available. Staff members therefore, took on this role and the children were equally involved in this process. It may be possible that the mealtime experience provided a guide to gauging the social interaction and atmosphere in the house during the evening. The mealtime can be an indicator of conflict later in the day or night subject to the mood of the residents at this time. This might also be difficult to assess due to the absence of some of the young people too, whose mood and state of mind will not be known until they return. The researcher was aware that this might change dependent on the presence or absence of particular staff, but overall there was a sense of unity in these moments. The internal representation that mealtime provided also appeared to be replicated in the role and function of the night staff.

> *Louise arrived back late from a riding lesson and asked the observer to join her. She enquired if the observer had met the member of staff, "She's my favourite, she's here at night". Louise introduced me to the*

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night staff. She tells me she has worked at the home for 16 years. [Observation 13]

The continuity and stability the cook provided in her long-term presence at the home offered a sense of reassurance to the young person. Whilst this may be linked to personality traits, there was also the symbolic safety she provided at night-time for the young people, and the knowledge of continuity of care, someone who is known and possibly represents the availability of a maternal presence. Her longstanding presence provides containment for the young people and for many of the staff. In observing the home and the interaction between the children and staff, I recorded each observed moment of exchange into different categories as below:

Table 1. Recorded moments of observation

Containment   - Place

Anxiety   - Wandering

Conflict   - Throwaways

	Containment	Anxiety	Conflict
Observation visit			
1	29	9	6
2	29	11	7
3	19	9	7
4	26	5	10
5	36	6	5
6	29	18	6
7	7	9	9
8	25	6	7
9	27	19	18
10	18	20	12
11	16	8	4
12	8	13	11
13	17	11	11
14	32	25	3

Containment was also provided by staff when they intervened and took control when a young person was dysregulated or not considered safe. This was noted in particular in observations 4 and 5 (see Table 2, p 109). Although the young person may not have experienced this in the moment as containment, the care staff's actions may also give the message that someone cares enough to stop them being hurt. A high level of containment was provided by the observer in observations 6 and 14 in the absence of staff, which will be detailed later within the thesis.

Within the home it would seem that the young person's observable behaviour did not match underlying possible feelings of despair or hopelessness or rage. Very few children were at the time of this research receiving individual therapy; either because they were in transition, had rejected this or reportedly did not meet the criteria for a specialist therapeutic service. The researcher questioned where the space existed for the young person to process feelings and thoughts about rejection and abandonment from the family or what the future might hold. Staff had to, in effect, become therapists without training.

Staff report that only one young person is attending therapy, they talk about the children's different experience of seeing therapists and how many disengage from the process, they also feel this is often not supported by the children's social workers. And that "some of them just give up if they don't turn up to therapy,"
"Child C (former resident I had previously seen in therapy) didn't give up on you, she kept on coming, and she needed that, we're not therapists but we try our best to help them".
[Observation 3]

My experience of the residential staff in the context of my former contact with the home in my role as child and adolescent psychotherapist is that they had a strong commitment to supporting children in attending therapeutic interventions, including intensive work. This is not something I have experienced in the same way from other homes that I have been linked to, and there was certainly a

strong emphasis by the manager and staff to try and ensure the young people received the treatment services they needed. The staff recognised that the young people need a reparative or helpful emotional experience, which might mend the earlier damage, enabling the young person to eventually no longer need formerly ingrained psychological defences. Young people may need many repeated experiences of containment to turn this around but the staff did not necessarily think in terms of reparative life experiences but what they offer to young people is often consistent with these ideas.

> *Karen (staff) said. "I like working at the home, there are lots of perks...I like working on shifts at different times of the day and getting out and about with the kids, it gives us chance to really listen and talk to them, and to help them think about things. Working in shifts gives us a chance to really know them and be more like a family".*
> *[Observation 3]*

After some further references to this, Karen is reflective:

> *"Things are different now, we don't seem to have to entertain the children so much or take them to places, and many of them are far more independent".*
> *[Observation 3]*

The sense of loss of role, akin to the departing child within a family, will be explored later in the research but here demonstrates their sense of connection and wish to support the young people. Staff also spoke about how 'knowing' the children who are more established within the home enabled them to recognise when tension is increasing or a young person is becoming increasingly upset or angry. One staff member spoke of knowing the difference between attempting to diffuse a tense situation by "*making a drink, taking them out of the situation…. We can then talk about what was going on for them later when they feel calmer",* and when a more direct response is required that will support the young person to be and feel safe. Staff recognised that young people may have had limited experience of a response of kindness and concern and sometimes

struggled to have the capacity to internalise this and some staff acknowledged that they needed to keep this in mind.

Despite the disruption that a new young person appeared to bring with them, staff and young people were also able to reflect on their memory and understanding of a young person's difficult behaviour when they first arrived and also later at the positive progression that had been made.

> *Harry was setting the table, he said hello. Vicky (staff) asked if I had met Harry. He confirmed we had met. Vicky said that Harry had been here for 3 years. He said "I think I was the only kid to kick off during their visit to see the home". He smiled but shook his head. Harry added "I used to be angry all the time, and only knew I was moving 2 days before I came and was told about the visit the day before." Vicky commented on how much he had changed and grown. Harry gestured with his hand indicating he had grown considerably. He said he thought he was much better after he stopped taking his medication. Vicky agreed.*
> *[Observation 5]*

Whilst there was an element of a physiological component in the form of medication regulation, to the change observed within Harry, this could also indicate that behavioural difficulties reduce when young people feel and become more settled and secure, and the home within the research provided 'something' that had allowed for more self-reflective function within Harry.

Staff and some young people indicated that sometimes "A breakthrough" can be a slow gradual process of improvement, like Harry, or sudden which can surprise staff too, but preparatory work may have contributed towards this.

> *"I didn't want to talk to anyone when I first came, I really gave the staff a hard time, I trashed the place ran away. I know I wasn't really angry with them now, just because I had to leave my foster carers. Staff didn't give me a hard time, they gave me time".*
> *[Observation 5]*

The staff reflected on children's contact with their birth family and recognised this could be both a source of containment, anxiety and conflict for the young

person, and often impacted upon their behaviour and emotions before and after contact. Staff expressed that they would represent what they believed to be in the young person's best interests, even if this involved disagreeing with the professional network.

Within the home there was a very low incidence level of physical restraint used with a positive emphasis on de-escalation of difficult or tense situations involving young people. Staff acknowledged this changed subject to the presence of individual children and the group dynamics. Staff reported that they always tried to engage verbally with young people, rather than respond to behavioural situations through the use of restraint. Staff based their approach on the positive relationships built up with the young people to diffuse tension. All of these factors contributed towards encouraging a sense of belonging and the development of an internal sense of home for the young people.

Table 2

Observed containment provided by:

Staff to Child
Child to Child
Observer to Staff
Observer to Child
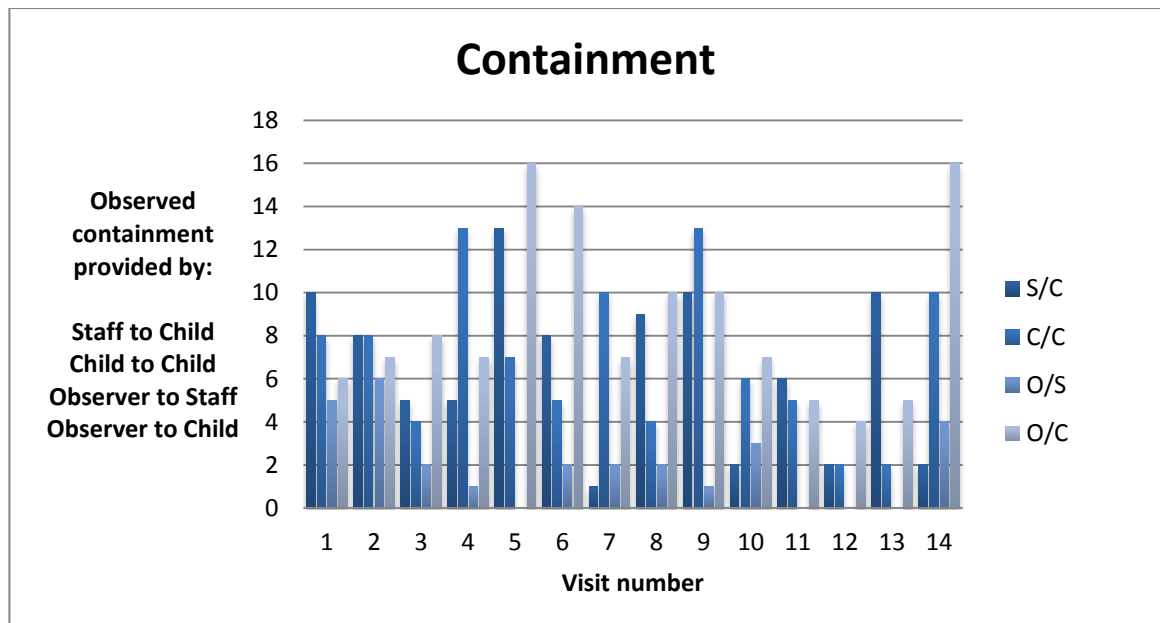
Anxiety and Containment

Parental figures. – Vulnerability, safety & nurturing

The internal absence and homelessness experienced by many children in residential care can lead to a denial of the despair of abandonment. At times this is communicated by adopting a tough and resentful attitude that masks their vulnerability.

Observation and Illustration

James' vulnerability was observed in his interactions and communications with those around him. I was informed this was hidden at school by a tough exterior position. I observed when he watched television that at times this led to a lively, animated and excitable presentation, often escalating and resulting in a member of staff arriving to reprimand him. However, on one occasion when watching a programme with video clips of people falling over or having accidents he laughed loudly, but his demeanour quickly changed when there were clips of children falling over, and I observed an intense rigidity at these moments.

> *He stopped flicking through the TV channels on 'You've been framed 'and began to laugh at the various video clips of people falling over and having accidents.*
>
> *There is a clip of a baby falling over, James is silent, his face fixed, almost frozen, there is another clip of a child falling backwards, James does not move.*
>
> *[Observation 3]*

A protective ally was present for James in the form of Mark who looked out for him.

During an observation outside:

> *James enjoys playing on his scooter, demonstrating his skills, Mark offers to fix and maintain his scooter, the mood changes when they talk about growing up, as James says "I only want to get to 14 and then I will die" Mark looks shocked "what, don't say that, you've got everything to live for". James replies "No not really, I don't think it sounds so good to grow up," Mark also points at the observer and says "look she's alright: Looking at the observer he then asks "Did you feel sad when you were younger." The observer feels it is important to respond and commented at him wondering if others understood how he felt and the importance of people knowing how he feels. As Mark continues to maintain James's scooter, he look startled looking at the wheels and proclaim. "James, look at this? It's about to come off, it's a death trap!"*
> *Mark continues to offer reassurance and act as his protector and we agree that James should let staff know how he is feeling, and that the observer can also discuss this with them.*
> *[Observation 7]*

This moment highlighted James hidden vulnerability and an absence of an internal containing function and a need to be rescued. This may also have represented his experience of adults in the world around him, not only his early life experience in which he was not protected from and exposed to abuse but also his current experience of an adult world in which he is perceived to contain something bad which has been internalized by him, a world that he questions whether he wants to enter into, or leave as he creates his own form of "death trap". There may be an unconscious wish to be rescued either by Mark and the observer's words or understanding, or Marks reparation as a containing figure of the precarious scooter.

This observation also brings to mind Turps' (2002) study on self-harm. When do the boundaries of James's thoughts, words and behaviour move from hidden to visible self-harm?

An on-going difficulty for James was observed in his interaction and developing relationships with the adults around him. His early experience of parental abuse

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and neglect may have impaired his capacity for differentiation in his present interaction with the adults he encounters. James communicated his lack of trust and an expression of some hopelessness in relation to the adult world and a future life, whilst he was not actively expressing suicidal thoughts there was an unconscious expression of aspects of the death instinct that represented an attack on thinking.

Mark at 14 was in the middle age range of young people residing at the home. He had resided at the unit for a year when the research commenced, following the death of a parent. Mark was welcoming towards the observer and asked appropriate questions about the research. He was curious and interested and was keen to be part of the process. This may also have reflected a process of getting to know and being known. He always asked the observer to join him in a calm measured tone.

Mark appeared to be liked by all of the residents and did not get easily drawn into conflict, often acting as the voice of reason and in offering advice to other young people. He also reminded them of boundaries and appropriate behaviour, including seeking out staff when needed. To some degree he provided a containing function for the residents and at times the staff, however, his own loss and anxiety appeared to be never far from the surface.

During my first visit Mark told the observer:

> *"I've been here nearly a year now, I moved 2 days before Christmas, so I'm getting ready for it this year" (His t-shirt reads; 'Merry freaky Christmas').*
> *[Observation 1]*
>
> *Mark again makes reference to his arrival at the unit at Christmas during a later observation and the poignancy of Christmas and his shock at moving to the home at this time.*
> *[Observation 6]*

Mark also took on a protective role towards the youngest member of the group, which may represent his symbolic position as the older sibling, or other parental function.

> *The observer is outside with Mark and James, Mark is showing his new scooter, whilst James is demonstrating some jumps. Mark told him to slow down and be careful. He shook his head and said "Someone's got to keep an eye on him; he's going far too fast".*
> *After cleaning his scooter he offers to do the same for James. James paused and came over to watch what he was doing.*
> *Mark said "Do you want me to tighten yours up for you when I've finished. James said yes. He went back to cleaning this, as he did this he again told James to slow down. He said "I have to look after him; he's like my little brother".*
> *I commented on him looking after him in this way. He said "yeah, well it's hard for him being the youngest and that."*
> *James whizzed by and then said I "I'm not a teenager like you". James began to make jokes about sex.*
> *Mark quickly told him to stop. James became more excitable and joked about having sex. Lewis said, "Stop that James, you're just showing off".*
> *Mark said that James had been asking questions because some of the children were talking about it at school. "It's all part of growing up James. You don't have to think about it yet".*
> *[Observation 7]*

Mark wanted to communicate his wisdom and experience and the parental role he takes on with James, to the observer, however, this was perhaps masking his own painful feelings of loss and the need to deny this, drawing on projective mechanisms in a desire to rid him of uncomfortable feelings. By taking on this position, this allowed Mark to turn a blind eye to the reality of his own 'oedipal illusion' (Britton, 1989). Did this serve to deny his own sense of dependence and exclusion from the parental relationship, both knowing and not allowing himself to know his status as a looked after child? His sense of internal homelessness and deficit contributed to his experience.

There was also genuine care and concern evidenced in his need to offer support and reassurance to James when he communicates his own despair. He

tried to provide both a maternal and paternal function, an adaptive response to his own loss, but also perhaps a reflection that he had experienced a sense of some holding in his past, and had internalised a capacity to think of others. The question of his own adolescence and his reference to James being able to put these thoughts on hold may link to his own mental pain, confusion and conflict stirred up by the physical changes that have taken place for himself during puberty. His development had been complicated by loss and trauma.

Mark's verbalisations and interactions with others did not immediately correlate with many of the other residents within the unit. Williams (1997) draws our attention to how the difference in the child's internal frame of reference and inner reality will lead to experiences being symbolised differently. I observed Mark frequently arrive back at the home, talking about his day at school and brought food he had cooked, which also appeared to represent something of how he had developed a way of coping with his traumatic life experience and entry into care. Mark's physical presentation was significantly overweight, and I observed this to increase further during the period of research. He was keen to point out at mealtimes that he was eating healthily; however, the portions and mixture of food appeared far more than was required. Food itself may have become a defence against real thinking, or a way of avoiding intimacy and the risk of being disturbed by emotional reality for Mark.

Holland, Dallas and Oliver (2012) identified in their research with young people living with excess weight, that many had assumed a caring role within the family where there was often conflict within these relationships. Frequently self-sufficient their own vulnerability and emotional needs may be denied. Marks' obesity is a complex condition and in order to offer effective treatment his individual experience and relationship with food needs to be understood.

Most obese children are likely to be genetically predisposed to gain weight more readily and environmental factors such as family patterns of overeating or the tendency to use food as a comfort are likely to aggravate the problem. These children are often concerned about their obesity but do not express their concern in the same way as those with anorexia nervosa or bulimia nervosa. They make minimal effort to lose weight but do; however, have elements in common with those with other eating disorders, namely denial, a strong tendency to have poor self-esteem and resistance to treatment. Even in the absence of Mark, staff made no reference to his weight in relation to health concerns and I did not observe anyone comment or monitor what Mark was eating. Obesity is remarkably intractable despite many treatments appearing to help in the short term. Many obese children remain so in adulthood and parents and carers are central to any treatment programme. For Mark overeating may be an attempt to make up for the feeling that he was not getting what he needed from relationships. His experience of repeated loss may have left him feeling empty, which he could not rid himself of despite his attempts to physically fill himself up, however, Mark was still at times able to demonstrate his capacity for generosity towards James, the youngest child. Klein (1957) refers to the act of giving as only being possible when one introjects kind, nurturing objects and the possession of a feeling of trust in one's own inner richness to be able to share. Given this, Mark may have had an early experience of a containing and giving object that has been more recently depleted by the trauma and loss he has experienced.

Mark was made aware by another resident that the observer was also a child and adolescent psychotherapist. He immediately began to talk about his own experience of therapy stating "*it just made me sad*". He mentioned this again during the period of observation and appeared to be communicating his thoughts about finding a possible therapeutic space for himself, but also his need to defend against more painful feelings as he had disengaged from his

therapy. On some level, Mark appeared to have internalised a capacity to think for himself and had established an internal container which enabled him at times to manage a degree of anxiety. Klein (1957, p.189) states:

> Inner wealth derives from having assimilated the good object so that the individual becomes able to share its gifts with others. This makes it possible to introject a friendly outer world.

Anxiety - Wanderings

Many of the children in residential care have not had the opportunity to introject and identify with carers who can contain their painful emotional states, and for many have experienced the opposite of containment. Feeling states can easily overcome them and their minds 'wander'. Psychological defence mechanisms are then used to try to protect themselves from anxiety, to 'wander' away from the anxiety.

I recorded a high level of anxiety in observations 9 & 10 (see Table 3 below). In observation 10 this was expressed largely by the staff in the absence of the young people, as they spoke about the concerns for the residents.

In analysing the data, the highest recorded moments of expressed anxiety by the young people were during my final visit (14) and during the 'lights out' visit (9, extract below). Whilst the latter resulted in the coming together of both the young people and staff and produced a high level of containment, it was Mark who communicated a high level of anxiety during this observation.

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Table 3
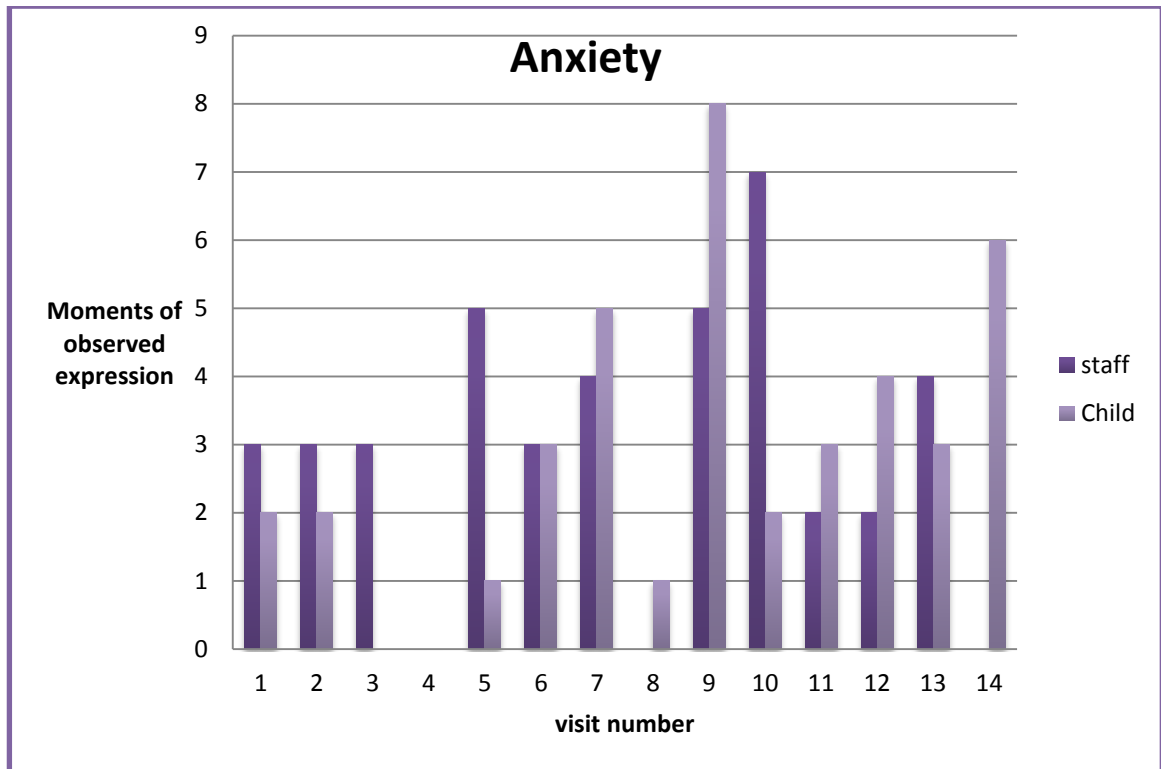
Observation and illustration

Although Mark in many ways tries to present as 'grown up' and act as a container for others anxieties, the staff reported that he himself can become overly anxious at times. During one observational visit the power supply to the home was not working and this created an atmosphere in which staff and young people came together in a playful and meaningful way. However, Mark's usual calm and supportive demeanour was replaced by his overriding sense of anxiety about the disconnection of power.

> James "All the lights have gone out. It's really creepy." Laughing.
> Mark "they went out about half an hour ago, how long do you think it will take for them to get back on?"
> I said I was unsure but I thought they would send someone to look into this.
> Louise said, "Shall we have another game?" (Hide and seek)
> Mark said "no, I don't want to play, shall we go downstairs".

We return downstairs, James and Louise are chatting and laughing talking about where James and Mark had hidden and how long they had been waiting for Louise to find them.
I sat in the room with them. Karen (staff) enters the room.
Mark asked, "When are they coming to fix it?"
Karen explained that they had spoken to someone about it, and they would be coming out sometime this evening but she wasn't sure when,
Mark "they can't just leave us can they?"
James "Are you scared Mark, Mark's scared."
Mark -"No I'm not I've just got things to do, so you can shut up".
[Observation 9]

Mark often provided a containing function for the other residents and at times a placatory presence for both other young people and some staff. In these moments above, however, his anxiety was not hidden and he felt insecure, stuck in the dark. The disconnection of power seemed to have re-awakened feelings of abandonment; it was hard for him to trust in the adults around him to resolve the problem but also importantly enabled him to get in touch with some of his more disconnected feelings and a possible breakdown of defence. Alvarez (1992) cautioned against viewing some behaviour as manic defences when it might be a developmental opportunity. In this situation Mark did not need to take on the parenting role and deny his own feelings of loss and anxiety. On some level Mark could be often perceived to be keeping the nature and depth of his feelings at bay, and to a degree split off. This temporal splitting or 'splitting off' (Klein, 1946) of a past part of a phase of life can lead to a state of 'imprisonment' or 'frozen' pain (Symington, 2000) for some children. My observation and experience of Mark was that psychotherapy would have offered him a space to safely get to know and understand these more remote parts of his inner world, which together with the evidence of his resilience and some earlier experience of nurture and care would support him to maintain a state of 'psychic equilibrium' (Joseph, 1980) and allow fear and anxiety not to give way to serious problems in the future.

Absence - Throwaways

Conflict, Rivalry and the Oedipal Sibling Triangle

Internal and external conflict will be present at times for children with disrupted and disorganised patterns of attachment, as their early history probably contained significant conflict that created feelings of overwhelming rejection, to have been 'thrown away' in their minds. The staff must try not to re-create these experiences, and attempt to neither avoid nor engage in an angry or rejecting way, but at times this will be hard to maintain. The capacity to not be drawn into the conflict and provide empathy will help the young person to learn from the conflict, continue to experience the strength of a supportive relationship, and develop the ability to regulate affect and self-worth. When residents become involved in conflict situations with each other, either verbally or physically, the empathy and nurturing staff have tried to provide in such situations will not be present. They will be acting primarily from problems in their own attachment history that will restrict their ability to think about each other's needs.

Effects of Expressed Emotion and Disturbance on Young People

Detailed intensive studies depict a complex set of events in residential settings. Young people could be both victims and perpetrators of violence and some residents can experience intimidation. Within the research, some of the residents acknowledged their fears when arriving at the residential home and experienced bulling from former residents.

> **"***I was told it was going to be like living in a big house, like you see on TV in Tracey Beaker, but I thought I was going to get beaten up so I decided I wasn't going to let that happen, I would let them know who's boss instead, but really I just thought I would get it from the others".*
> *[Observation 13]*

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This reflects the findings of previous research, which concluded that many young people in residential care found it difficult to cope with the violent language, attitudes and behaviour of peers (O'Neill, 2001). Although none of the residents within this study were reported to self-harm in the form of cutting, the staff reported that previous residents had used self-harm as a way of managing painful feelings and emotions. Other forms of self-harm were recognised by staff but were not perceived as self-harming behaviour by the young people themselves. I.e. Tom's self-neglect and former drug use.

The feeling of being in control and in charge over aggressive and probably destructive feelings is a theme often present within rivalry. Such feelings can be evoked when a child begins to feel that what he is doing is inadequate or perceives another is making him/her feel less successful.

Sibling triangles occur separately from parent–child triangles and have similarities to the typical parent-child oedipal relationships. Although the children in the home have not grown up together, their living circumstances have placed them by nature at this time as in part sibling relationships, with all of their complex forms of love and hate. Many of the characteristics of the oedipal 'parental' triangle are mirrored within the oedipal like triangles which develop among and between siblings. Sharpe and Rosenblatt (1994) referred to the oedipal sibling triangle as that existing between two siblings and a parent or three siblings. Within the home this can exist between both children and staff, oscillating between them. Within the young people's relationships they are likely to experience variety of both loving and hating feelings towards each other, but in fragmented ways characteristic of splitting. These negative feelings may dominate when feelings of rivalry are activated.

<u>Observation and Illustration</u>

Some of the residents expressed rivalry within relationships and an attempt to outdo the other. James' relationship with Louise, an older resident, appeared to be one in which he was largely pulled into something un-containing or a pervading and persistence experience of being teased or being "picked on". James coping responses were either to respond with comparable taunts or to convey his feeling of being untouched by this.

It was apparent that both James and Louise quickly competed for my attention, and criticized or threatened to tell staff of each other, and 'acted out'.

> *Louise returned. She paused in the hallway talking to staff. Louise then approached James and me. "Alright" she said smiling looking towards me.*
> *Louise - "I've been riding… alright. What you up to?" she said to James. She tapped the side of his ear. "Hey" He replied.*
> *Louise - "It didn't hurt. She looked back at me "I'm going to make myself a nice earl grey tea and have a shower". She said smiling. "Do you want a tea?" I declined.*
> *She tapped the side of James's head again as she turned to walk away, she laughed.*
> *Louise began to walk back into the corridor and up the stairs. James scowled "You see everyone gives me a hard time." I asked if he talks to staff about these things. "Yes but they don't really listen, they just say I am naughty".*
> *[Observation 13]*

My observation of Louise and her frequent denigration of James led me to feel that she often experienced greed and envy and doubt in her internal objects, and limited trust in her own self or goodness. Klein (1957) suggested the capacity to share and co-operate is only possible when we possess the feeling of enough trust in our internal value and have introjected objects that are kind and nurturing. Louise's desperate need to feel comfortable, however, often resulted in a need to destroy others' contact with each other. Destroying the part of others that were perceived to be good, in this case, James may stop the envious feelings being experienced. Staff reported that in the school environment James himself became the aggressor within his peer group,

creating feelings of discomfort, deprivation, frustration and destruction. In the home, however, James conveyed his sense of being alone and wanted to ensure the observer understood this. Vulnerability leads to further risk during adolescence. The lack of real or internalised good attachment figures, can lead to a search for an internalised 'good parental object' which makes the adolescent vulnerable to further risk and abuse.

When analysing the material and observations, the categorising identified that the highest proportion of conflict observed was between the oldest and youngest child. This raised the question of whether one was in a more secure position by virtue of being in the home the longest and was therefore established or did this make her position weaker and more depleted in her mind? This may generate anxiety within her and a fear that he may be moved before her, just as she experienced former residents do.

For the younger child and newest resident there may be an unconscious anxiety that they will become a permanent fixture within the home. This may provide stability of knowing this might be a more permanent home, or evoke feelings of anxiety that there is no escape? The dynamics of the relationship are further complicated by gender issues, age difference and their individual histories.

Gender, Age and Relationship

A complex relationship exists between gender and challenging behavior. Some evidence suggests that both young boys and girls are equally likely to be involved in specific types of disturbance (Giles, 1994). The numbers of males and females who run away from residential care is similar (Wade et al., 998). However, a study observed more physical restraints of female residents than males, but girls were more likely to be victims of violence than boys (Berridge

and Brodie, 1998). More extreme violence was usually identified within single-sex groups. Male sexual intimidation of females was reported in studies by Sinclair and Gibbs (1998), Barter et al (2004), and O'Neill (2001). This could reinforce the need to consider homes for single sex young groups. In addition to gender, the differing ages of James and Louise may also have an impact upon the relationship. The adolescent age group occupies most residential homes, and the older residents are frequently reported to bully their younger peers. This was something James had alluded to during one observation. He indicated that feelings of intimidation at times were not only due to age difference and being the youngest but also his perception that he was 'different' in other ways.

Differences in observed maturity, instead of chronological age have been linked with physical violence between peers (Barter et al., 2004). Within this research, staff indicated that violence was more likely to be experienced when young people were new and that this began to reduce as they became more settled. During the research there were a number of occasions when residents teased and tested each other, either individually or when together in groups. The group situation in itself created ambivalence and anxiety in that unconsciously residents are returned to past relationships, which evoke all of the emotional mechanisms involved. This may include the group of young people and staff developing strong, conflicting, ambivalent feelings of love and hate, despair and pleasure and dread and happiness. As children develop, if defences become too rigid at particular stages, they may develop a fixed idealization or denigration of the sibling. The complex nature of the child's early experience and current experience living in care will impact upon the sibling relationship, as experienced in relation to other residents, and can lead to a possible more extreme love-hate encounter. Neubaurer (1982) states 'Difficulties arise when the child turns away from the primary object, abandons rivalry and seeks substitutes'. The Oedipus complex of the child in care differs from traditional oedipal constellation, in addition to the complexities of this process they also

have the knowledge, if able to face this, that their parents were unable to care for them, or abandoned or abused them.

<u>Observation and Illustration</u>

For the looked after child the unresolved oedipal sibling triangle can often lead to personality problems in adulthood which may be similar to unresolved parental oedipal triangles, this includes severe feelings of inferiority, insecurity about being loved and accepted, oppositional and feelings of unworthiness and depression. Such feelings will already exist by virtue of their looked after status and experience of parental failure of holding. O'Shaughnessy (1964) refers to this awareness as, 'What is good is not me'. Klein (1957) suggests that these envious and hateful impulses are split off from awareness, splitting the world into what is good is me, what is bad, not me, the other becomes the bad self/object.

> *James returned with 'connect 4'. He sat in the chair. Louise had been sitting in next to me. She returned*
> *Louise- "Oi, out of my seat Mr, who said you could sit there?"*
> *James jumped up and moved but protested, "It's not your seat".*
> *James asked me to play. I asked if he wanted to check if anyone else wanted to play this with him. Both Mark and Louise say I can play first.*
>
> *There were a number of opportunities for me to win, Mark started to direct and advise me as did Louise. (Against James) I won the first game, (feeling under pressure not to ignore the advice but also not wanting James to lose). We played the game again and we managed to draw after I ignored the winning opportunities.*
> *I noted Louise becoming quiet. I suggested someone else might want to play. Louise said, "You play with me," I wondered if she wanted to play James. "No with you" (feeling I had to be equal so played the game)*
> *Louise began to laugh and joke and then both boys began to advise me, now united against Louise.*
> *[Observation 6]*

When James and Louise presented as working together or were able to tolerate being together, this appeared to involve a cajoling and encouragement of

James to break boundaries or evoke more heightened levels of excitement and deregulation as in the following observation:

> *Another song came on and James jumped up and began to dance. Louise started singing the words "sexy lady". James became louder, cheering and jumping. He eventually returned to his seat and then began to make hand gestures and laughed loudly saying, "sex education". Louise began to laugh encouraging him to continue. Mark told him to stop but he ignored him. Mark became more frustrated and said "you're just showing off." James was undeterred repeating this again. He giggled as he made further reference to sex education. Louise became more animated in her encouragement of James,*
> *Mark stood up "I've had enough, just grow up" he said as he marched out of the room.*
> *James and Louise laughed. Louise said "You're in big trouble now." James looked perturbed "No I'm not, you are, you'll see."*
>
> *Mark returned to the room and told James that the staff wanted to speak to him. "Why?" He replied. "They want to see you". James stood up and left the room, a serious expression on his face. Mark sat down next to me. Louise looked over towards him as he got his phone out. "That was my fault really, I told him to do it". She said with a smile.*
> *[Observation 4]*

At other times there was an attempt by one resident against another to spoil the others play or interaction with another. Klein (1957, p 181) defines such envy as 'the angry feelings that another person possesses and enjoys something desirable – the envious impulse being to take it away or spoil it'.

Weinger writes:

> The child who experiences doubt in the quality of his internal objects brings about a sense of uncertainty in being able to trust, which in turn, triggers feelings of greed and envy". (1993, p.96)

The result is not only a need to grab what they can to make themselves feel comfortable, including adults attention, but also an inability to tolerate other children's play and interaction. Seeing others enjoying activities or relationship can be felt as too unbearable and therefore has to be destroyed. I observed this to happen on a number of occasions, particularly between James and Louise.

The complexity of the young people's experience prior to moving to the residential home and their presentation means that it is difficult at times for them to exist in the home in community of spirit and this can negate against them finding common ground in which to build relationships. Klein (1975) refers to how greed and persecutory anxiety are increased through the experience of deprivation.

> *A Staff member is talking to Louise about possibly moving bedrooms.*
> *Louise said she definitely did not want to be in a room near James.*
> *Vicky (staff) said I know you don't like children.*
> *Louise said, "I'm never having children, if I did I would smother them" she started to laugh. Vicky said "Louise!"*
> *She asked Louise to inform the others that tea was ready.*
> *Louise immediately shouted loudly "dinner". Vicky said" I meant go and tell them".*
> *[Observation 5]*

The observer noted that on a number of occasions when thoughts and feelings were felt to become too painful for the young people, they were quickly evacuated and displaced onto others or at times resulting in an attack on property. The attempt to move an aspect of the conflict from its original object to another object, however, created a form of denigration and scapegoating, with James frequently the object or target of others unconsciously split off murderous feelings of hostile aggression.

The process of relationship begins with what we know and what we have learnt about others and ourselves, but for looked after children, their experience of relationships and shared experience is conflicted. During the research, there were many incidents or observations of the residents competing not only with each other but also for the attention of the observer, this was more frequently indicated in the need to dismiss the others view, opinion or comments or denigrate them.

I entered the living room and asked if I could join James and Louise. Both said yes. Louise said, "You can sit here if you like. " Her tone sounded enthusiastic.

James began to flick through the TV. He settled on Tom and Jerry. "Do you like this? He asked. I said I did know this. Louise glared at him and told him to be quiet, she pointed at a book and told me she was making a scrap book using cuttings from popular TV programs, and named these. She complained to James that she wanted to watch one of these programs, her favorite, but James held on to the TV remote.

Louise began to show me the various cuttings, these were of TV actors/characters and she began to ask if I knew various story lines in the programs these included her referring to "A woman who is hitting her husband and making him do everything". She also spoke about "A woman who had a baby and she did not keep it, she told everyone she was dead but she's alive", and a story about "2 cousins who are together." She did not talk in any depth about these themes but gave me the headlines. James was laughing loudly at the cartoon. Louise became frustrated with him telling him to switch the TV over.

They began to argue about this. Louise said, "I've had enough" She told me that most of the arguments in the house were over who had the remote control. Louise complained that she was going to tell staff. She stood up and marched out of the room. James immediately changed the channel and laughed loudly at what he saw.

When I later said I would have to leave James said, "You can stay, would you like a drink?"

[Observation 3]

The competitive rivalry is intensified and the child's oedipal triangle operates at different intensity at different times. Louise as the older female often expressed her ambivalent negative feelings towards her intruding rival, James. Sharpe and Rosenblatt (1994) argue that oedipal sibling conflicts may be more difficult to resolve than parental oedipal conflicts which may be connected to social and developmental issues. Including that generally expressing hostility towards a sibling is tolerated more than that towards parental figures. In addition to the oedipal struggle with parents, the child also wishes to retain parents as present for security and survival, unlike the role a sibling might play in providing basic

security. For children in care and those in the research, however, this resolution within the oedipal parental (staff) conflict is a complex process which is expanded upon later. The envy that can emerge in such a situation can destroy the capacity for thought and creativity. Bion (1959) referred to how envy leads to attacks on linking, a more general hatred of reality can emerge which attacks the links that connect one person meaningfully to another.

This was also observed in an earlier passage after James has fallen and hurt his leg.

> *Louise ridiculed him and when he realized that I would be leaving, abruptly mocked him and said "She doesn't want to hear you." [Observation 2]*

The staff attended to James's physical and emotional pain and vulnerability, but Louise was unable to tolerate or allow his pain to be noticed by others. Oedipal difficulties also emerge in the triangular relationship between the care staff and residents.

Rivalry between the young people for the carer and rivalry with the staff for the child were apparent, and the dimension of the presence of the third, I as the observer in this constellation was also observed. Sharing requires trust and the ability to make reflective choices, but this is more difficult for young people who have been deprived of maternal goodness. Klein (1957) highlighted this and the significance of the deprived infants first early object relationship. The development of a painful feeling of being bad, of being neither loved nor loveable maintains feelings of despair about the self, and persecution may develop as a defence. If the observed other is felt to be more loved this will increase envious feelings. The nature of the young person's internal objects, his love and hate, affect their perception of others, but are also affected by the actual qualities of the person, as seem in the dynamic between Louise and James. Cairns states:

Children who are unable to share need to be protected from the experience of being overwhelmed, or this can lead to rage which they cannot manage. (2002, p. 91)

They may then be able to reflect on the benefit of sociality and praise from the same simple actions, however, as praise can be experienced as overwhelming stimulus for children who have not internalised a good object, it may need to be a simple low-key affirmation.

> *Marie entered the room with drinks. She smiled and said "Roberts very interesting and he's very lively aren't you Robert."*
> *He smiled- "I like to keep busy".*
> *Marie said in a more serious tone. "Robert it's not funny to keep busy by keeping everyone up all night though."*
> *Robert looked at me and sniggered. "I just wanted to stay in the flat (separate part of the building) Marie said, "yes but barricading yourself in for hours in the middle of the night is not fun."*
> *Robert smirked, he began to sing, and then began to rap "Ain't nobody got time for dat," he said laughing. Marie smiled. She spoke to him about his behavior and said, "What's that all about? You don't need to do that".*
> *Robert - "it was just a bit of fun, I wasn't tired".*
> *Marie said that he had however made everyone else tired, and he had also got others to join in with him.*
> *Robert "I was wide awake, so I wanted to have some fun".*
> *Marie tells him "I know you understand that what felt fun for you at that time did not feel the same for others, you know that, you're clever".*
> *He smiled but then seemed more reflective "I guess".*
> *[Observation 8]*

Conflict and Disturbance

Homelessness – 'throwaways'

When we consider conflict or disturbance as a communication within residential settings, this has often been linked to what is frequently termed challenging or disturbed behaviour. Rich (2009) described the unhelpful labels that are frequently used to describe a young person's communication and behaviour.

Children are described as having 'behavioural difficulties' or 'dysfunctional behaviour' and she draws our attention to how these ideas can be obstructive in terms of thinking about why a young person communicates their distress, grief, anger, frustration and fear in a certain way.

> Behaviour is rarely dysfunctional, it has a function for the child and that function is usually connected firstly with survival, and secondly with communication (2009, p. 1).

A further aspect of this conflict may link to the oedipal conflict. For many children parents are introjected as authority figures, this allows oedipal conflicts to be revised in adolescence as they re-emerge. Children in care have generally not internalised parental figures in this way and the wish to destroy the existing parental relationship may have intensified further. This will effect what Bartram (2003) describes as the child's 'thinkability' of the reality of the child's position in the oedipal constellation. This was observed at times when doubt and aloneness were communicated by some of the young people, who appeared to convey that they did not anticipate or expect an adult to intervene or protect them in a role of authority.

For the young people within the research, the care staff may represent the split 'good and bad' parents. At times, within the oedipal relationships, the staff symbolise the good aspect of their internal parents which provided strength and an ability to separate, however, often the young people internalise the bad part-object parental figure and they then need to attempt to take some control. Keeping and leaving others waiting, and being dismissive and verbally or physically attacking, are behaviours often characterised in a surface presentation of conflict. This is linked to the infant part, which does not feel held securely (absence of internal home) and has been lost or not experienced. Sprince draws our attention to some of the violence and problematic behaviours that children in care display, and suggests that this may have its roots in the struggle against the death instinct and 'the pull towards compliance and total

projective identification with an internalised tyrannical needy mother' (2002, p.190). Speltz and colleagues (1985) highlighted that the best predictor of oppositional defiance disorder was a lack of the development of a secure attachment in preschool boys, and the central role of insecure attachments in conduct disorders has also been found (Greenberg, et al., 1993).

For the purpose of this research, whilst trying to avoid labels, the researcher inevitably had to think about the observed interactions, communications and behaviour in specific ways in order to gain a picture and sense of the young people and how others might understand them. In coding the observed material into the category of conflict, this included dysregulation and moments, which one might describe as hostility, disturbance or resentment. These moments of observed internal conflict and external disturbance often reflect the pervading sense of internalised homelessness that the young people carry with them. **(**See Table 4)

Table 4.
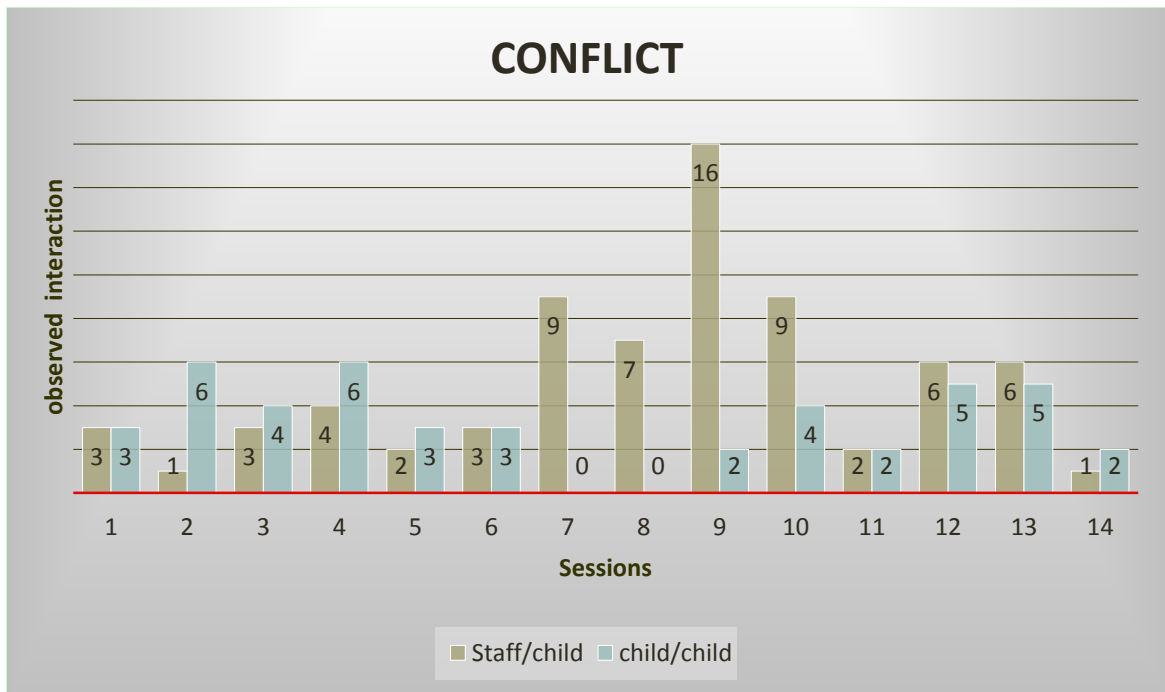
Overall there were less moments of conflict observed than anxiety and containment. Staff reported that the highest levels of difficulties they experienced with the children were conflict late at night, and this may therefore have been different had the observer been able to attend later in the evening. Older residents were also often not present until later in the evening.

The coding analysis also drew attention to greater observed conflict between staff and children than between the young people with each other, and it was the staff who communicated this more than the residents. This may be a reflection of the disturbance projected into the staff by the young people, which are then mirrored back to them, even in moments of calm. This will be examined in more detail later within the research, but also may be an expression of the young people coming together, united by their experience, which one could argue provided them with a sense of shared emotional place with each other. My experience of providing consultation to children's homes, however, has confirmed that often the arrival of a new resident in itself becomes a source of internal and external conflict for the young people who so often felt displaced at such times and that their needs were not being met. Although there was undoubtedly conflict between the young people at the home, for some, they experienced others as providing containment.

The analysis also identified a higher degree of expressed conflict observed by staff who have worked at the home the longest and this may link to feelings of 'burn out' which will be referred to later within the thesis.

During the period of research, when examining the data using the coding method, the highest moments of conflict observed were when a new resident arrived, which also appeared to have an impact upon the group.

I meet Robert for the first time; he has been at the home just under a week. Robert asked if he could go swimming.
Karen (staff) said she was sorry but he could not join them due to his behaviour, she said "You kept everyone up all night".
Robert complained saying he had gone to school and had been "good all day".
Karen again said she was sorry and said if he had a good week next week he could join them.
He left the room abruptly. Kevin said that he came just before Christmas, "he's exhausting" We think he's got ADHD, but it's all a bit vague. Marie confirmed that he would be awake for hours through the night, and that he seemed to have a negative effect on the entire group, she said it had been much more settled before he had arrived, but he was getting the older ones to join in. She commented that he seemed very different now, but was rarely this calm. Kevin agreed but added that he understood that he had a horrible history.
(Observation 8)

A new arrival can be felt to represent an aggressive threat to the perceived stability of the home, but can equally be welcomed as a possible catalyst for the possibility of positive change at a time of turbulence within the group. The importance for Robert of establishing himself with his peers and in the group is evident within his communication whilst maintaining his conviction of independence in his acting out behaviour. He also communicated an unconscious longing for the lost object in his wish to be included in the day's activities, which his impatience and need for immediate action have sabotaged.

As the staff group were well established they did not often face the arrival of new workers at the home, or the familial and sibling anxieties and oppositions provoked by the prospect of a new member to the team.

When examining the coded material, this identified that levels of conflict and anxiety were highest or as a trigger for a bad period when there was change towards a more difficult mix of young people, or those who displayed a higher degree of expressed emotion. Other areas included are:

- Behaviour of one young person who is either new, becoming significantly distressed, who breaks the group norms, or a young person hoping to move or go home but is left waiting.
- A significant incident was reported; a young person assaulted a staff member as he prepared to leave for independent living, which resulted in a change of plan. The young person leaves the home abruptly.
- Staff felt bureaucracy impacted upon what they can offer the young people.
- Staff being resistant to being open in supervision.
- The projection of staff anxiety, which is communicated with hostility.
- Delay as a result of decisions that have been made or not made by professionals in the network, change in group dynamics, presence and absence of particular child or staff, issues at school.
- Contact with family.

There are many themes that are characteristic of the child in care's internal conflict and external expression of disturbance. The experience and sense of falling and being dropped is presented in range of ways and observed throughout the research.

Loss – Homelessness
Leaving Care and Endings

The home in this research placed a high importance on preparing young people to leave the unit, which I will discuss further. Children in residential care suffer various degrees of emotional distress and disturbance, and all have experienced different degrees of separation and loss. The loss is experienced in the form of parents, siblings, family, home, school and environment. They may arrive in residential homes with feelings of abandonment and hold a high

degree of anxiety and mistrust. Many struggle to settle or relax internally or within their external environment which can lead to feelings of inadequacy and worthlessness.

Research regarding care leavers has consistently identified the difficulties, disadvantages and instability they face and the need for support and stability as they move out of placements (e.g. Stein, 2006; Stein and Munro, 2008; Stein and Dumaret, 2011; Ward, 2011). The residential staff provided the primary care, the feeding, establishing routines, maintaining order, and discipline which were at the core of residential therapeutic activity. Just as the child has already experienced a complex and often multiple experience of separation and loss, through repeated foster placements, or death of a parent, the children also live with the reality that they will at some point leave the home and the new 'family' that has been developed in the process. This will either be in a planned, or more often in a dramatic and unexpected way. Any internal sense of home is therefore constantly under threat.

Klein (1940) states that it is in infancy that the foundation is laid for the way we deal with loss in later life. Meltzer (1967) compares this to the weaning process. Leaving a residential unit constitutes a developmental crisis similar to that encountered by the child upon admission. The departing child must repeat the emotional process of separation, this time from staff and peers. The young person experiences several types of loss in the act of leaving care. There is the physical loss of food, clothing and shelter once provided by staff which may become the responsibility of the young person if they are moving to independent living. The young person may not feel secure that their physical needs will continue to be met, especially if parental neglect in the past led to them entering the care system.

Relationships with staff and peers and the child's identity as a member of the unit will undergo dramatic changes as a result of the discharge, and the young person may find it difficult to separate themselves from these relationships and may be unwilling to give up his identity as a resident. There are also many children who will move to a different local authority, which may impact upon their contact with everyone and every aspect of their daily care. This can mean not only moving home and school, but also their social needs may not be met in a new community.

Treatment services that the child is engaged with may have to end if the young person is moving out of the locality, and at times this will include therapeutic and other professional support. Staff at the home reported that having found a prospective settled placement for a young person there can often be a sense of relief by social workers, however, the unsettled aspects of the move for the young person can get overlooked. Staff spoke about social workers often focusing on the new beginning and often minimizing the loss that comes with this.

For children in care, the psychological difficulties they experienced within their birth family will potentially affect their mental health in adulthood (Stein and Dumaret, 2011). The adversity experienced prior to admission to care and disruption in care is connected. Children, who are older when they come into care or those who present with challenging emotional and behavioral needs and difficulties within their education, may experience placement breakdown and on-going instability. (Biehal et al.,2009). Young people leaving care will have experienced disruption and discontinuity proceeding and during their time being looked after, and there will also be variations in their experience of leaving care. There is clearly a need to consider what permanence means for looked after young people not only in childhood and transition from care but also into adulthood. Stein and Dumaret (2011) highlighted that there is an awareness of

the disadvantages experienced by care leavers, however there remains a gap in research with adults who have been in care.

During the course of the research three children either left or were prepared for leaving the home. One young person was prepared to move to a foster placement but at the point of leaving this did not occur. Another young person who was preparing for independent living left the home prematurely and another left voluntarily. Of the three, only one left in a planned way, having arrived and left to live with an extended family member during the course of the research. There are a high proportion of disruptive endings despite the homes best efforts to avoid this.

Sinclair (2005) highlighted how care leavers often reported feeling lonely, unemployed, depressed and with little money. Many were unable to remain in their placements beyond 18 years of age, and often left as a result of arguments or felt 'pushed out'. One of the recommendations of the Ofsted report was to ensure that the home had a programme in place for promoting the young person's independence and move to adulthood and leaving care. Stein argued that young people who encounter the looked after systems need comprehensive responses:

> ….across the life course – while in care, at the time of leaving care and on their pathways to adulthood (2012, p. 28).

Observation and Illustration

The importance of a process and period of ending appeared to be well recognized by staff within the home. They worked hard to ensure that young people had, where possible, a 'good ending' ensuring there were able to say goodbye to key figures in their current world, including schools, peers, therapist etc. This was something I had observed over a number of years in my contact with the home when providing psychotherapy for some of the young people. The home celebrated the young person's time living with them; including having

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a goodbye party tailored to the young person's wishes and needs. The goodbye ritual also included small gifts and speeches by staff and other residents. Young people were encouraged to maintain contact with the home if they wished to, and the staff referred to several former residents visiting them and reflecting on their experience in the home in a positive way. Stein's (2012) research emphasised the importance of a stable base for young people moving into adulthood and confirmed better outcomes where they had retained positive connections with their former carers.

Staff reported that regrettably children all too frequently left the home in an unplanned way, they expressed concern that pressure to find suitable alternative placements either with foster carers, or a return to family, can lead to decisions being made without their consultation, or when heard, appeared not to be considered in the longer term plans. In contrast, they also experienced cases where agencies and professionals worked well together in thinking about the young person's emotional needs, and external structures that were needed to meet the internal world difficulties of a particular child. This might also include thinking through the matching process with a potential carer and meeting them; including acknowledging with the young person the significance and sense of loss that the child experiences in transition to a new home within the community. It is in these cases that they reported there have been better outcomes for the children.

James appeared to find the departure of the researcher during each visit a difficult experience and made many different attempts to encourage the observer to stay.

> - "*Will you be coming back again?*"
> - "*You can stay, would you like a drink*".   [*Observation 3*]
> - "*You can come swimming with us, it's not far*".   [*Observation* 8]

The experience of endings of any kind is often painful for children whose lives have been characterised by catastrophic endings and separations. This can be observed within the context of therapy at the end of sessions, and at periods of breaks or the ending of therapy. My observations reinforced how fragile the child's sense of security is and their expectation that people, including former residents known to them simply disappear. As in therapy with looked after children, the ending can be felt to be further confirmation of their experience of rejection and resurrects the reality of their early circumstances, experience and a pain that cannot be forgotten. Each goodbye and departure can therefore revive the child's internal homeless state, which is never far from the surface.

During the observer's first meeting with Louise one of her first exchanges is to inform the observer that she will be leaving.

> *Louise walked towards me "Did you know I'm going to be fostered?" I said I didn't know. Mary (staff) leaves the room.*
> *Louise "There's going to be a meeting, and I will probably go after Christmas".*
> *Henry (staff) who was leaving the room, said in a joking tone. "I remember you saying… when I'm 16 I'm going to get out of this place and you were never coming back."*
> *She started to laugh. "Yeah, I'll be glad to see the back of this place and you lot." She shouted, laughing. Louise said she was going to learn to drive after Christmas.*
> *Susan (staff) laughed and said Louise should let them know when she was out on the road so that they could avoid this, Louise laughed. She then asked "but what do you do at traffic lights if the light goes green but people are still walking?"*
> *Susan "what do you think you should do?"*
> *Louise "if it's green you have to go don't you. That's the law"*
> *Susan smiled and said, "You would have to wait, and you can't go if people are there, Louise!" Louise laughed.*
> *Susan looked towards me and said "you should talk to Louise she knows everything about this place, more than anyone else."*
> *Louise: "That's right, I know more than you lot" looking towards the staff*
> *Louise then asked generally. "What do you think happened to Madeleine M? (Missing child) "I think the parents did it."*

Susan looked towards me "She often talks about Madeleine don't you."
Louise "Yes, but do you think the parents killed her?" I think they did because there was blood in the car." Susan "they didn't know what had happened to her, "she looked towards me and said "Louise thinks about Madeline a lot because she is missing"
Louise "Have you heard about Jimmy S?" and all that he was up to, it's all over the news. Do you think he did it."? She looked towards Susan.
Susan explained to her that many people had said he had done it, and it did seem to be true.
Louise said, "I thought he was supposed to be nice to children and everyone. You see you can't trust anyone." Susan acknowledged that it was "Awful what he had done but most people who work with children would never hurt then and want to help and look after them".
Louise then began to joke about the staff and turned to me and said "I can tell you they never look after me, they leave me all alone." She laughed.
[Observation 2]

This exert demonstrates that even in a meeting with someone new, a number of themes are present including the departure, anxiety and ending which are clearly in Louise's mind. She is drawn towards thoughts about the publicized case of the 'lost child' and her perception of parental failure or responsibility. She is equally immersed in thoughts about an adult abuse of a child, reinforcing her feeling that adults cannot be trusted. Louise may be able to separate her own experience of care by staff when she uses humour to mock the care they provide, but her humour may equally mask a different experience of them, or her former care, and a fear, possibly based on her past reality experience, that no adults can be trusted. She and the staff managed this in this moment with humour, but the anxiety for all was never far from the surface. Her attempt to fly to a new adventure was part of her need to avoid feelings of loss and sadness, which were for her associated with a sense of being unwanted. Despite an attempt to kill off the parental figures and take on a heroine like type independence, anxiety about the dangers and isolation of the outside world are apparent. Louise moved on to thinking about her emerging independence and her anxiety linked to learning to drive. Louise then began to think about a missing child and her thought that her parents might be responsible, she also

then referred to an adult abusing children who had been afforded the responsibility of a trusted adult. This seemed to reflect how thoughts about leaving and independence have strong associations to her perception of parental responsibility and a lack of trust in the adult world.

Louise's interaction with the staff member does, however, offer a possibility of a new attachment of a different kind of experience to that during infancy, and with the ending in the mind for both, it does provide an opportunity for them to meet, reflect and relate to the other.

> *Vicky (staff) said that she wanted to talk to Louise about something. She closed the door. I asked Louise if it was ok for me to stay or I could leave if she wanted me too. "No you can stay. "*
> *Vicky informed Louise "We're going to have a new admission"*
> *Louise replied, "What's that?" Vicky explained she meant that a new young person was coming, a boy. She said she knew Louise would not want to be in a room near James.*
> *Louise agreed, "I don't like children" Vicky nodded.*
> *Louise asked "how old. If he's young he's not coming" Vicky confirmed that he was 14. She said as they were in the process of packing her things and taking them to her new home, she wondered if Louise would be happy to sleep in her old room, she did not have to move all of her things. Louise smiled and said, "Yes, she would like this, I used to like my old room."*
> *Vicky thanked Louise. Louise said that she was visiting Annie (her new carer at the weekend. She said again "I like my old room" Vicky said she had stayed in that room for a long time.*
> *[Observation 5]*

Continuity in supportive relationships extends from childhood and beyond the period of transition around leaving home. Louise's imminent planned departure evoked a complex mix of feelings and emotions for her, her sense of home and belonging at the home and as part of a family (the home) together with a wish to be claimed and belong in a traditional family unit. Schofield, Beek and Ward (2012) studying children growing up in long-term foster care confirmed the possibility of foster care offering young people a sense of belonging. For older

teenagers in their study, they found that the leaving care process could damage their sense of belonging within a foster family.

During a further observation, Louise again made reference to her future departure and asked if she would see the observer again prior to her leaving. Sadly for Louise the proposed move did not occur. Both she and the staff made little reference to this during the observer's visit after the planned date of move. Staff informed the researcher that the carers made a decision not to proceed with the placement, and said "*Louise is fine, she's not bothered*". Given that she had resided at the home for many years, it appeared that both she and staff were expressing that there was something comfortable and known about her staying, and perhaps what could not be voiced was that the children's home had become her real home, the place she knew "*better than staff*". The researcher questioned, however, what meaning this really had for Louise, as she observed the comings and goings of other residents. Did she have the opportunity to confront her own feelings and fantasises about past and futures separations and losses? A child's departure can create motivation for change for those children remaining behind, but Louise will have experienced many children moving to and from the home. There may be a comfort in staying, enabling her to internalise a real sense of home, but as stated earlier when considering feelings of rivalry with other residents. Her permanency at the home and failure to move on as planned may also have reinforced a strong sense of rejection.

As trauma fragments the mind, children in care are so often only able to communicate fragments of their feelings and experience, and in this way the communication will be complex, confused and sometimes unconscious, Louise therefore, required understanding and to communicate through a relationship. However, despite the existence of enduring and well-established relationships between Louise and staff, there appeared to be limited reflection regarding this,

almost as if her planned departure had not occurred. One would anticipate staff would observe pain attached to this experience of rejection and needed to address re-establishing the idea that the residential home was her real home. Whilst I was not present at all times, I did not observe these issues being addressed.

Separation and Leaving - a homeless state of mind

Bowlby's theories of attachment and grieving (1973) have been applied to the separation experiences of children in residential placements. Although these children may manifest feelings of loss differently, they are acutely sensitive to such feelings, and the staff group need to understand this process. Staff should acknowledge and express their own feelings of loss which can then support their understanding and acceptance of the similar feelings expressed by the children they care for. Young people in residential care can then learn not only to cope with such experiences but also to be strengthened by them.

Local authority placement and leaving care teams must review the support they offer to looked after children further to the Southwark Judgment 2009 (this requires children's services to provide accommodation and support to homeless 16 and 17 year olds) and the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (young people remanded in custody are given looked-after status). Local authorities have a duty towards young people aged 16 and 17, but many are encouraged to move into supported or independent living once they reach 16. There is concern about inadequate planning for older adolescents, a lack of appropriate support and a lack of regulated accommodation for this vulnerable age group. In addition where there is planning on a practical level, my experience of observing professionals working in statutory agencies is that what often appears to get lost is the thinking about

the emotional and physical impact on the young person leaving care. In Josh's case the emotional impact did appear to be considered by staff, but his overwhelming feelings of impending loss and anxiety appeared to be something that both he and they could not contain.

In the context of this research I am unable to consider fully the search for a sense of belonging that often results in the pull towards the group and gang membership, however, the nature of Josh's sudden and traumatic departure from the home, together with his presentation is similar to the group or gang state of mind as identified by Canham (2002). He described a gang state of mind as:

> …a gathering together in a malignant huddle parts of the personality…. the dominant and destructive parts of the self will take hostage what they feel to be those parts that would expose them to feelings of neediness, littleness and ignorance and they do so by imposing a reign of terror on those other parts. (2002, p.115)

As Josh prepared to leave he became anti-life, anti-parents (parental figures) and anti-thinking. Rosenfield (1971) describes this 'ganging' as a solution to the pains involved in having ambivalent feelings, a rejection of dependence on the object. Waddell refers to adolescence as a period when there is the adoption of:

> A range of defensive measures to protect the self from what are felt to be excessively disturbing, confusing or disruptive states of mind, the impulse is to act rather than think, to move in groups, sometimes gangs rather than think as an individual. (2002, p.146)

In addition, the adolescents are trying to negotiate oedipal relationships and develop sexual identities as young adults and turn to the care staff in trying to work through these developmental challenges.

Observation and Illustration of findings

The researcher observed the painful breakdown of placement for one young person at the residential home as he prepared for independent living,

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Josh at 16, was preparing to move to supportive lodgings. He attended college and had developed good relationships with staff and other residents. Although he was frequently not at the home during the research, when present he was observed to interact well with others and open to the observer's presence.

The observer enquired if she can join him in the room
Josh – "yes, it's all good, sit down".
Josh turned back to the TV "have you seen this?" I did not think it was a film I had seen.
He began to tell me about the film. Josh – "It's about this family and the dad always wants to have everything perfect at Christmas, but he's got a new neighbour, and now they're at each other, you know, trying to be better than each other." He started to laugh and said "The Guy always gets the same tree, and it got on fire".
He glanced towards me "So have you got a tree up yet?"
I commented on the large tree here and the decorations (extensive)
Josh "yeah, they're a bit over the top, too much really."
He was quiet and looked at the TV. Josh "So how come you're here? I didn't think you would come now." (Christmas - expectation that he would not be thought about/ I would be busy doing something else) I said I had wanted to visit.
He nodded and gave a brief smile. "Cool". He turned back to the TV, "So what do you think of this place?" I said he seemed interested in what I thought. I wondered what he thought.
Josh -"It's alright, sometimes, I'm out most of the time. It's ok".
"They moan, a bit and give you a hard time, but it's just a job to them, do you know what I mean, but it's all right. Anyway they're gonna kick me out soon, you know because I'm going to be 17, so called independent living." (Feeling dropped)
I wondered how he felt about this.
Josh – "I don't really care…." Silence "I mean, what does it matter, they just kick you out, and I'm not bothered". I said it must be hard to think about this change.

Josh looked up towards me; he curled further into the seat. "I don't care, I don't really care what happens, I mean, what is going to happen, I don't really know where I'll be living, my social worker's supposed to be sorting it out, but I don't know. I'll just have to get on with it."   (He seemed to be expressing his fear about the future, disconnect -resigned to the unknown, - I felt anxious for him) "I'm used to it anyway" (wanting me to know about his experience)

Alan (staff) walked into the room. "Look at him lying around, have you got a word out of him". Josh glared at him but did not respond. I said we were talking.
Alan "I suppose he's not a bad lad really, he usually gives me the run around, but you're alright really kido". Josh "Is Alan actually trying to say something nice?" He laughs,
Josh turned towards the TV. "You've been here too long, you need to retire"
Alan agreed. "Yes I'm counting the days till I get out of here"
Josh was quiet (I thought about his days here are being counted).
[Observation 11]

This exert illustrated at the outset Josh's low expectation that the observer might be interested in him or the other residents, and possibly his perception that the observer, like the film he was watching, would be preoccupied with their own family. He attempted to mask his anxiety about his impending move through ambivalence, but conveyed a strong sense of being dropped and linked this to his previous experience *"I'm used to it anyway."* He quickly revealed his anxieties about being dropped or abandoned. He experienced the staff to be the abandoning ones, and projected pain, anger and hostile indifference.

Josh experienced his approaching move out of care and the staff's attempts to prepare him for this, as a further threatening disruption. As referred to later within the research, Josh became involved in an incident of threatening violence towards a member of staff that resulted in his abrupt removal from the home. His emotional despair and defence in seeking to avoid painful feelings at his impending move provoked a physically violent response in his actions towards the staff. However, within the observation he did communicate his thoughts and anxiety. In the above extract the staff member did not acknowledge his neediness or notice his quiet despair. Staff did generally appear to understand these issues but perhaps felt powerless to know how to assist him to regulate and modify his thoughts. More likely, the reality was that the process was just too traumatic and painful for all to bear. Thoughts of moving, separation and

loss appeared to reactivate earlier traumatic experiences, which engendered feelings of helplessness, hopelessness and isolation. These incidents may have reactivated early infantile anxieties and defences, resulting in splitting, which left him cut off from him and others. This reminded me of a young person of the same age that I had previously seen in therapy who repeatedly spoke of his anticipatory life script of eventually being sent to prison or a psychiatric hospital, and in his mind this might act as an external container for his psychic pain. My observation of Josh and his later enactment resonated with this, in his attempt to avoid struggling with internal dilemmas, he turned away from those that he perceived to be abandoning and uncaring, in search of identification with a peer group. This identification with other young people involved in crime, however, placed him at further risk of abuse and rejection. His internal sense of homelessness had led to an external homelessness.

Winnicott (1984) stated that 'the anti-social tendency implies hope', meaning that young people like Josh are looking to society for containment rather than to their family. Winnincott also drew attention to the link between delinquency and deprivation. My sense was that Josh's feelings, as he prepared to leave the home, were linked to feelings of anxiety and the anticipated loss of a strong and reliable paternal function that the care staff had provided.

Mental Health of Young People Leaving Care

The vulnerability and mental health problems of children in care are heightened during the transition period from care to independent living. This increased risk to mental health includes entering care as an older adolescent, learning disability, placement instability and adverse life experiences (Dixon et al., 2006). As one might expect, good preparation for leaving care, with older teenagers, is more likely to lead to effective transitions, whilst poorer outcomes are linked to

leaving care early (16 to 17 years of age). Recent legislation has taken this on board, extending the care leaving age to 21. Early care leavers tend to display more challenging behaviour and their physical and emotional health will be affected by their ability to cope with this transition, in addition to the negative impact of frequently living in poor accommodation and in isolation. Research has indicated that for young care leavers, a good home and accommodation, together with the support of a strong friendship network and social skills are important in promoting positive mental health upon leaving care.

Ending and Leaving - the observation

At the outset of the research project, in addition to discussion about the research and how this would be conducted, I clarified the period of time that I would be visiting and the anticipated ending period of my research and visits to the young people and their home. There were the inevitable coming and goings of young people during the period of research, and I reminded the young people as I approached the ending of my visits to them. One might anticipate that for young people living in care that have often experienced sudden, and multiple-separations from their carer's and disrupted attachment, that any departure will involve a re-emergence and activation of separation anxiety, namely anxiety about losing or becoming separated from the mother. Bowlby (1973) refers to separation anxiety as a normal response to a threat or some risk of loss, whilst mourning is the reaction after the experience of loss.

Observation & Illustration

During the 14 visits to the home, it was noticeable that nearly every departure, including when young people had to go out whilst the observer was present involved the young person saying goodbye to the observer and asking when I would return.

When I arrive for my final observational visit the staff informed me that some of the young people are out in the garden. The staff offered to make me a drink and ask me to join them in the room. After a period of discussion I join the young people in the garden.

Mark, James and Robert are playing with skateboards. There all say hello and begin to demonstrate their various skills, talking over each other, vying for my attention as they demonstrate a range of acrobatic skateboarding stunts.
James becomes more animated and performs stunts that seem to be becoming more risky, Both Mark and Robert comment on this and tell him not to do this or offer advice on how he might do this differently. Robert tells me he is leaving this week; he is going to live with an uncle. He tells me he is feeling "excited and nervous" about this.

Robert has arrived and departed during the period of research, his presence upon arrival had a significant impact upon the residents and staff and yet he presents during this visit as calm, responsible and thoughtful.

During the final visit I remind the young people that it is my final visit to them and thank them for allowing me to spend time with them in their home. Mark immediately begins to question why I am not returning, and why I cannot continue, James talks over him complaining about my not returning, I acknowledged that they have been very welcoming and understand they have become used to my presence during these visits. Robert responds, "When it's time to go, you gotta go". James lies on the floor and tells Mark to jump over him with his skateboard. Robert said "are you crazy?" He'll never be able to do it". Mark seems to be considering the daring challenge. Robert raises his voice telling James to get up from the floor. I agree with Robert and say this looks unsafe.

A member of staff calls both Robert and Mark, he is taking them somewhere, both initially ignore him, but he calls them again. I say goodbye, Mark drops his skateboard and turns away, Robert raises his arm gesturing a wave and says "see you later". Both walk away but do not make eye contact.
James says, "Shall we play football".
[Observation 14]

Both Mark and Robert demonstrate an air of ambivalent attachment to the observer upon departure. As an observer the task was not to take on the role of therapist, carer or advice giver, however, from the outset the residents had

actively sought to bring the observer fully into their world, which I will refer to in more detail later. During this observation they provide a containing parental protective function for James, reminding him of danger and a wish to keep him safe, but as the ending is faced their vulnerability as children was apparent. Their departing response is also influenced by their experience of separation and loss. Robert is himself moving away from the home and he therefore managed a gesture, Mark, however, who protested about the observer leaving is unable or unwilling to acknowledge the leaving or ending. Is this a means of punishing the observer or defending against his own pain against separation and loss, even with someone whom he has met in this role? In my experience as a therapist I have observed on many occasions looked after children's difficulty in acknowledging the ending process, and it is not surprising that analysis of the data of this observational visit scored high for anxiety

For children who have experienced disorders of attachment, nothing is straightforward, particularly a goodbye.

> *James is alone with the observer and asks the researcher to join him in a game of football. The observer agrees to watch James.*
> *James then begins to play football. He has a target and is successful in his aim, demonstrating he is particularly skilled. He kicks the ball high and far, he successfully hits his target, the observer is aware that no staff have come to join them. What function does the observer have for both James and the staff at this moment? James continues in his kicking and then running to collect the ball and then returning, he repeats this sequence many times, asking if the observer is watching, not being able to trust that the observer might be interested in him, or perhaps aware of the observer's imminent departure. The sequence is repeated in the manner of a young child who needs to go over sequential material in order to process but also possibly experiencing something known, can it be maintained. The observer reminds James that they will have to leave, James protests, "just a few more". The observer is aware that the scheduled time has over run; they are in "extra time".*
> *After further targeted goal attempts, James continues to ask for more time with the observer. When the observer tells him they will have to leave, he kicks the ball away and walks slowly to retrieve it. He is alone.*
> *The observer waits for him to return before walking back into the house with and alongside him.*   [Observation 14]

His experience of previous difficulties in the attachment process is evident in this ending with accompanying themes of loss, separation and death. Basic trust will be undermined by an early experience of deprivation of care and subsequent separation, which can make it difficult to dare to say goodbye or welcome new contacts in a meaningful way. My counter transference experience was one of cruelty and deprivation, which led to feelings of guilt. I tried to keep in mind endings as gain and the parallel with satisfactory mourning, which we know can take place only when the 'lost object' is given up and established as a mental contact (Tustin, 1986). When I returned to say goodbye to the staff they made various comments about my leaving them rather than my observation of the young people.

> *"You will come back and see us"*
> *"We've got used to you being here."*
> *"Thanks for coming, Can I come with you"*

Staff appeared to be in touch with their own sense of an ending of 'something', but James's feeling or presence appeared less visible to them, I wondered how a young person like James can become visible in a way that others may know and understand him. His internal needs can be forgotten whilst adults attend to his external needs and preoccupations with his behaviour. James' vulnerability is present in the form of his expressed anger at school, and at times within the home.

New opportunities can become available as a result of ending, the experience might enable reflection on the experience and I hoped for James it might encourage the use of memory and allow for re-working and re-experiencing. Whilst endings can bring some resolution, leaving behind some of the ghosts of the past for children in residential care, separations often become another painful experience of abandonment and rejection in their minds as they are

moved, or 'thrown away" in their minds to the next home and possible on-going internal homelessness.

Chapter 10
Residential Care Staff

Within therapy we may seek to understand the relationship between a child and the parents, but we also need to appreciate the dynamics within the network, and in particular those that look after children in care and professionals working with the child. Britton suggests:

> "…the more primitive mechanisms and defences against anxiety are being used the more every professional contact likely to become a scene for action and for the professional to yield…. to re-enact an unconscious situation" (1995, p.2).

Observation

Within the research, observation of staff enabled me to study both the individual as a person, together with the individual as a part of an organisation. This included consideration of issues of anxiety and attachment within organisations.

Parental Function and Physical Container – The Home

Within the local authority, the granting of specific legal orders often results in the local authority being given 'parental responsibility' for the child, a 'corporate parent' a phrase termed to encourage professionals to work together with others and make decisions in the 'best interests of the child'. This may encompass the director, social worker, manager and staff at the home. Staff within the home undertake the process of parenting which the child experiences most closely to that within the family. The idea of parenting in residential work has often been seen as professionally unacceptable, with staff being reminded or needing to deny their parental roles. In my clinical role I have often heard residential staff say, 'We are not the child's parents' and whilst there is a factual accuracy and an awareness of appropriate boundaries within this statement

there can also be a defence and denial within such declarations. This does appear to reflect the difficult negotiation and achievement of good parent/child relationships. This process of dependency, interdependence and independence that is embodied in child/parent interactions will be apparent in different forms in any care setting. These dynamics exist in residential care, and to some degree is a setting for the acting out of family dynamics. These states are not static or one dimensional for the children and staff, just as they are not between parent and child. The recognition of the residential staff role in providing a parental function, whilst maintaining in the minds of young people the presence of their birth parents or previous foster carers is increasingly more acceptable. Consultation to some residential homes for young people provides a model (Pillars of Parenting, 2009) which maintains a clear emotional and professional boundary between residential staff and those they care for but also encourages staff to think and apply the principles of good parenting.

The Building as Container

In exploring the concept of home for the young people and staff living and working in residential care, it is also important to consider what meaning is attached to the physical space and environment where they live and work. Does the building represent an 'institution' rather than a space called 'home', or is it possible to combine both in the sense of place that is residential care? The use of a building will change according to the needs of its residents and will evolve over time. The compulsory registration and inspection of homes has placed much emphasis on size of rooms, facilities and a range of other measures. We may observe the link between home and identity by the way in which rooms are arranged and objects are displayed. 'The meaning of things in the home is what gives it meaning' (Hurdley, 2006, p.723.) Whilst this physical provision is

important we also need to be attuned to what we see, feel and experience and not simply the outward appearance.

Observation and Illustration

Both the inner feel and outer structure of the building was referred to by both young people and staff as offering and providing something significant.

Karen (staff) said, "I think it's something about "the building." When talking about staff retention over a long period of time.

The building itself is seen to represent something containing, later during this observation

There was a knock at the door, Karen (staff) left to answer this. Karen returned smiling and said someone had enquired if they could care for her grandmother who was 86. "The staff began to laugh at this and one jokes, "everyone wants to live here".
[Observation 3]

The building itself stands with some pride, admiration and history within the local area, as also evidenced by the visitor referred to later in the research. Although it is a large Victorian building it is not intimidating and there is good mixture of the old and the new where extension or improvements have been made that adds to a feeling that the building has been cared for. The name of the home on a carefully finished wooden sign sits comfortably alongside other properties in the largely middle class area. Hanging baskets and the carefully tendered plants, also provide a sense of the building as a home rather than an institution. It is only the staff parking area that perhaps indicates this is not strictly a family home. Staff conveyed that the feel and ambience of the home has been built up over time, which has enabled staff to anchor themselves in various ways within the surroundings of the home. Staff recognized that to encourage the young people to find a connection with them in their parental role, and the building as their home, this also required allowing some freedom of choice for individual children and in the group decision making process in

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respect of their own rooms and the building. Staff also emphasized the importance of pictures of the children on the walls as a powerful statement of connections with the building as their home. I observed that photographs of the young people and staff were often inclusive of both young people and staff together. The research included visiting over a Christmas period and I observed the home to be elaborately decorated by both the young people and staff.

The building and length of service for many of the staff offered them a secure base and sense of place, in their workplace. The security of their role and organization did appear to support them to remain committed to creating and maintaining a physical home for the young people.

Management of vulnerability – Containment, Anxiety and Conflict

Armstrong (2005) provided consultation to managers and chief executives in hospitals. I held in mind that part of his role was to examine and understand the emotional life of the organisation, which can be located within the manager and informs either consciously or unconsciously his relationship to the organisation. One of the critical tasks for residential staff is to help the young people in their care feel 'psychically placed' Cregeen (2009, p.174) and to belong. In addition to this, there are their own anxieties about being competent and having a capacity to tolerate emotional states and the child's psychic homelessness, the manager's role within supporting them in this task remains crucial.

Observation

Within the home my contact with staff highlighted that they did feel well supported by the internal management team, but felt the constraints and restrictions of a higher management. Something unseen left a sense of paralysis at moments of reflection about what they could, or might be allowed to

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achieve. The staff had little or no contact with chief executives or those in higher management and yet felt this unseen force might determine what they could or could not offer to the young people they cared for. The manager of the home did attempt, as a parent might do, to provide a helpful boundary between the staff group and external authorities. Together with the deputy manager, they considered how and what should be communicated to the staff, a parental function protecting them from the knocks of the outside world.

During periods when the young people were absent or left a room, I increasingly became aware of my own feelings of vulnerability and that of the staff as they communicated, although at times in different ways, their strong sense of hopelessness for some of the young people they cared for. Staff communicated that this was in part based on their long-term experience of working in residential care and the negative outcomes for some of the children previously in their care. I noted that at any moment when young people were not present, staff individually or collectively wanted to express their experience to myself as the observer. In the presence of young people, staff frequently remained focused on the young person, either in engaging with them in thinking about and discussing day to day activities or positive warmth when thinking together about their achievements and memories. There seemed to be an appropriate respect for boundaries in the work and in my presence, focusing on the young people in their presence but taking the opportunity to think with me about them when they were not there.

Negative communication was usually conveyed in relation to the young person's perceived behavioural difficulties, but there was generally a wish to understand rather than condemn. This was often stated in the absence of a young person, either by an individual member of staff to the observer, or in small groups. Staff often quickly communicated to the observer their anxieties and their own

vulnerability. When there were small groups of staff this seemed to give freer access to their personal and institutional unconscious expression.

Anxiety and Organisation

Menzies (1998) notes that one can often find in such groups 'a miniature version of the total organisation', where one can observe patterns of interaction between members which can reflect patterns in the organisation. This reminded me of times when groups of residents were together either mutually supporting or challenging each other. I was aware of being drawn into wanting to offer some reassurance, understanding or support to staff, particularly when they frequently asked my view as a psychotherapist about what they might do in order to support some of the young people. I became increasingly aware of my own vulnerability as an observer in wanting to support the staff and the young people. These experiences registered in myself, could be understood in correlation to the experiences of the staff, young people and the institution. Armstrong (2005) describes this as being temporarily both in and of the institution, a form of 'institutional projective identification.' In sensing the staff feelings of isolation and vulnerability this could be understood as a 'registration in themselves of an emotional experience' that was existed within the daily life of the home, this experience emerged from and illuminated the nature of the task to which all staff were engaged. Armstrong states:

> These feelings are not so much an occupational hazard but the raw material for work – in processing and responding appropriately to what is happening in the interaction between staff and children, children and children, staff and staff and the organisation as a whole and its context. (2005, p.49)

Those that work in the residential home are presented with the emotional experience of 'managing vulnerability', both their own and the residents. Keeping this in mind, helped me to understand my own experience as an observer of being drawn into the staff vulnerability and attack upon the others

(higher management) or a wish to keep at some distance from those glimpses of staff hostility towards a young person. This highlighted the need for the experience of staff and the young people's vulnerability to be expressed in order for this to be managed rather than a sense of just coping with this, but this also requires staff to make use of such opportunities when made available.

Observation

My overall experience of the staff was that they were a close and supportive group, working well together and supporting each other, both on an emotional and practical level. Their well-established and long-term presence and togetherness also supported this, with very few staff leaving and a low rate of sickness. This is significant in an organisation that contains the projections and experience of high levels of emotional anxiety and internal and external conflict. Staff continuity was attributed to the support and presence of the manager, and a collective staff sense of togetherness, resulting in them staying. However, their use of me, in an observer role as a recipient and consultant also highlighted not necessarily that there were not opportunities to think about the young people and their own vulnerability but the overwhelming feelings of emotional pain the children experience, communicate, and project into those that care for them and the organisation.

The residential home had daily handover meetings in which staff would share and report day-to-day activities, incidents, events and future plans for the children. All staff received individual supervision, and there were monthly meetings with the whole staff group, which provided opportunities to explore particular emerging themes presenting within individual children, or the group and this included some space to think about the internal world of the young people they cared for. Some staff cited that when consultation had been provided by external agencies in the past they themselves felt exposed, vulnerable and judged and had withdrawn within or from this process. What

became apparent was that staff were aware of their own and the children's vulnerability but used their own defence mechanisms to cope with this, something known but not voiced.

Bollas (1987, p.51) refers to the 'unknown thought' similar to Bion's thoughts 'in search of a thinker' which resonates with what Armstrong illustrates within institutions, something that is known in the emotional, physical and organisation but has eluded formulation. 'It is lived but only as a shadow'. (2005)

Meltzer states that all participation with others involves a communal aspect, and with community comes:

> Problems of organisation and communication where the borderland between friendly and hostile, communication and action, governing and ruling, opposing and sabotaging becomes obscure. (1992, p.153)

Observation

My experience in the children's home was that what was known was close to the surface, and often bought forward towards thought, but there were moments as described later when during interaction between a staff member and resident, meaning became lost. When the staff member was able to reflect later in discussion with the observer, the thought and thinking re-emerged.

During the period of the research and my observational visits, as part of my job I consulted with the local Children in Care service whom I worked closely with at this time and it was agreed that a space should be offered to staff at all residential homes within the local authority. This would also offer a place in which the staff could begin to think, know and understand these thoughts, feelings and experiences that might bring some meaning allowing staff to know the organisation within themselves and themselves within the organisation. This was introduced towards the end of my period of research and despite some staff having expressed their previous reticence in regard to this kind of forum, their openness to the availability of this space, was evident in the quick take up of this, further to a conversation with me during a visit. This showed how their

need for such support was close to the surface. This also demonstrated how much the staff wanted to, and did make use of the observer, which I will refer to later within the thesis.

Although at this stage it is unclear whether this will create a difference to how the home makes decisions, policy and understands the young people's actions, it may give meaning and an understanding of the children's past and present experience that can prepare them emotionally and organisationally for the future, or as stated by Bion 'the shadow of the future cast before' (1976, p. 309).

During the research there were times when some staff referred to themselves as "*bitter and twisted*" and *"dogsbody*", and expressed an awareness of the impact of the work on their own behaviour and emotions, both at work and at home. In some ways they communicated their function within the home as existing in relation to it as a part object, that being a failure of the external organisation to recognise staff needs are important in supporting the young people as a whole. These staff comments could be understood as a communication of many of the staff's experience that could not be named within the external authorities. The internal organisation and management did not, however, appear to collude with a need to criticize individual staff members but there was more an attempt to discover and recover meaning and understanding of the projections and effect of working in the home.

I was interested that two of the longest serving members of staff remained on the surface, cheerful, optimistic and had a capacity to remain externally positive in the face of adversity. However, when meeting them without the presence of the children, one communicated a strong sense of despondency. Both were male members of staff and often worked the same number of hours. These different presentations and attitudes may in part be attributed to their own personality, own life experiences and resilience but I was also interested to observe others experience of them and how they gave meaning to their

experience within the home. The staff member who carried a foreboding sense of hopelessness for the young people's future may have conveyed or mirrored something of his experience of some of the young people he cared for and their own strategies and more hostile communications, a reflection of his counter transference. This again appeared to link to a particular anxiety that is generated within such work – helplessness and hopelessness, the internal homeless state that is perpetuated, but he may also have been in touch with his own anxiety. The other staff member who remained resolute and outwardly optimistic seemed to capture something observed within a young person like Mark, who represented something nurturing and thoughtful in the group. One could view this as defensive denial, however, my experience of both was one of attempting to offer some positive parental function and strengthen the child's sense of home.

The issue of burnout for staff who have been working in a residential setting absorbing the projections of many children with high degrees of distress and trauma also needs to be considered. Long established members of staff will have experienced young people's pain, emotional disturbance, aggression and violence for many years and will have needed to withdraw or protect themselves from actual or potential harm, in doing so they may no longer be able to engage with the internal world of the residents. The task of managing oneself is at the heart of all residential work. Knowing, reflection, using supervision and the search for meaning and motivation are essential aspects of the role.

Projections

It is essential that staff are encouraged to explore their feelings, and discover how there may be links to either the child's history or, their own. In caring for children who have experienced emotional disturbance, difficult experiences

from the staffs own backgrounds may be re-evoked. Sprince (2002) highlighted the difficulty for carers in understanding or explaining these 'disturbed feelings' to themselves or others.

> Being disturbed by their contact with these young people allows practitioners to experience the child's feelings and understand them as a communication about the child's past or present experience. (Sprince, 2002)

When writing about deaths in custody, Coles and Shaw (2007) highlight that it can be life threatening if practitioners do not, or cannot think about their own disturbance, and the dangers of practitioners being unable to reflect on their contact with and recognize the meaning of a young person's behaviour and needs. 'Turning a blind eye' (Steiner) can lead to a state of mind within professionals that leads to inaction, as highlighted in the Laming report (2003) into the death of Victoria Climbie.

Observation and Illustration

Some residential practitioners indicated an awareness of their own emotional struggle to feel attuned or a connection with James, the youngest child at the home. Containing and controlling were frequently observed to be so during the research. In respect of James there were times when the need to control rather than understand was more prominent. This was most noticeable with James when staff would be authoritarian with him when he entered a room, criticizing his reported behaviour at school for instance; some staff at times used authority and their position of power to communicate in a certain way with the children, but this was generally observed as a result of a conflict situation. It is important to think about this communication in the context of the projections the staff experience and may in part be understood as a defence against anxiety.

> *Jenny said that things had been very difficult, with one particular resident –*
> *R. She said he had been up nearly all night, barricading himself in the flat*
> *and destroying property. Christine confirmed he was exhausting. Jenny*
> *expressed her concern that he carried a feeling of being 'bad to the core'*

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which had a negative effect on the other residents, and the older boys were now joining in. Christine spoke about the boys getting fruit and throwing this around and felt the boy's behaviour conveyed no manners or respect. Christine referred to Roberts's early life and said he had constantly been told he was no good and that his mother did not want him, so she understood that he was behaving like this for a reason. Jenny acknowledged her understanding of this but stated it was not acceptable. She referred to the residents treating the staff appallingly and then asking staff for help - like giving them lifts. She said any 'sorry' that they might say was purely superficial, which was a sad reflection of their experience and a concern for her in their future relationships.
Observation 8

There were equally examples of the balance between care, containment and control.

Robert asked staff "Can I go swimming". Kevin said he would need to check with Karen as he had not "been on shift" the previous evening but "heard you were up all night, so you probably won't be able to". Robert protested. "That's not fair," he shouted as he left the room.
Robert later returned to the room and again asked if he could go Swimming?
Karen said she was sorry but he could not join them due to his behaviour, she said "You kept everyone up all night,
Robert complained saying he had gone to school and had been "good all day".
Karen again said she was sorry and said if he had a good week next week he could join them.

Robert stormed out of the room swearing but quickly returned, the tassels on his brightly coloured hat swinging. Marie came into the room and asked what he was going to do. He said it wasn't fair that he could not go swimming.
Marie reminded him of the rules and said he couldn't be rewarded when he had upset everyone. Robert said, "That was yesterday".
Marie replied, "Robert you can't keep everyone awake and all the mess you caused" she then acknowledged his disappointment and then suggested, "why don't we play a game.
Robert paced, and then said he wanted to play jenga and began to look for this.
Marie offered to get me a drink and asked Robert if he would like one. He bought the game over to the table. He began to set this up and said "Do you want to play" I said perhaps I could watch him and Marie.

[Observation 8]

Marie had in a calm manner been able to contain the situation and quickly engage Robert in way that allowed him to remain with staff rather than become isolated.

Following the arrival of Robert mid-way through the research period, staff communicated their concerns regarding this young boy's disturbance and impact upon the group of children. There is a clear recognition of the shift in group dynamics upon arrival of a new resident, however, when staff spoke about difficult behaviour this seemed to be located within James.

> *"James is always demanding attention, and he's horrible to the other kids at school".*
> *When he returned to the building he was quickly told off "I'm going to say this in front of the observer, for "messing about at school" James sinks in his chair and looks towards the observer. "What did they say? I wasn't bad". He is told not to interrupt." Mark suggests they go outside.*
> *[Observation 10]*

The same member of staff was equally quick to express that James is "*always interrupting and messing about,*" and at times segregated him from others during additional observational visits.

There was clearly difference and conflict between James, and many of the other young people and some staff. What appeared to be missing was the emotional awareness, which in turn might facilitate thinking. As James was the youngest resident one might have anticipated that staff would offer more support and provide a protective function for him. I had experienced this previously within the home in my role as clinician, when working with the then youngest resident who was afforded significant emotional protection and understanding.

Jenny's (staff) comments demonstrated how active and robust she was with the young people; however, in moments when the children were not present she was able to express her worries about the young people she cared for and her own vulnerability and dependence. Despite a supportive staff team she also felt alone with these thoughts, in part she acknowledged this was through choice as she did feel supported and I observed her to have positive relationships with her colleagues and the manager. I was struck by the contrast in Jenny's behaviour; she was clearly visible to both staff and young people in exerting her authority towards the children, often pushing them away emotionally and distancing herself from their behaviour. She was welcoming to the observer and seemed keen to please me, initially calling the children when I arrived despite having talked about allowing them to go about their daily business. In the absence of the children, she was then able to think about them at times in a way that demonstrated she was in touch with their vulnerability. Hirschhorn (1995) writes, 'people come alive when they feel safe. It is threat and anxiety that inhabit and deaden them'. Did Jenny feel safer in the absence of the children, and in the presence of her colleagues and the observer? In this context she could take up the role of carer which she appeared to have lost in the presence of something that was felt by her as more threatening, her direct contact with one young person and her visibility became a more aggressive force. This seemed to undermine her clear understanding of the emotional needs of the group of young people. The difference in her presentation was marked at times. This was particularly apparent as in my role as psychotherapist my contact with Jenny had been to observe someone who both with and without the young people was thoughtful and liked by those she cared for. During the research, I felt a strong sense of her disillusionment and despondency linked to time; the length of time she had worked in the field and her despondency with the system and with the poor outcomes for many of the children in the longer term. It was almost as if she had given up having hope for their future and had developed a defence. This defence may have been emotional pain that had not been

processed or worked through, which was unconsciously influencing her approach to the task at times. Given the contrast in her approach and interactions with the children, it may have been that James resembled previous young people who were consciously or unconsciously identified in her mind as damaged and emotionally disturbed, the 'throwaways' who had left in a disruptive way.

Jenny hinted at this in her comments.

> *"That boy is always trying to get everyone else in trouble, always blaming everyone else but himself".* She went on *"Do you remember Scott (a boy who had resided at the home that I had previously seen in therapy) he would never listen to anyone, always right and winding everyone up, he ran away from the secure unit, I knew that boy would never get better".* [Observation 10]

Staff must be emotionally available and able to understand the child's feeling states in order to respond in a meaningful way Jenny may have been picking up a fragment of the child's unspoken fury about something she could not explain or remember.

Defence against Anxiety

Menzies Lyth (1998) suggests as individuals grow older their ability to modify and abandon their early defence mechanisms, or develop other defence mechanisms will change. This includes:

> The ability to confront the anxiety situations in their original or symbolic forms, to work them over, to approach and tolerate psychic and objective reality and differentiate between them, and to perform constructive and objectively successful activities in relation to them. (Menzies Lyth, 1998, p.64)

Individuals may step away from and 'wander' out of their professional role when faced with the reality of anxiety about work. They may in turn develop an

unreality in which challenges are managed by defensive denial. Whilst Jenny had not stepped away from her role as providing a practical function, at times the emotional aspect of her role had 'wandered' from one of container to disciplinarian in relation to a particular resident.

Where there is dependence on each other in order to work effectively, one person's anxiety can create a sequence of disquiet in which they can use shared fantasies to defend against risk, however, these unrealities can lead to 'people both punishing themselves for their own failings and imagining that others are their persecutors' (Hirschhorn, 1995). Cregeen notes this can manifest in the form of staff projecting into the new young person 'undigested affects and anxiety associated with past relationships with young people' (2008). Alongside this the young person in attempting to establish themselves and get to know staff will encounter 'psychic no go areas' or parts of the workers unprocessed thoughts.

Within the institution, defence systems may develop that are a product of the interaction between its members. The institutions' functions, structure and traditions are affected by these defences. Menzies (1970) reports that at times of crisis, the defence system becomes under constant threat of regression, and with children's home there is an increased risk of this occurring. The impact of working with young people who communicate their internal disturbance in external ways can lead to the staff developing primitive defences against the stress they evoke. This becomes more problematic when the residents form relationships and groups that develop sub-cultures of a possible pathological and delinquent kind. The pressure to join the sub-culture and acceptance of its defences has to be resisted.

<u>Observation and illustration</u>

Jenny's role, like her colleagues' is not confined to one young person alone and the splitting up of staff members contact with just one young person may serve to protect them from anxiety. In her contact with James' he appeared to arouse and evoke some strong feelings, Jenny, however, conveyed maternal feelings for older residents, and was aware of her own feelings of anxiety.

> *As I prepared to leave, Jenny (staff) begins to talk to me about another young person, Tom (currently out) she tells me that she is very worried about him. "He looks like a homeless person; he doesn't wash or change his clothes. His hair is all mattered together". She says she spends time trying to help him look after himself. She said that he had been physically and emotionally abused by his step-father and she felt he was extremely vulnerable when he was out. She informed me he had ADHD but refused to take his medication or go to therapy. She said she had been unable to sleep recently worrying about him and another older female resident who would also stay out quite late.*
> *[Observation 4]*

Jenny was not in denial or detached from her anxiety or the distress that this young person communicated. I wondered if what was more unbearable was the unconscious fear that James would become the self-neglectful older resident of the future. Tom was one in whom she had invested her time, care and hopefulness. His current presentation was now experienced as disturbing and having developed an internal and external world of virtual homelessness. Fear for the future of the young people, and failure to rescue them is a further anxiety that appeared to be particularly significant within work in this field. Jenny also demonstrated that she held this young person's early history in her mind, but on another occasion when I enquired about why James had come to live at the home. A number of staff gave a mixed response and some uncertainty about his history. The conflicting feelings evoked in adults by James were strong and confusing. I wondered if this situation mirrored something of James's difficulty about what had happened to him and why some staff could not bear to know about it. It would be difficult for him to make sense of his experience when

adults around him could not think about this. In many of the well-known studies within institutions, such anxieties were managed by the development of strong defensive cultures, which aimed at evading and 'wandering' away from these anxieties. This included detachment (Menzies, 1959) the development of 'mechanical' rather than emotional care (Cohn, 1994) and staff isolation and cutting –off in the face of death (Ramsey, 1995). The unconscious or unprocessed message to him was not being given permission to talk about it.

Within the home there was generally less evidence of the need to deny risk, and the anxiety conveyed was in fact a marker to indicate the very real worries and concerns staff had for the young people in their care. My experience within residential homes has highlighted that if workers have not worked through their own emotional pain, this will unconsciously impact upon their approach to the task of care and work. This may be evident in Jenny's interaction with James and possible identification with a previous young person who has caused some kind of emotional disturbance within her.

Effects of Emotional and Physical Disturbance on Staff – Anxiety and Conflict

Many residential staff report enjoying their jobs and find them fulfilling and morale can be good. Although residents' behaviour does affect the level of morale in children's home, it is not the only factor. Workers cite the wider context of the work, including strategic policy and directives as having equal, and often more impact.

A study by Epps, Moore and Hollin (1999) found a high proportion of staff had been injured, often during a physical restraint or a direct assault from a young

person. A further investigation of secure units identified high levels of stress related absence (O'Neill, 2001).

Observation and illustration

Many of the staff in this research did highlight the impact of the young people's behaviour upon their morale and emotions.

> *He (staff member) said the main problem was all of the "Legislation restricting what we can and can't do".*
>
> *"We have to take all children rather than thinking about the needs of individual children, and who fits with who? It doesn't work having 10 year olds with 16, 17 year olds. He made reference to once the children had moved into care. "That's it, stuck here". He spoke about listening to children and how "We nod our head but you know that the managers (at Social Services) won't take on board what the children say or want".*
>
> *He continued saying that he felt he did not have the same energy, "working in a place like this really changes you as a person, and you become sort of twisted". He found he had less patience, not just at work but at home. Another staff member looked up and agreed, "It does change who you are".*
>
> *[Observation 3*]

The staff expressed how life at the home has changed for both the staff and residents, who have less control or autonomy over decisions about their current and future needs. There is pessimism in their comments are pessimistic or are they being realistic about future outcomes for young people based on their past experience. There is an element of nostalgia which divides the old and the new way of life within the residential home, but it is not conveyed as demonizing the present, rather a sense of a past more hopeful view of future outcomes for the young people which has given way to the reality experience that this is, and will not be the case for many of the children they care for. The staff recognized that the relationship between staff and young people sometimes involves defensive detachment, and that burn out is not just a consequence of working and living

with high levels of disturbance, but a disturbance in the wider network. Although in this moment the staff came together in their expression of despair, there are equally moments of them supporting each other with warmth and humor during other observations.

Most of the staff considered the home to be a friendly place. However, some reported that residents sometimes verbally abused or physically attacked staff, which one might expect given the nature of the intake within a residential home. Findings suggested that even if incidents were frequent, if there was good all round support and communication, staff could retain some hopefulness. Within the home under research, staff did refer to an awareness that allegations of abuse could be made against them which increased their stress, and had occurred in the past. A male worker said he felt cautious about physical contact with girls at the home and he was aware that he could be more distant in the current climate than they might have been in the past, and was concerned this may harm the girls further. Most of the staff acknowledged their job was stressful but felt generally well supported, which was helped by receiving formal supervision on a regular basis. A further aspect of conflict for the care staff was how they felt they were perceived or considered within the professional network. Some staff commented that despite the many hours of contact they had with the young people, they were often not consulted by other professionals about their views, and sometimes excluded from meetings in contrast to the child's social worker who had far less contact. This has a debilitating effect and the potential for splitting within and between agencies is increased.

Endings and Separations – Staff experience

Sudden endings allow limited or no opportunity for what is to come. Despite some thoughts about the child's preparation for independent living, the abrupt

and disturbing nature of some of their departure can leave staff feeling deprived of preparation for these kinds of endings, even when they have experienced disruptive and sudden endings previously. Janis (1958) described how the effects of anticipated trauma can be improved if there is prior opportunity to work through anxieties – 'the work of worrying'. This is in parallel with Freud's concept of the 'work of mourning'. Even though they have previously experienced such separations, the opportunity to work over the anticipated traumatic separation is often denied to the residential staff and this adds to their stress and anxiety.

In residential care homes it is difficult for the young people left behind and the staff that care for them to come to accept these sudden and distressing departures. Miller and Gwynne, in 'A Life Apart' (1972) considered some of the defence mechanisms used to avoid facing the realities of working in an institution that limited the capacity to effect any positive change and who frequently had to face the death of its residents.

Observation & illustration

> *All of the young people had left the room. Marie (staff) told me that it had been a difficult week. She informed me that there had been an incident involving Josh. He had threatened staff with a knife. He was currently staying with a friend and would not be returning. She told me that she had visited him a few days ago but he showed no remorse. I said I was aware that they were beginning to think about independent living and that must have been difficult for him. She agreed and said that whilst he wanted independence, he wanted to do what he wanted and was often abusive and in other ways he was very childlike and wanted looking after. She told me that recently his behaviour had increasingly been escalating, he and broken into a café with others, he was drinking more, staying out late and abusive to staff. She then added that she knew he wasn't always the instigator, and until recently he had not been getting in to trouble.*
> *[Observation 12]*

The incident described by the staff member also is filled with her anxieties about the future of other young residents as she goes on to tell me;

Emma and Robert were actually worse. Marie began to talk about Robert, and how he seemed to thrive on a drama. She spoke about him just sitting out in the parking area by the road at 11pm at night, watching to see when staff would come and see him.
[Observation 10].

This seems similar to Canham's description of the "doorstep" or "threshold existence" which captures something of these children's "uncertain present situation" (Canham, 1998).

Marie began to talk about Josh again. She has spoken to his social worker about supportive lodgings but is unsure what will happen now; she said that the other residents did not know that he would not be returning yet. "Emma's going to go Mad" she said Emma was always out late, but in some ways she gained support from josh – "and now he's gone".
[Observation 12]

She recognised that the loss and homeless state would not only be felt by Josh, but also other residents, which increased her anxiety and compounded her own feelings.

The staff who have faced previous disruptive and distressing letting go of the young people they have cared for, can develop a considerable degree of anxiety which leaves them feeling helpless and with a sense of failure. It is my experience working with residential care staff that there remain many unresolved losses, painful disappointments and traumatic incidents linked to the ever changing membership of the 'family grouping' (Cregeen, 2008). For the home in this study, they also had to frequently face issues of separation and loss of contact with the young people who they have tried to support, know and provide a sense of belonging and home. There was not, however, a denial of the significance of such an ending, but staff acknowledged that time and space to think about the impact of the loss and their anxieties for the departed young person would often be overshadowed by the immediate arrival of a new young

person, a replacement, with their own set of complex needs to be thought about and managed. This created a complex and significant emotional demand on the care staff.

Management

Containment, Anxiety and Conflict

The management of residential services should be understood in the context of a professional bureaucracy. Looked after children come to rely on several professional groups, these are largely independent and self-organised.

Observation and illustration

Despite the sense of powerlessness expressed by some residential workers, they also acknowledged that they did enjoy a degree of autonomy in their work. The manager implemented guidance but also respected professional autonomy. The manager of the home confirmed he organised in a shared way, encouraging trust and sometimes allowing staff and residents to find solutions, this style of management was welcomed and seen as successful by many of the staff group. The manager seemed to have a clear overview of both the children and residential staff and was less bureaucratic. He did not insist on the strict interpretation of rules and regulations, but did encourage boundaries within the home and promoted understanding of the needs of the young people. In meeting with the manager and deputy manager they discussed where there are or have been in the past any difficulties within the staff group and how this was, and is managed, but also how the staff gain support through their collaborative working relationships.

> *The manager spoke of previous allegations regarding restraint by staff member's residents towards residents. He confirmed the policy in such situations is for the staff member to be suspended, or "asked to stay at*

home" during the process of investigation. He acknowledged a clear understanding of why the process occurred in this way and for young people to feel and be heard, but voiced concern that even when incidents had been witnessed by other children and staff confirmed that they had not acted inappropriately, the therapeutic intervention which would assist the process often did not occur. He said this created a real difficulty for staff and children, and gave the child involved "A sense of power which was not helpful for them, instead of letting them work it through with their peers or staff, or helping the child to think about what happened and how they felt. Social workers don't allow this to happen. It leaves everyone feeling uneasy, especially the child involved".
He spoke of a great deal of loyalty at the home, not only within the staff group, but the children towards them.
[Meeting with manager].

The manager conveyed an increasing sense of pressure from the higher management team to adhere to their rules, sanctions and restrictions. There appeared to be less room for autonomy and the home is generally instructed regarding which children will move to the home rather than the manager being able to always contribute towards thinking about the mix of children. The manager informed the researcher this had led to more difficulties within the home, and they had increasingly felt that responsibility and control has been taken away from them which led to more negative outcomes for the young people and the staff residing there. The manager was, however, clear that when needed he had been, and felt supported by the structure and availability of external local authority managers. When in the past there had been an incident or a conflict situation which had not been managed well by staff or if a member of staff behaved unprofessionally and had been unable to remain focused on the needs of the young people, the manager recognised that having an external structure and system of support and overall supervision, ensured that the home could offer and provide safe practise.

The question of what external structures and systems of consultation and inspection provide is an important feature of residential care. We know from the number of reports of homes where widespread abuse has taken place and has

been hidden for many years as a result of isolation and concealment by managers and staff groups, that systems must be in place to protect children in care. The same systems do not necessarily lead to the quality of care and understanding that is required to foster a containing and nurturing environment and experience of positive parental support. I have experienced outside of the role, children's homes who have been considered as almost 'outstanding' by these system processes, however, my experience of them in reality was of a limited capacity by the manager and group to think about and implement positive practice.

Relationships with the Manager

Cregeen (2009) states that the presentation of a united workforce can mask anxiety and fear in relation to their dependency and the complexity of the relationships in the home, with each other, and with the young people. Obholzer states that one of the core elements of the task of leadership is:

> To see that the concept of the primary task of the organisation is not only uppermost in the minds of all of the members of the organisation, but that it is constantly reviewed in the light of the external environment and that the functioning, structure, and staffing of the organisation changes in accordance with the changing primary task and its cluster of subtasks. (2001, p.128)

Observation and findings

At no time during the course of my research did staff or young people make negative or critical comments about the management of the home under the manager or deputy manager. I questioned whether this was masked in some way, but as the research continued I gained a sense that there was great respect for the manager and management team at the home. Within the staff/management relationship there appeared to be loyalty, regard and

admiration. The manager had worked at the home for 17 years and was well established and liked within the home and the local authority. Staff conveyed that they knew he would "*fight our corner*" and that "*of the kids*". In fact there was a strong belief that he, like them, are "in it together"- a family dynamic and sense of home, and staff felt there was a sense of home both for them and the children. The management style and approach appeared to foster an internal sense of containment and home. In my role as a psychotherapist when working with a former young person, I recalled the residents going on a holiday with staff abroad. Their return was delayed due to ash cloud and flight restriction. On this occasion the manager had not travelled with them. When the staff aboard informed him of the children's anxiety about being "trapped away from home". The manager drove a mini bus abroad to collect them. This stayed in the mind of the young person who I had been working with, and other residents as she often recalled him "rescuing us", as a father might his own children. During the research whenever staff or the young people referred to him there was a positive connotation, respectful but knowing he was there for them. "C *(manager) will sort it out." (Young person referring to wanting their social worker to make changes) "I will ask C if he can take me*".

In addition to recounting positive experiences of him the staff group appeared to have generally the same shared values, goals and range of tasks, and within this there appeared to be an overall sense of mutual cohesiveness and support, security and competence. This distinctive culture will have been influenced by a range of factors including the specific circumstances the group faced, but in particular the leadership style of the manager and the relationships within the staff group.

The male and female manager and deputy promote the model of two parental figures that function in an open way in relation to the staff group as a whole. One might question whether this would arouse oedipal conflicts and anxieties

amongst the staff group, but this was not conveyed in the presence of the researcher. The management team are presented as a parenting couple who care about their children – the staff, and the children whose care they are responsible for. Both were actively involved with the children at the home, with a 'hands on' approach, including taking them out on day-to-day and extra-curricular activities and holidays. It is strength in the management team that provides a strong sense of containment and there is no overt opposition to the leadership within the home. I did not experience this as a lack of leadership strength but was conveyed as a manager who was clear but approachable. The manager and deputy managers' office was central and near the entrance to the building, and the door was always open to the staff. The young people also spoke of them with warmth and also a belief that they had their best interests at heart, a symbolic representation of parental or possible grandparental figures, which adds to their sense of home and family. There was no apparent undercurrent of collusion and whilst within the time frames and nature of the research it may not have been possible to observe any behind the scenes underground activity, the overall feeling from the staff group and residents towards the manager was one of a collective organizational dynamic.

When meeting with the manager alone, I gained more insight into the sense of aloneness (homelessness) that the manager felt in relation to having less autonomy and an enforced feeling of being controlled by the higher and wider organisational bureaucracy, some of this was driven by finances and the need for cuts in available funds and resource. I felt the manager, like the staff, had developed strategies to manage the restrictions and constraints within the larger and wider organisation, and support each other. However, what was less evident was a focus on the emotional experience of living within the home, perhaps in part a conscious decision, as the emotional cost of exposing themselves to this might be felt to be too overwhelming.

The team appeared to work hard at getting on well. Within the context of the research, the openness and availably of the manager did appear to support the internal and external survival of the staff and the home, but it was more difficult to measure whether the absence of a thinking space supresses the emotional development of the staff group, as might be expected. The manager expressed his support and commitment to the former consultation space that had been provided by experienced mental health practitioners, but he was also aware and recognised that some staff had found this space difficult to use. The consultation had been withdrawn in part because this became increasingly used by only a small group of staff members, in addition to funding issues. The wider and larger organisation therefore also was unable to value or prioritise the emotional needs of the staff group, and an understanding of how this supported the young people they cared for. In discussion with the manager he quickly took up my suggestion of pursuing a new regular consultation space to be facilitated by an experienced practitioner for the staff group. The managers recognised the importance of what Macintyre (1985) describes as 'internal and external goods' within the practise of management, that being the difference between practice, experience and skills and the latter external objects – competition, monetary rewards and status.

The management team and staff generally communicated their commitment to ensuring the young people received therapeutic support where possible and often felt frustrated that either this was not more readily available or that the young people at times disengaged from this process. During the research only one young person was receiving therapeutic support. Staff expressed some mixed views regarding the effectiveness of treatment services that former residents had received. Some indicated they felt services would quickly "give up" on children who struggled to engage or attend their therapy sessions, but generally there was an overall feeling of support, commitment and understanding of the value and need for assessment and treatment services,

and their commitment to supporting and helping children to engage with such processes. The staff communicated their experience of functioning as a unit, generally working together, despite their differing personalities and styles of interaction. This further supports consideration not only of the emotional experience in organisations, but rather that within organisations every emotional exchange within and between individuals or groups carries some reference to an organisational object. Armstrong (2005) refers to this as meaning 'something that functions as a point of psychic origin of psychic experience'.

There was a strong emphasis in providing opportunities for the young people to participate in after school activities, which involved staff taking them out and being alongside them, and meant they were often on the move. I, however, observed that there did appear to be contrasting moments where staff sat on the sofa alongside the children talking or watching television in a very ordinary way, they equally would sit together if the children were out, and in this way there seemed to be a balance between movement and reflectivity. Activity did not appear to be used as a defence to avoid painful feelings and thoughts which might emerge as a result of real contact with the children but rather to provide positive experiences for the young people who they look after.

The staff informed me that training was provided at times, both internally and externally. Some staff, however, indicated that they did not experience these training days as helpful "*We've heard it all before*" stated a well-established member of staff. This element of anti-task was evident in relation to the training process. There was a sense that this echoed some of the staff's view about consultation that had in the past been offered, in that it had become difficult for them to view this as a helpful space to think about the young people in their care and the impact of the work upon them.

"I don't like talking in groups, they (consultants) make me feel like they know best and I don't know anything, and I'm not going to put myself in the position of being exposed in a group, if I feel upset about the kids then I can talk to staff one-to-one."
[Observation 8]

Staff anxiety can take the form of a fight (conflict) and flight (anxiety) position, challenging or withdrawing from the task and process, and insisting they are already aware of the difficulties. Staff also spoke of remaining silent in either consultation meetings or training, although this can be conveyed in part as an attack on those undertaking the task. The staff member's reference to not wanting to be exposed also conveyed a more unconscious helplessness. It is important to understand the emotional risk for staff in engaging in the consultation process given their experience of the young people and in the intensity to the staff/resident – parent/child relationship. There seemed to be a conflict in this situation, particularly for those staff that had worked at the home for many years and found it increasingly difficult to resolve the resident's needs and that of the organisation. The pressure to be with and manage day-to-day emotional and practical needs of the young people demanded priority in their minds. For the longer term staff, training seemed to represent getting in touch with the high level of tension, distress and anxiety which they sought to, and had defended against in order to survive and continue in their jobs for many years. The manager indicated his awareness of these processes and the impact this had on some of the staff's capacity to make use of support offered. Training seemed to be experienced by staff in different ways; it promoted some degree of frustration for some, but was viewed as providing an opportunity for growth.

Most of the staff confirmed that there was a high priority given to continuing professional development, and appreciated that this was offered and available to them at times, however, it was staff who seemed to have aspirations to

develop their careers, perhaps in other areas of child care, i.e. social work who appeared more receptive to attending in house and external training.

Chapter 11
Role of Observer.

Within the psychoanalytic setting, the 'countertransference' includes the objective events happening, the emotional atmosphere and the therapist's own internal experience. Hinshelwood and Skogstad (1989) suggest as an observer within an organisation these qualities all reflect the culture of the organisation. In writing about a residential home, Winnicott described a home where children:

> "Lie on the floor, cannot get up, refuse to eat, steal whenever they feel loving impulse, torture cats, kill mice and bury them so as to have a cemetery where they can go and cry" (1978, p.152).

Within this context he presents a picture which supports his thinking that in children's homes there should be a notice: 'Visitors not admitted.'

In my role as an observer it was essential at all times to keep in mind that I was coming into the young people's home, observing private and sensitive events, and exposed to raw emotions, pain and suffering. On one level I was crossing a boundary of a complex and often unpredictable social system. I was informed that the home was increasingly exposed or instructed to allow a range of visitors 'in', whether this was from professionals known, and often not known to the young people, or managers and inspectors there to support, monitor or explore the system itself. The presence of professionals from the outside can provide additional support and a different potential for helping which may be absent for the staff within.

Outside consultants, and managing authorities have a capacity to provide close supervision and intervention that can ensure residential homes do not become inward looking, defensive or isolated. The outsiders coming in must achieve a balance between developing ways of support, guidance and monitoring. This

may enable the residential staff and residents to make effective use of their potential assistance. Burton wrote when visiting residential homes:

> "I go in carefully, considerately and critically, and I leave with insight and very personal information about other people which I will keep safely and work on for their benefits" (1983, p.156).

Britton (1989) described the 'third position' by which the observer might be able to watch subject to a successful oedipal development within them. This position allows the observer to be open to the experience of different individuals at the same time, and trying to avoid identifying with a particular individual/s, against others. The observer may of course be experienced by the young people and staff in different ways, as persecuting, a critical voice or as a rescuer. Whilst what is being observed might have been different without the observer's presence, it may still reflect the unconscious phantasies and their manifestation in transference phenomena (Hinshelwood and Skogstad, 1989).

Observation and findings

During the period of the research a visitor to the home was present on one occasion, her role was to encourage the young people to engage in a range of outside activities and look at the history of the building. The staff informed me that there were an increasing number of such visitors, and that many of the young people either emotionally, or practically due to their busy schedules of school, contact, and activities could not, or did not want to become involved with these outsiders.

In my role as observer I was mindful of my position as an outsider and how the children and staff might experience this. Within my initial introduction and on-going presence I wanted to ensure I had acknowledged and accepted that in being 'in' the home I was sensitive and knew that life and work in their home was complicated and often difficult, I recognised that things were not always what they appeared to be, whilst retaining my independence and perceptions.

I did feel anxious initially in the role of passive observer, and was aware of the importance of containing and processing feelings and emotions evoked in me during the observation. The concept of my role provided me with an observing opportunity to consider the meaning of my own anxiety. I attempted to step back from my immediate emotional setting and step into the role as an observer. My professional voice allowed me to stay connected to an understanding of the emotional conscious and unconscious processes at work. I could contain my own feelings of helplessness at supporting the young people or staff when they proclaimed their own feelings of distress and disturbance, but at times it was particularly difficult to refrain from responding to the emotional need of both the young people and staff, which intensified my own emotional response feeling state. This was also required when faced with my more hostile feelings as a result of brief negative projective identification of staff and at times replication of abandonment when care staff quickly left me with the young people. During the period of observation without the protection of my professional role, I was aware at times of feelings of anxiety, helplessness and pain for both the young people and staff that felt different from my clinical role. At the end of the research it was initially difficult to think about the experience and observations in an integrated way, having experienced aspects of the young people and staff's fragmentation. Given that I was present for one and a half hours a week, I reflected on the experience of both the children and staff, and the difficulty for them in having the space or time to reflect on what was happening for them. This highlighted the need to find a balance in maintaining emotional warmth whilst not becoming overwhelmed by the children's experience, expressed communication and projections. Discussion within supervision also supported the maintenance of finding an internal position from which to observe, which included thinking about the observer's personal reactions and anxieties to ensure this did not impact upon the observation. It was important to pay attention to the influence the observer had on the observed.

Observer as Therapist/Container for Young People

Functions and roles exist within all residential homes or agencies. Within the children's home, the functions and roles are less clearly defined or accepted and at times the roles and functions can become incompatible or can lead to difficulties. Skogstad (2000) noted that within infant observation the observer may have a helpful and possibly therapeutic effect, 'through his non-judgemental and thoughtful presence and when able to contain what is projected into him, such as a persecuting superego'. The observer's impact will, however, differ in any situation or group.

<u>Observation and findings</u>

In the role of observer, the researcher experienced an overlap and interchange of role as experienced by the young people under observation. As a psychotherapist we recognize that there must be a continuity of function, but this can also involve continuity in role and emotional provision. In the research I was interested to explore how the young people experienced the role of the observer, and how the interchange of roles the young people placed the observer in, appeared to some degree to fill an absence in experience. The observer appeared to represent a number of different roles for the young people at different times and in different spaces and moments - Staff member, friend, therapist, resident and parental figure, and there was often a clear overlap.

There were many occasions already noted in observation examples in which the children communicated their feelings of sadness, envy, loss and a need for a receptive containing object. As a psychotherapist, it was difficult at times not to place myself in that position in response to often very primitive anxieties and distress, and provide interpretations, which I might make in the consulting room. It was equally important, however, to respond to such communications in a way

that might support the children to feel heard, understood and share these thoughts with other supportive adults, and as stated earlier in an observation, the researcher did inform a young person that their expression would be shared with those that cared for him, and I encouraged him to do the same.

Sibling/Friend/Parent and Oedipal Configurations

The young person introjects relationships with siblings and friends, and the conflicts of care, envy and anger are expressed within these relationships. For children who are looked after, they are placed together with other young people who, by virtue of living together within the home can represent sibling and peer relationships, which have often, been left behind. These sibling relationships can provide both a supportive and detrimental function, and where relationships and attachments are formed within the home, these are also marked by the knowledge that, like their family of origin, these can quickly be taken away as residents move on or occasionally return home.

Observation and Findings

There were moments during a number of observational visits in which some young people invited the observer to join them in their play and activities as one might observe between friendship groups or in being alongside a parental figure. This included dancing and singing hide and seek and gaming.

> *James returned with 'connect 4' He sat in the chair Louise had been sitting in next to me. She returned.*
> *Louise - "Oi, out of my seat Mr, who said you, could sit there."*
> *James jumped up and moved but protested, "It's not your seat"*
> *James asked me "Do you want to play connect 4?" I asked if he wanted to check if anyone else wanted to play this with him. Mark responded, "No, you're alright"*
> *Louise said, "You can play with S first". James set up the game explaining to me the rules - having to get 4 counters in row.*

At the end of the game Louise then wants to play a game with me, not the others.
[Observation 6]

They might equally ask staff to participate in such activities but this may simply not have occurred during the period of the researchers' presence, however, I observed this to occur whenever I was present whether with or without the presence of staff in the room.

I enter the living room and ask if I can join James and Louise, Both reply, "Yes, yes". Louise says, "You can sit here", pointing to the seat next to her. He turned to me enthusiastically. James frowns, He begins to flick thought he TV channels. He settles on a cartoon "Do you like this?" he asks.
[Observation 3]

Having other young people to share interests and activities can be a part of ordinary family life, the researcher observed such moments between the residents, although these often resulted in some altercation and they looked to the observer to either support or reprimand the other.

Unlike the staff, the children living within the home, had had no previous contact with the researcher, one young person may have seen me previously in relation to a former resident when attending meetings at the home, and at the beginning of my observational visits a staff member told this young person that the former resident had attended therapy with me.

A critical role for the psychotherapist working with a child is to provide containment so that children can discharge and make sense of their experiences in safety and at a pace that is safe. During an observation, James expressed his hopelessness about a future life and becoming an adult, as referred to earlier within the research. In that moment James did not appear to be testing the boundaries of confidentiality, of what might have to be shared, but

appeared to be in a space which felt safe enough to communicate the emptiness he felt, this was in part, I felt, due to the presence of Mark who took on the role of carer, but also on some level, there was the establishment of trust engendered by both Mark and the continuity of the observer's presence and receptivity to the young person's communication. This created a transitional space between the observer, as therapist in that moment and the child, which offered a safe place for expression.

Earlier within the research the observer had been alongside James in observing his 'game'. As an observer and accepted presence, James appeared to experience containment during this process and used symbolic play (football) within the context of a relationship with a presence of a nurturing (in his mind) adult.

> *Mark said that he and James wanted "To show you something we practised". He assisted James in a cartwheel motion, helping him to almost stand on his head as Mark supported his legs. Mark told me that he used to do cartwheels and could flip over, he then spoke about a friend who had "broke his neck "doing a similar thing but still "carried on".*
> *The boys then demonstrated a dance routine that they had been*
> *"Practising".*
> *[Observation 4]*

The young people appeared to experience me, as an observer in different ways at different times. At times they accepted me into their home as one of them, and at other times as someone who might offer or provide something else – containment, protection or nurturing. Their capacity to engage with me in the process led me to reflect on whether offering consultation to residential staff, without meeting young people resulted in something getting lost for both children and their carer's. Could there be a space for meeting and getting to know the young people who might be referred to mental health services, this could support the young people's resistance to engage in assessment and treatment services, but also the staff in feeling the consultant 'knows' the young

person and their subsequent difficulties. I have since been involved in testing this out within the CAMHS specialist children looked after service with some positive results. Meeting some young people in their care home at the assessment stage has enabled them to attend CAMHS, where they had previously resisted this. It does appear to have supported the engagement process towards therapeutic intervention; however, this does require careful planning in considering the context, the child's home, together with the other resident's feelings of rivalry.

The Transference

The nature of the manager's relationship to the staff, and in turn the staff's relationship to the children is one in which they have authority over the other, this helps to recreate to some extent in the minds of the others, a dependency situation analogous to their infancy.

The young people will form transference relationships to staff and aspects of the home. Within the children's residential setting the transference observed may include – the individual transference from young person to observer, staff and professionals but also group or split transference to the institution. Complex relationships and stress within the organisation needs to be understood. With the young people I observed parts of this transference to be positive which may have corresponded to the love and care they had for a parental figure, whilst another part was negative, relating to the fear they may have had of anyone possessing power over their destiny, which I observed within the young people's interactions and play.

Negative affect may be part of the young person's psychopathology.

The hostile feelings are as much an indication of an emotional tie as the affectionate ones, Freud (1917, p.448) suggested these negative transference feelings represent an emotional tie, a motivation and a resistance. As Freud (1937) states, one can only deal with what is presented. It is possible that the negative transference may develop after the contact. The transference I experienced had both positive and negative aspects.

The negative transference is often equated with negative attitude, feeling, and may be expressed as suspicion, fear, anger, hostility, aversion, contempt, bitterness, envy and competition. As a psychotherapist these aspects are often experienced in the consulting room and professional meetings with young people, but there was very little evidence of this within the observer/child in care encounter. That the young people did not communicate this directly towards the observer may be reflective of the nature of the observing role, did the observer represent a real object or a transference object for the young people? I questioned whether due to the young people's adolescent age as they struggle to separate and individuate, if the observer could be a target for feelings occurring in developmental processes or the recipient of feelings transferred from the unconscious past. There appeared to be something within the nature of the transitory but present and containing nature of the observing role which enabled the young people to manage the negative transference. Glover (1949; 1960) in working with young offenders, noted that patients often initially presented in a state of negative or hostile transference, that being a wish to test the analysts capacity to experience the young people, and an attempt to disappoint or spoil the therapist's aim. Within the research I was not, however, the young people's therapist, guardian, teacher or social worker or part of a professional system. The observing presence seemed to offer the young people acceptance and attentive containment.

Winnicott (1974, p.216) associates emptiness with the absence of something, the wish to fill up or take in, that which could not at the time be known. The experience may have happened but was not experienced and the sufferer will be condemned to search for it until it is known. The observer- observed role may have provided an available space for the young people to experience psychological functions they lack and continue the relationship despite having hostile feelings. As an observer I needed to be aware of the implications of any negative transference and not encourage its displacement onto other figures, or its suppression or repression. Meeks (1971) suggests that the adolescent's expressed intense negative feelings towards the other do not represent transference but may be separation struggles and defensive hostility.

The young people did not appear to identify the observer with all of the painful distress and disturbance they may have unconsciously locked away from the self. The negative transference was observed in the staff/child relationship which made the young people more defended in an attempt to protect themselves.

Splitting and excessive projective identification can contribute to confusion and rigid concrete thinking processes. At times I was stuck by the increase of both adults and child's rigid behaviour, for example Jenny appeared to communicate an inability to understand James's needs or communication. This served to avoid the changes required in the container and in the splitting and projective identification. Jenny's response was at times one of rejection towards James, and in turn led to his projective identification. His response to the feeling of emptiness reinforced his need to try and make Jenny become his container. The cycle experienced by James then becomes splitting, leading to projective identification and subsequent emptiness. Jenny's cycle was evident through her expressed frustration, rejection and anger. James needed a container for his projections but the response was one of rejection. The repetitive cycle leads to a confused state. This cycle is often observed in children who may have

experienced abuse within the family. The confusion helps to deny the parents' abuse, and denies the young person the care and container they need. Splitting was observed between the young people and staff, and within the group of young people. At times some young people, in an attempt to develop a container- contained relationship with the observer sought through their actions and communications to draw me into the split between the peer/sibling like relationships and find a container for their projections within the observer.

Observer role

For some young people in care their sense of uncertainty and inability to trust can be observed in their indiscriminate identification with anyone, and this may be the case in respect of the observer. Where they have not had the opportunity to develop a bond with a single carer, they may experience only doubt about their internal objects and do not trust in themselves or their goodness. They may need to try and obtain some satisfaction from every adult that enters their life. The staff commented that many of the young people did not want to engage with the range of visitors and outsiders. This may link to the children's difficulty in engaging with adults who visit with a more structured agenda or task in mind, rather than offering contact with the possibility of an emotional connection. This could also be viewed as the staff denying the desperate neediness of the young people. Whilst analysis allowed me to consider the children's different experiences of my observing role, given the number of outsiders going in to the home, I was ultimately struck by their acceptance of me on the inside, and at times their wish for me to retain the insider position.

To Care Staff

Observer/Consultant – container and uncontained

Methods of interviewing, observation and participation are all useful in our understanding and gathering of research and study of individuals and organisations. Workers who care for young people in residential care need to understand the emotional effects of their work and organisation on themselves which can increase their feelings of helplessness. The difficulties of the work must be acknowledged and validated by managers and other professionals in the network. To keep the children safe the staff must also be safe. They must seek help and supervision, share and know when they need space, and find a safe place to feel contained.

Observation and findings

Despite my attempt to remain in the role of observer, one aspect of this role that emerged in my contact with staff seemed to be on one level being placed in the position of adopted consultant. Consulting can be a method for working together with organisations to assist improvement, and also as a method of research for understanding them. Although staff were informed that I was there as an observer of the day to day life of the children and staff, they seemed to appreciate my presence and invited me to join them whenever young people were either absent from a room or the building. They generally only briefly engaged in small talk, before commencing conversation about either their concerns regarding young people and what they might do differently to support them or the impact of the work upon them personally and professionally. Staff informed me that they regularly had visitors either to the young people or the organisation, which they often experienced as intrusive. Many of the staff had been known to me in my therapeutic CAMHS role with former residents, I was therefore, someone who was experienced as 'known', who understood the complexities of their job and the young people, and who by my presence in the

building, was available to them in the capacity that they wanted and needed. However, my sense was that had I not been known in this way, they might well have still engaged in a similar dialogue with the neutral observer in role.

> *A staff member tells me about their worries and anxiety regarding some of the young people they are caring for, they are concerned about the vulnerability of the young people when they are out late and not in the home, they are concerned by the young people's self-neglect and impact of history of abuse. I acknowledge her worries and ask about the kind of support the children and staff could access. Another member of staff joins us and also expresses concern about a young male, asking my advice. As I left the staff members say "thank you and sorry for dumping that on you". [Observation 4]*

Being placed intermittingly in part in the role of consultant by staff members, this also strengthened my perspective on the value of consulting as a research method in enabling the consultant researcher to understand the feelings and meanings the staff and manager bring to organisational life. On one level this could be seen as rallying the staff as co-researchers as the researcher (placed in the consultative role) and staff work together to make sense of structural problems and those that they care for within it.

Is the consulting encounter effective because this is both a real and artificial event? This can be seen as artificial because it involves working with staff outside of the normal boundaries of organisational life. The staff informed me that although they may talk about incidents and behaviour of the young people with each other, they would rarely in such moments think about the meaning of the child's communication, which would be confined to either supervision or at a later stage within staff meetings. This makes the encounter real as the staff tried to make effective use of the consultant. This interchange of the real and artificial provides the consultant with a unique source of information. When staff relayed to me their feelings of despondency and helplessness, which was transferred to the consultant-staff relationship, in responding to them I understood why they

felt so frustrated and at times became punishing because I had felt this way towards specific staff at their comments towards a young person. Tomkins (1962) argues that feelings are the internal signals we use to make overall sense of our situation the feeling links meaning and intention.

The Negative Transference

There were a number of occasions when the observer arrived and staff took the researcher to join the young people. This may have been the staff's perception of understanding the task, but the researcher noted that it also allowed staff to remain separate from the young people in another room. How much this was reflective of the everyday events remained unclear, but comments by the young people did not reflect a feeling of 'them and us", but more one of a joined-up unit with time spent together with the adults caring for them. During observations some of the young people became increasingly animated watching and dancing to television programmes, the volume increased as they become more engaged in the process, which was played out for some time. During a further observation, a similar scene was observed, on this occasion there was initially an undercurrent of tension between some of the young people, which developed into further conflict, on both occasions despite the high level of noise and expressed tension, staff, did not enter the room to intervene or monitor the situation. As stated, this may have been reflective of a generalised response to this, i.e. the staff may 'know' the young people well enough to understand when they do and do not need to intervene. As an observer, I found myself wondering why staff had not arrived. Was there also an element of them having some confidence in the researcher, knowing the researcher's experience and role as a therapist with young people and her capacity to manage the situation? Did this in effect place the observer in the role of child minder/staff member or did the staff not join the observer in an

unconscious attempt to expose the researcher to the realities of daily conflicts within the home and transfer their own experience of being a helpless adult carer? Within the transference this also powerfully excluded the observer, splitting us into them – the staff, and myself – the observer. I was aware of times when I felt excluded and could become critical and take sides with the young people.

The struggle to deal with exclusion and loss was an important part of the transference and came into more focus towards the end of the relationship and the research. As an observer I need to attend to this as it touched different feelings within me.

My interaction with the staff both individually and in groups also highlighted the value of observation as a research tool. In doing so, I was allowed access into their experience of their working world and by responding learnt something about their relationship with the young people. They were anxious because they were dealing with difficulties, but their anxiety appeared to be momentarily reduced by engendering me into the same relationship that in turn helped to contain their anxieties.

At the end of my period of study I felt sad at leaving, and in particular the poignancy of my final visit which ended with me being 'outside' the home with James, who himself appeared to be often on the outside rather than having an internal sense of home. Whilst on the surface, the home acknowledged leavings and past losses, I experienced this outsider status as perhaps the staff and young people did when many of the children left either in a planned, disrupted or distressing way, as an internal and external organisational defence. Once departed you may also be gone from the minds of others.

Chapter 12

<u>**Conclusions**</u>

Within this research, I have attempted to offer an insight into and understanding of the young person's communication and internal world as observed within the home under study. The young person needs to experience an emotionally containing, supportive and understanding parental figure, alongside their physical care and home environment. This is crucial if they are to begin to overcome the complex trauma they have experienced in their early years, and to develop an internal sense of belonging and 'home' state of mind. The observations of the young people in the home illustrated how the core themes of containment (place), anxiety (wandering) and conflict (throwaway) contribute towards the development or maintenance of differing states of internal and external home and homelessness. Their experience of beginnings, relationships, even though often transitory, and endings whilst living at the home, were at times the source of their security and belonging, whilst at other times may have contributed towards further disappointment, anxiety and conflict. These relationships and connections are the foundation for who people are and who they become. The care offered by staff and the system can reinforce both housed and dis-membered ways of being and relating individually and in the group. These states are also mirrored at times by the staff group who attempt to understand, include or exclude, and to think about the complex needs of this group of vulnerable children, but can become caught up in related states of internal home and homelessness.

Findings from the research suggested the way in which the manager fulfils their role is crucial in terms of the outcome of experience for the young people and staff, and in supporting them to develop an internal sense of home and external place of belonging. Within the home this involved creating and maintaining a

staff team with a shared experience and approach, and a well-established and cohesive staff group contributed towards this process.

Many of the staff appeared to have the capacity to keep in mind the young people's past and present experience and how this has impacted upon their emotional presentation and psychological development. Holding on to understanding and meaning enabled the staff to attempt to provide both care that might be experienced as offering an internal home, and a physical containing home within the building with a family orientated environment and activities. Staff expressed some understanding of the projections and anxiety they experienced and generally were open to using support, providing a degree of containment for both children and staff, however, they had previously found it difficult to access this more 'reflective' support.

Care staff within the research recognised there had to be an understanding of the needs of the children they looked after. Generalities which focus on action relating to issues of health, education and work with families are all essential to the emotional well-being of the child but will not necessarily lead to an understanding of the individual child's internal world and external presentation, nor create a process for developing a home within. If the child can gain an internal sense of belonging either through sibling type or parental relationships, their capacity for developing an internal home will promote their security within their external home.

Absence or a sense of internal homelessness was observed, which was particularly located within one young person in this study, within one of the 'sibling like' relationships and within a longer-term member of care staff. A consistent theme within this emotional absence appeared to be what is 'not known' or cannot bear to be known - an experience and history, a dynamic and a defence. This resulted in the absence of an internalised holding environment

for those involved, and the presence of a psychic place, a space which was restricted. I felt, however, that there was potential for these issues to become known, thought and spoken about. If they could turn towards, rather than avoid or 'wander' away from the experience, such painful and overwhelming feelings might be understood in a way that allowed the participants to emotionally develop and belong. This may require individual psychotherapy in the case of James, and for care staff to allow themselves to access supervision and learning to think within a supportive environment.

The research also highlighted the significant impact of leaving care, and the anticipation that this has for young people who have been living in a system of care. As the young people approach their departure from residential care earlier feelings and experiences of loss, separation and abandonment are reactivated, evoking strong feelings and emotions which are played out within their presenting behaviour. Despite the efforts of staff to support young people during this period, it is not always possible to prevent a disruptive and unplanned 'throwaway' ending. This may be because the anxiety for both the young person and staff of an unknown future is too painful to think about. It may also be that despite this being generally a well-functioning home, the deficit for some of these young people is too difficult to repair.

The use that both the young people and staff made of the observer's presence in seeking such a reflective space, and which offered a degree of containment proved a significant and somewhat unexpected outcome of this research. This highlighted just how important the availability of an objective, but psychoanalytically minded presence, can provide a space for thought and understanding, for both young people and those that care for them. This is something that Ofsted might find hard to capture, but that should be thought about within the multi –disciplinary frameworks of both mental health and local authority services, as an integral part of not just what might work, but more

essentially what is needed. A number of commissioned reports that are referred to earlier within this thesis identified the recurring theme that these vulnerable young children's voices were not being heard, however, in my role as observer, some of the young people used the opportunity of my presence to be heard.

Whilst I recognise this research is a single case study over a short period of visits, each observation provided material that could be examined as one might observe in a single assessment or therapy session, which contributes to our understanding of the experience of the subject or subjects present. I also recognised if I had observed the same institution in the past or in the future, there may have been a different picture, with different young people, staff and dynamics. The task was to present the analytical and factual observations, including the psychic pain and defences presented and evoked within the children and staff, but also where there are observations and opportunities for development, containment and hope.

Summary of Findings

- The early trauma and experience the young people brought to the home had a significant impact upon their capacity to feel and allow others to offer containment.
- The young people could act and provide a source of containment for each other, individually and as a group.
- The residents are provided with somewhere safe to live and are looked after, providing them with 'practical containment.
- The young people were also supported by the staff working well within the systems and network around the child. They generally felt listened to and that staff would 'fight for their rights'.

- Providing opportunities for ordinary interaction, activities and participation in generic groups/clubs contributed to a sense of family, and was an active part of the culture within the home.

- The manager had a clear philosophy on how the home should operate and was sensitive to the needs and wishes of the young people and could bring the staff group together. The researcher was not clear whether or not this was supported in the manager's mind by an explicit framework.

- The style, ethos and established management team within the home under research appeared to be a key factor in the continuity of the staff group. The model of care offered to staff including supervision structure and appropriate training and resources also contributed to a strong sense of home.

- The analysis of the findings supported the view that the young people experienced containment within the home, either provided by each other, staff or the observer's presence. Whilst there were clearly moments of conflict and anxiety this was observed to a lesser degree than the presence of containment and emotional connections within relationships. The observer recognised this may have been different had the observations occurred at different times in the day/evening, as it appeared that late evening was more likely to be a time where conflict might arise.

- Higher levels of anxiety and conflict were conveyed by some staff who had worked at the home long term, which was in contrast to their presentation as observed by the researcher in the past. This supports the view of 'burn out' to a degree. The importance of understanding the impact of working in this environment on a long term basis and the support which needs to be put in place to counteract this

- Despite preparation for those leaving the home, disrupted and unplanned endings frequently occur. There was evidence that this was

linked to evoking the young people's early experiences of rejection, and anxiety regarding future care and uncertainty. Staff group were equally anxious about the future prospects for the young people leaving, and this may also have contributed towards some of their own difficulties in being in touch with the young people feelings, distress and anxieties about moving on.

- Although some young people left the home in distress or experienced abrupt endings, many were reported to later make contact with the home reinforcing they had some good experience of the home, and parental (staff) function.

- The staff group were a well-established group who had remained working at the home long term.

- The use of the observer by both young people and staff as a containing function highlighted that a neutral external presence can be helpful within the institution, but careful consideration should be given to 'who' is best placed to offer this. The observer positioned within the home can work towards supporting the creation of a sense of internal and external home for staff and residents.

Recommendations

- Child psychotherapists have a particularly relevant contribution to make for young people in residential care and the staff and could provide the following:

  Young People – This could be in the form of individual or group support for the young people. This could offer the residents a space to reflect on their own states of mind, and living in the home together. It does not currently appear to be a conscious function of the home to engage young people in learning to understand their unconscious states of mind.

Containment may also be provided to the young people by the presence of a child psychotherapist 'being there'. When we consider their use of the observer, having a more active child psychotherapy presence may in turn invite the residents to be active in their reflective thinking.

Staff - reflective work, an opportunity for interpretative thinking, in helping them to think about, understand and care for the young people more effectively. This should also include space for learning to think about how they manage their own feelings.

Developing the observational and reflective capacities of the staff would also contribute to the staff training and development.

In undertaking such work, it is important that it is understood that this is not the same as providing individual psychotherapy to the staff or managers. Consultation should initially allow space for staff to feel that they are known and can get to know the consultant, as a professional but also someone who understands the complex nature of their role.

- Residential care should be developed in the context of all services for children in need. This should consider the background, experiences and presenting difficulties of all vulnerable children including an appropriate assessment and availability of therapeutic intervention. Such understanding and the careful assessments that lead to it, is often absent in the current care system.

- A High staff to child ratio and high level of qualification will support the above kinds of understanding but do not necessarily lead to successful outcomes for children in care.

- Supporting the role of multi-agency professionals is important, including valuing and supporting therapeutic intervention for the young people, and encouraging and ensuring the young people are able to receive this where available. Focus on preventive work before admission, an ability to help prepare young people for transition at their own pace and provision of appropriate aftercare, including on-going support services.

- Organisational change may lead to improvement, often identified in Ofsted reports such as more effective communication, but this will not 'emotionally lift' a home or guarantee high standards. The Ofsted report regarding the home under study did not take into account the internal world of the young people, care staff or the system of organisation that I observed.
- Children's homes should be kept small to ensure that attention can be given to children's individual and group needs.
- Research undertaken by a trained clinician provides an opportunity to be attuned and sensitive to the young people; they are working with and their carer's. This in turn, supports the staff to think about rather than act upon the pressures within their own experiences of an organisation and the processes that are present.

Summary

'The ability to form connections in children's brains can still be developed through meaningful relationships and positive experiences' (Rocco-Briggs, 2008, p.196). If the network and carers of looked after children can connect in their understanding, they can then help the child to develop internal connections in a way that might offer containment. By supporting the staff at residential homes to understand this, and the powerful projections they experience, this in turn may enable a young person to experience consistency, structure and predictable emotional containment.

I hope this research will contribute towards an understanding for those working in residential care, child psychotherapists and other social care and mental health organisations. It confirms the difficult but essential experience and work that occurs within children's residential care, and the importance of the

relationships, connections and conditions that support the young people and those caring for them.

Canham (2004) referred to the whole way the organisation functions and to see 'the building itself and the systems in place, as well as the staff as a parental figure'. Children in residential care may turn to the care staff and managers as parental figures, and if the above recommendations from the findings of the research are present, this may support the young people to assimilate some of their early trauma, fragmentation and emotional disturbance, to integrate experience, find the emergence of hope, and gain an internal sense and external place of home.

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Appendix A

Observation 3 - visit

Grounded Theory

Content	Analysis	Category
Present <u>Young people</u>　　<u>Staff</u> Emma- 16　　Alan Mark 13　　Karen Louise 16　　John James 10 Harry14		
Arrived. *Alan (staff) was in the kitchen washing up joined by Emma. (YP) Wrapped up in coat and scarf.* *Emma turned, smiled & and said "hello" to me. She then told Alan that she was going out,"*	Staff involved in different aspects of care and looking after, both emotional and nurturing. Emma offers a warm smile. Am I already a familiar face or is this a sign of adults frequently coming and going? She is looking after herself – protected by her scarf/coat	Containment
He reminded her that she had to go to school tomorrow.	Reminds her of the rules. She is frequently absent from school.	
She complained that she was not well enough.	She is already pre-empting her absence.	Conflict
Alan – "If you're well enough to go out, you're well enough to go to school.	Points out her contradiction, using his authority and parental function.	Conflict
She looked at me.	She seems to be unsure if the observer will be a helpful figure.	Conflict Containment sought
Emma - "I've got a cold, I'm not well" looks at me again. "You can hear it, can't you" she pulled her scarf around her neck again.	Can I hear her plea? Will I be an alli? What are her expectations of adult's capacity to hear or understand her? At that moment she sees the observer as someone who might be alongside her.	Containment
I nod	A wish to communicate she has been heard.	Containment
Alan. "You're fine. Be back by 10	He dismisses her anticipatory absence. He seems to give up and seems resigned, does he want to avoid	

	a battle.	
She turned to walk away		
Alan then said "my name (Observer) has come to see you"	Does Alan say this as a way of keeping her in? Is there anxiety about what happens when she is out of the building?	Anxiety Attempt to contain
She stopped and turned back, "oh, do you mind if I go out"	Is she curious about whom I am? Letting me know she is interested and thoughtful.	
I reminded her that she did not have to stay because I had arrived and I might see her again when I visit.	I want to reassure her I will be here again, want her to know I respect her space and home.	
Emma smiled and said "okay, I'll see you later"	Have I given her permission to leave? Does this undermine Alan in some way?	Containment
Emma leaves the building		
Alan offers me a drink	Thoughtful.	
Alan explained to me that most of the children who were present had just gone to the shop. *The building seemed quiet.* *He asked If I wanted to sit down with himself and Karen (staff)* *Alan commented on the nature of my research and what I might learn. He joked that I could just write about what it was like for the staff*	Staff wanting someone to be receptive to their needs. Can I learn more from them than the young people about what life is like here? Is he anxious about what I might observe or is he seeking support?	Anxiety & Containment
I said I understood he had worked here a long time	I want to acknowledge his experience	
He confirmed that he had been working in the home for 18 years and that it had "changed considerably since starting".	He confirms he knows and is known here. How has the wider context changed for him? Young people, the culture of the establishment/system?	Containment in the familiar Anxiety in change.
He said the main problem was all of the 'legislation restricting what they can and cannot do. "	What has changed? Less or more control? He presents this as a negative, not viewed as a helpful process. Projection of blame upward.	Anxiety & Conflict
He referred to having to take all children in rather than thinking about the needs of the individual children and the impact of having such a broad age range, he made some reference to once the children were there. "That's it, they're	Hopelessness and despondency. Pessimistic or realistic about future outcomes for young people? but does this also link to own experience of feeling stuck? He recognises that the complex	Anxiety & Conflict

stuck here"	mix of emotional need impacts on all within the home	
He referred to listening to children and how staff nod their head but know that often what the children say is not taken on board by higher management.	Recognised that the relationship between staff and young people is often one of detachment. They want to hear the children and represent them but often feel unheard, mirroring the children's experience. Who is receptive to eithers needs? Higher management are held responsible - a failure in parental function.	Conflict & Anxiety
Alan continued saying that he felt he did not have the same energy, he said "working in a place like this really changes you as a person, you become sort of twisted".	Expression of burn out. Recognizes the impact of powerful projections. He is making a communication, hoping I will understand. He feels damaged by experience.	Anxiety & conflict
Karen looked up and agreed "it does change who you are".	Unified in thoughts about despair. Staff support each other's experience, Is the observer seen as someone who might hear and understand this?	Anxiety & Conflict Containment offered in understanding
Alan said that he found he had less patience, not just at work but at home.	Again refers to the impact on his life, internal/external world	Anxiety & conflict
Karen commented that the staff had largely been at the home for some time.	Is she turning away from the anxiety? And recognise there is something positive in the home? Or is she expressing the collective burn out?	Containment Anxiety
I commented that something was keeping them at the home. They agreed	Do I attempt to move away for the anxiety or am I receptive to Karen's need to do so?	
Karen said something about "the building." The newest member of staff joined 5 years ago. She liked working at the home, there are lots of perks...she said she liked working on shifts at different times of the day and getting out	Does the building act as a container? Activities, renewal and flexibility - things are not static. - Gives energy to manage the significant	Containment Containment

and about with the kids	distress.	
Karen: "things are different now, we don't seem to have to entertain the children so much or take them to places, and many of them are far more independent".	Loss of contact. She communicates this as a loss of role rather than the young people's capacity for independence.	
There was a knock at the door, Karen left to answer this. *Alan continued and spoke about feeling constantly irritated by the lack of respect shown by the residents and referred to them "just doing exactly what they want, we're just here to feed them and give them a bed."*	Resentment. Feeling of powerlessness and lack of control. Despondency at the lack of emotional connection with the young people. Is the function of the home practical rather than emotional and is this a reference to the earlier observation with Emma?	Conflict
Karen returned smiling and said someone had enquired if they could care for her grandmother who was 86". The staff began to laugh at this.	Atmosphere changes – relief.	Containment
John who had previously told the observer he had been they for 10 years joined us; The others referred to how long he had been working at the home. *He informed me he originally applied to work as a handy man and then stayed on. He said he still enjoyed the work and said in an upbeat tone. "I just get on with it".*	He is a consistent and reliable presence both for the children and staff External optimism in the face of distress and anxiety. Change of role, taking care of the building/children. Not drawn into the negativity. Has developed strong defences and coping strategies to manage feelings/experience – is this denial or protective?	Containment Containment
A number of young people then appeared, Mark. James, Harry and Louise. *They said hello and I introduced myself again to Harry as I had not seen him since an introductory meeting.*	The presence of the young people brings energy into the building. Is this my sense alone? They seem comfortable in and welcoming of the observer's presence.	Containment
"Alright" he replied.		
Harry started to spin the ball on	How does he make sense of my	Anxiety

his finger,	presence - puts him in a spin?	
The boys then began to try and take this from him, laughing as they did so.	Want to join in the dance/activity. I had directed my attention to him in my introduction. They want to take this (the ball / attention) from him, but this seemed playful rather than competitive	
Karen reminded them not to play with the ball inside.	Parental figure	Containment
Harry holds the ball close to him.	Responsive to her communication.	Containment
Louise said, "I'm going to get changed. "	She is excluded from the interaction with the ball. Withdraws in protest to hide her discomfort.	
I observed that James was wearing a t-shirt that said "keep calm and play on."	Symbolic message to him or to others?	Containment (in the t-shirt)
Mark said "I didn't know you were coming today." *He smiles, welcoming*	Unexpected. Is life ever predictable? Or is this his experience of not being informed of events? Mark and James want to include me	
James said he was going to watch the TV, "you can watch it if you like." *Karen informed Harry that someone had phoned for him."*	James seeking my presence alongside him.	Containment
He left, Mark also left the room. *James waves at me to join him.*	Unsure why Mark leaves at this point, is there a link with the other young person receiving a call? Does he feel James has pushed him out?	
The building seemed quiet.	An empty space. I experience the absence of the young people.	
I said I would join the young people.		
I entered the living room and asked if I could join James and Louise. Both said yes. I do not observe Louise to have changed as indicated.	The Young people are always welcoming to the observer. Do they seek the presence of another or have become used to constant visitors in their home.	

Louise said, "You can sit here" Her tone sounded enthusiastic.	Wanting my attention and letting me know I need to be alongside her. I sat next to her.	Anxiety Containment
James began to flick through the TV channels. He settled on Tom and Jerry. "Do you like this? He asked, looking towards me rather than Louise.	He wants to find something I approve of, to gain my interest and see if we might have some common ground.	Anxiety & containment
I said I did know this.		
Louise glared at him and told him to be quiet; she pointed at a book and told me she was making a scrap book using cuttings form popular TV programmes, including EastEnders, Coronation street and Holly oaks – her "favourite."	Activates Louise's resentment, she tries to draw me into her world/interest. Competing for my attention Her book contains something familiar she can hold on to.	Conflict Containing
She complained that she wanted to watch Hollyoaks, but James held on to the TV remote	Who has the control within the sibling like dynamic?	Conflict
Louise began to show me the various cuttings, these were of TV actors/characters and she began to ask if I knew various story lines in the programmes these included her referring to "A woman who is hitting her husband and making him do everything. "	Her scrapbook is of the fictional TV world/characters but is this reflective of some of her reality experiences when living with her birth family? Am I a person who can make links with/understand her? Does she identify with parts of the victim or aggressor? Are these frightening, evoking memories or fears about her own behaviour?	Anxiety
She also spoke about "A woman who had a baby and she did not keep it, she told everyone she was dead but she's alive." and a story about 2 cousins who are together." She did not talk in any depths about these themes but gave me the headlines, going over these for some time.	Storyline links with her own feelings of abandonment – absence of parent, and denial. Who does she talk to about the details of her own life, or can she only give the headlines?	Absence – loss and anxiety
James was laughing loudly at the cartoon.	James wants me to hear him; will the comedy and laughter win over the series of abuse and loss?	Anxiety & conflict
Louise became frustrated with him telling him to switch the TV	She wants to be in charge and in control. This may also link to her	Conflict

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over	wish for my attention and receptivity to hear her story.	
They began to argue about this. Louise said she had "had enough"	She is frustrated with his neediness impacting on her own needs being met.	Conflict
She told me that most of the arguments in the house were over who had the remote control. *Louise complained that she was going to tell staff.*	Who has control, and authority and in the house? Who can provide the containment required to meet the individual needs of the children? Not just about power. TV provides a connection to something, this is what they need to control	Conflict
She stood up and marched out of the room.	Protests and carries out her threat towards him.	Conflict
James immediately changed the channel.	He anticipates being told off, I wonder why he assumes this position; does he feel the staff will not ever back him up and does this link to early experience? Does he on some level recognise he could not share, is there remorse or regret at not being able to connect	Anxiety
He stopped on "You've been framed 'and began to laugh at the various video clips of people falling over and having accidents.	Contrast between laughter and empathy when small children are involved.	
He was silent when he observed small children fall	Is there a link with memory/experience Physical/emotional pain?	Anxiety
I said that I would have to leave now and would be here next week.	I was aware that I had to leave and felt reluctant to leave James on his own, awaiting Louise/staff return. Projection of his anxiety.	Anxiety
James said, "You can stay, would you like a drink?	Hopeful that something else might keep me here. Does not believe his request will be enough, feels I will need something more.	Anxiety Containment
I explained that I would have to go and thanked him for offering me a drink, and confirmed I would be coming back.	I feel his despair and want to offer him continuity of my return. Hard to maintain observer role.	Anxiety & containment

He pulls his knees into his chest as I say goodbye.	Withdraws into himself, attempt at comfort.	Anxiety & containment