Working with the Families and Networks of Severely Traumatised Children Living in Foster Care and Attending a Therapeutic Residential School

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The options for children in care – foster and adoptive homes, kinship care - are often viewed as alternatives; but some children living in these placements also attend residential schools.

One such establishment is the Mulberry Bush School in Oxfordshire, England.

The Mulberry Bush is a residential school and not a children's home. It offers 38 weeks residential education with the children going elsewhere for the school holidays. The overriding aim is to help children cope with living in a family; it is not to provide long-term or permanent residential care. Methods have been developed to support carers in these various placements to parent severely traumatised children during their breaks from the school and, for some, long after they have left.

The school was founded in 1948 and developed from a facility in the Second World War to educate children evacuated from British cities to the safety of the countryside. It is now a residential therapeutic community, currently with 14 boys

and 10 girls who live in four gender-mixed houses. The average age of residents is 10 years old.

The usual length of stay is around three years. This is generally enough time to work with the children so that they are able to successfully move on to their next school which will usually have different expectations of behaviour and be unlikely to see itself as therapeutic. It also gives us sufficient time to engage, work with and appropriately end our intervention with children's families.

The school's theoretical orientation

The Mulberry Bush has developed theoretically over the 60+ years of its existence and the current therapeutic approach is informed by a combination of psychodynamic, attachment and systemic thinking.

In a therapeutic community (TC), the term *Milieu Therapy* has traditionally been used to describe the main feature of the placement. This focuses on there being reliable structures and routines and consistent expectations of the group and individuals. The group itself becomes arbiter of the rules to some extent, although when working with children the model has to be modified to take into account their ability to do this satisfactorily. Hence, there are likely to be fewer meetings but opportunities are provided for these to occur in a safe setting for everyone. This is not always an easy concept for placing authorities, parents and carers to grasp and leads to the frequently asked question 'where's the therapy?' in the absence of individual therapy sessions and other visible treatment activities.

There are, of course, individual children with specific needs and each one has a Treatment Team that meets regularly to consider his or her Individual Treatment Plans.

Some professionals question the suitability of individual psychotherapy within a residential setting, but our experience is that it can prove beneficial. We currently have the ability to provide individual psychotherapy, dramatherapy and music

therapy to children for whom it is felt appropriate. It is important to note, however, that not all children will have access to individual therapies during their time at the Mulberry Bush, despite this often being the expectation of placing authorities.

In planning the treatment approach, we are conscious of the strengths and weaknesses of residential care and the dangers of placing young children there, such as the inability to provide unconditional love, damage to children's emotional development, poor staff continuity and the marginalisation of children's families and other welfare services. The school accepts that it must strive to maximise the strengths and reduce the weaknesses.

The background characteristics of the children

Most of the pupils come from foster homes but some live with adoptive and birth parents. In all cases, carers are experiencing difficulties in managing their child's behaviour. There are no private fee-paying admissions and all costs are met by state social care, education and health agencies.

The typical 'type' of child is often referred to as 'hard to place' or 'un-fosterable' but that label underplays the difficulties that he or she is likely to have experienced in their short lives. In most cases, these include very significant trauma – gross neglect and abuse in a context of poor care and lack of parental attunement – leading to episodes of panic and anxiety that result in violent and disruptive outbursts that cause them to be excluded from mainstream facilities.

As many children come from families with long inter-generational histories of social and psychiatric difficulties, outsiders often assume that engaging birth families in the work of the school is difficult. While this can be the case, our experience is the opposite and it is often surprising how accommodating these families can be. There is, for some parents, a definite sense of relief that their children are getting the support they need, although this is often tempered with a sense of guilt and loss at their having to spend weeks away at school. While these difficulties have to be dealt with, they also provide opportunities for positive work.

For those in foster care, there will be varying degrees of contact with birth relatives and their placements are usually planned to be 'long-term', although their current placement is almost certainly not their first as nearly all of them will have had a significant number of changes in their short lives

How the school achieves concordance between the therapeutic work undertaken in the school and life in the child's family

One of the fundamental problems is to ensure that foster carers understand the work of the school and that this is continued in the 14 weeks each year that the children live with them.

This is the responsibility of the Family Team in which I work. Before it was set up over a decade ago, this work was undertaken by keyworkers or house managers but it was recognised that the demands of this task detracted from their direct work with the children and managing the group and that these two responsibilities could conflict. For example, it can be better for someone slightly removed from the day-to-day care of the child to pass on difficult news to carers and social workers because any negative feelings can then be directed to the messenger, so protecting the staff who look actually look after the child.

In 2011 the Family Team and the Therapies Team joined forces to become the Therapies & Networks Team. The changes in the name and organisation gave us the opportunity to alter the task and change the way that the work is perceived. Previously, the view within the school was that family workers simply liaised with families and the children's professional networks, passed on difficult information and organised transport when children went home. Some of this was correct but it was never the complete picture. Working alongside the therapists made the direct work we undertook with families and carers more visible to the rest of the school and the outside world. It also enabled the connection between family work and clinical work to become more explicit and better understood within the establishment.

Given the number of different agencies involved with the child and the fact that there is nearly always a family of some kind, our overriding aim is to support and encourage a therapeutic alliance between the school and wider network (within which I include the family and carers), as tension can easily lead to problems. These can include: misunderstandings, poor communication, the undermining of decisions made by one part of the network by another part and acting out the tensions rather than looking at how to reduce them. If there are unresolved difficulties, the work with the children becomes significantly more difficult as the focus shifts away from their needs to their acting out. Structures are in place at the school to ensure that there is reflective practice through group supervision and spaces where staff are able to think about how the work affects them as individuals.

Why work with foster carers has proved to be more difficult than with adoptive and birth parents

It may come as a surprise to learn that the school's relationships with foster carers are often more fraught than those with birth parents and adopters. There are a number of factors that can affect the foster carer and how they view the wider network, particularly the school. Unlike birth and adoptive parents, foster carers are professionals and have to be treated as such, while keeping in mind that they are also significantly emotionally involved. But, they are a key part of the therapeutic process and must be actively engaged with this in mind. Foster carers want to be seen as partners and to be well trained and supported.

Our experience tells us that for a majority there is significant professional *and* personal integrity and looking after a child is not something they do simply for the money. Two case studies illustrate this.

> A child was placed with an experienced single female foster carer who was available to support the child while he attended school for two hours a day. She also provided fulfilling activities for the rest of his waking hours and offered a thoughtful and nurturing home environment. After looking after

him for eight months, it is decided that he should move to the Mulberry Bush and spend his school holidays with her.

After having been at the school for 18 months, a girl's foster placement ended due to her carer becoming pregnant. A new placement was found and the child settled in well. The new carers did not see the behaviour that was present before she was placed at the school and requested that she be placed with them full time.

In the first example, tensions arose between the carer and the school and despite concerted efforts we were not able to develop a therapeutic alliance with her. She eventually explained that she felt de-skilled and undervalued as she had accepted this boy because she wanted to look after him at home. She had invested a lot of time and energy in supporting his education and contact visits with his mother and family. While the child's needs are at the heart of decisions made, there was a lack of support and understanding of the carer. She saw the boy's move to a residential school as a judgement that her care was not good enough and that she was part of the reason for him leaving. Coupled with no immediate improvement in his behaviour at his new school, she was unable to understand the reasoning behind the child's move.

The second scenario is quite different but frequently occurs. This lack of understanding or acceptance of the difficulties faced by a child can often stem from the limited information given to prospective carers. These people accept children whom they know attend a special school because of their complex behaviour. However, when the child is with them, he or she does not show significantly problematic behaviour. The carer then understandably assumes that the child would be better placed with them full time while attending a school much closer to home as the problem seems to be the Mulberry Bush. What they do not realise, however, is that the home placement survives because of what the residential school provides - an environment where children can explore nurturing relationships that have been unreliable or unpredictable in the past, leaving them with a distrust of adults and fear of separation and loss, and where they can act out safely their

difficulties in a setting where such behaviours are understood as being important communications that needs to be heard and responded to accordingly.

Engaging Foster Carers

When talking to foster carers, it is clear that within their fostering organisations, many feel isolated from and unappreciated by managers, social workers and peers. Some find the type and level of children's difficult behaviour worrying and a few feel blamed by colleagues, their families and support workers for allowing this to happen. They do not always feel understood or able to approach professionals for help and support.

In response to this, we have set up regular Foster Carers' Days at the school. The intention is to provide a space for carers to think and reflect about the task of looking after the children who attend the school and to use one another as a source of expertise. At recent meetings the issues raised have included social network sites, communication between school and home and practical matters like missing clothes. While these topics might seem to be diverse, the underlying themes reflect concerns about working in partnership and foster carers feeling valued.

At our most recent group meeting, thoughts were shared on cross-cultural fostering, same sex couples as carers and the impact on carers' birth children. Here, the theme seems to be about "being different" and how to manage this for everyone involved.

As children come from all over the United Kingdom, thought has also been given to other methods of communication. One suggestion was that they share emails but this did not feel satisfactory as it could result in sub-groups developing.   As a result, we have recently launched an online forum for foster carers as an addition to our website. Our hope is that this will become an extension of the physical meeting and provide support and considered thought about issues pertaining to fostering a child who is away at boarding school.

Another recent development is the introduction of Family Weekends. These take place three times a year where we invite three or four families of children to spend the weekend with us. During the course of the event, there are group activities as well as parent or carer sessions which explore common issues and share experiences. These events are useful in a number of ways. We are able to see how the parents, carers and siblings interact and, using these observations, discuss positive ways of working with the children. It also helps care and education staff to gain a better understanding of the child's wider experience and helps expel any myths and stereotypes that might have developed around families. The children are also presented with a tangible illustration of how their carers and the school staff can work together, which is something we want them to be aware of from the very beginning of their stay as it aids their sense of emotional containment.

Following Family Weekends, the child's keyworker and I might visit the foster carer's home in order to facilitate a joint play session with the carer, child and keyworker. The aims of this exercise are to continue the overt display of working together as the child is often prone to split between home and school. We also want to develop a sense of playfulness within the carer's and child's relationship, as this is often acknowledged as lacking and for which support has been requested. We are also extending the work we undertake during the school holidays.

Establishing Therapeutic Alliances

In addition to work with foster carers and families, we have found it important to quickly make contact with members of the professional network and develop a therapeutic alliance. Regular network meetings can be a very useful tool as bringing the members of the network together helps to keep the child central in our thinking while maintaining a more systemic overview. The children have their own social workers and their foster carers have service managers but there is very rarely an agency advocating for the central child-carer relationship and so we find that it often falls to us to ensure this is supported and kept salient.

Assessing the effects of our work on the lives of the children

The final question has to be 'How do we know whether all of this works?' Therapeutic communities have long been castigated for resisting objective evaluation and harbouring suspicions of positivistic scientific methodologies. However, we are taking steps to remedy this. The Institute of Education in London is currently undertaking a seven-year analysis of the school's work and several staff are undertaking research for higher degrees. In addition, within our team, we set targets for the work with each child and their family and network, and review these every six months to track how well they have been reached.

As there are also no 'typical' families, whether birth, adoptive or foster, there is a further problem of achieving consistency. We have to think about how we can ensure that we work with each child and family in the same way and use the same theoretical foundation. Knowing what works, as well as what does not, is crucial for this. So every effort is made to keep abreast of the literature and to learn something from each network we encounter, using this knowledge to improve what we will offer in the future and increase our understanding of the complementary roles of different care arrangements.