

THINKING  
PSYCHOLOGICALLY  
ABOUT CHILDREN  
WHO ARE LOOKED  
AFTER AND ADOPTED

Space for Reflection

Edited by

Kim S. Golding  
Helen R. Dent  
Ruth Nissim  
Liz Stott



John Wiley & Sons, Ltd



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# FOREWORD

To be cared for by substitute parents or residential workers represents a breakdown in the natural order of things. That such a radical change of caregiver is necessary indicates a failure of the child's biological parenting. Thus, not only do placed children suffer a primary loss, invariably they will also have experienced poor quality care, including abuse and neglect. Children develop a range of psychological and behavioural strategies in their attempts to survive these early hostile and helpless caregiving environments. However, these adaptive strategies generally impair their psychological development and lead to a range of behavioural problems. Therefore the premise underpinning children's removal is to ensure their safety and sponsor developmental recovery by placing them with new, protective and emotionally available carers.

It is certainly the case that a change of carer represents the most radical, and potentially most effective child care intervention. But many of these children have survived their original ordeals by learning not to trust carers. Their emotional needs are great. Their behaviours can be difficult, and many children tax even the most relaxed and sensitive of carers. Many also experience problems at school. They underachieve. They find relationships with peers stressful. Recognizing the hurt and damage suffered by more and more placed children and the challenge faced by new carers, child health and welfare professionals accept the need to provide a range of expert support and advisory services. If children are to recover, they have to experience the benefits of long-term, stable and sensitive caregiving. Yet in many cases, it is the children's needs and problems that threaten the placement and the emotional availability of the new parents and carers. It is the job of child health and welfare experts to help carers to understand and connect with their children, and to help children to trust and feel safe with their carers. These are worthy though difficult objectives, but if they are achieved children's lives can be transformed.

Assessing the needs of placed children requires an understanding of developmental psychology and its application. It is therefore logical that policies

and practices that affect children who are placed in adoptive, foster or residential care should include the knowledge and expertise of clinical child psychologists. A growing band of professional psychologists are now beginning to take a particular interest in the needs of placed children. The present book brings together the wisdom, experience and expertise of such a group. In timely fashion they not only describe and explain the nature and purpose of their skills, but also provide insights into the world of placed children that will be of great interest and benefit to parents, carers, child care and health workers, teachers and policy makers.

Recognizing the different ways in which early adversity can affect children, the contributors consider the therapeutic and vital support implications for adopters and foster carers, residential workers and educationalists, placement agencies, and the professional networks that gather to help children and their parents. As they write about their work, we gain a fascinating insight into what psychologists do, the way they think, and how they can help this group of children. An appreciation of the special contribution that psychologists can make in helping to develop more comprehensive services for adopted and fostered children should create responses that are both more coherent and integrated.

In the following pages we are treated to descriptions of the techniques and theoretical approaches used by clinicians, a range of innovative practices, and accounts of a psychological perspective made accessible to the rest of the professional and parenting network. As the authors emphasize, key to effective support and practice is interprofessional respect and understanding. By laying their clinical cards so clearly and honestly on the table, readers of this book will not only learn a lot about what psychologists do and what they contribute, they will also develop a fuller understanding of the very particular needs of that special group of children no longer able to live with their families of origin. For this pioneering and extremely valuable compilation, the editors and contributors are to be heartily congratulated.

David Howe  
*University of East Anglia*  
*Norwich*



# PREFACE

Much rhetoric around services for children and families proposes joined-up working. The importance of inter-agency working has been discussed for at least the last two decades, and behind this rhetoric there is good will and real endeavours to deliver services in this way. Yet within this seamless, joined-up working many cracks still exist. The tragic death of Victoria Climbié (Laming, 2003) demonstrated to all of us how deep within these cracks some children are. Although receiving services, the children are often not benefiting from a holistic understanding of their needs or from interventions tailored to meet their unique circumstances. These are groups of children who have many needs similar to the population of children and families in general. Yet their particular experience also means that they have special needs, requiring enhanced as well as mainstream services.

This book aims to make psychological thinking for looked after and adopted children accessible. It is our belief that psychological thinking can help services and individuals to reflect upon the needs of the children and young people. This can lead to meaningful and truly joined-up services. While this will include consideration of psychological therapies and interventions, the focus will be much broader, helping others to apply a psychological analysis to this field both at the level of the individual child and carer and at the more complex level of networks and agencies.

Over the years there has been much debate, and much written about what psychology is and what we mean by psychological understanding. Writing this book has led us to revisit these old discussions. We remember the divisions between those viewing psychology as an understanding of mental life – what is going on within the mind – and of those whose focus was on behaviour, of what we see in front of us. We remember arguments about models, theories and perspectives. What distinguishes these and how are they constructed? All of this seems important to us but we find some of these distinctions arbitrary and limiting. Psychological thinking doesn't always offer answers but it does offer us ways of organizing what we see and what we feel. It allows us to hold a range of perspectives in mind and bring these to the

real-life situations that we face. In this way we understand people a little better and we have a more rigorous basis for this understanding. This, however, doesn't completely capture what we had in mind when writing this book.

What, we wonder, is the role of psychological thinking in the therapy room, within the classroom, as part of the assessment process, during consultation, support or training? Can psychological thinking move us forward, towards healing, towards resilience? As we think about it we realize that for us the most important role for psychological thinking is the creation of a reflective space. Time to learn from each other. Of course there is a role for psychological theory, for models, and for perspectives, but these alone will not provide the answers. It is what we do within the space that will move us forward, together, on a journey of psychological understanding. Within this book we offer our contribution to the reflective space that lies between us. So, let us think about the children and young people who are at the heart of this book:

Tracey woke up with an awful jolt. Where was she? She didn't recognize the room and the voices on the landing outside were those of strangers. As she gradually came to, she started to remember the nightmare of yesterday. Her adoptive parents had finally said, "That's enough" and had phoned Social Services. The social worker had tried to talk them into letting her stay but they'd stuck to their guns. She'd got into the social worker's car and been driven into the night. They arrived at 'an emergency foster placement'. She remembered storming into this strange room and flopping down on to the bed in tears, lying awake for hours and then finally dropping off to sleep.

Someone was tapping on the door, calling her name and telling her the taxi was coming to take her to school. God, she looked a right mess. She hadn't undressed and had refused to wear the nightie the foster mum had given her. She'd been given a towel and stuff but right now she didn't feel like having a shower. She didn't know who she'd meet on the landing and anyway she didn't care if she did smell.

As soon as she got out of the taxi the kids crowded around her. She felt like hitting them but only swore instead. She hadn't got the right things with her and she hadn't done her homework. All morning the teachers were getting at her. Everything had happened so quickly that the teachers hadn't caught up with why she wasn't prepared. She was glad when her social worker turned up. 'We've called an emergency meeting,' she said, 'your parents are refusing to have you home and you can't go back to the family you stayed with last night. They haven't got a bed spare.' She wondered what was going to happen to her but didn't ask. She could see that there were no answers.

When she walked into the meeting, she'd already decided not to talk. Her dad was there but not her mum. He kept saying that she couldn't go home.

The social worker couldn't persuade him to change his mind. There was talk of her going to a children's home while they looked for a foster family. She could tell that her dad was upset but he still didn't give in. Tracey was finding it hard to concentrate. Suddenly she heard them talking about finding other family members to look after her. This made her feel excited and scared. She'd been secretly thinking about her first mum for ages but hadn't said anything. Maybe she would be able to live with her again! Tracey didn't follow the rest of the conversation as a decision was made for her to go to the children's home while options were considered. As it was still only lunchtime, the social worker decided to take her back to school.

All the kids crowded around her again, wanting to know what was happening. In the end she snapped and lashed out at someone. 'I'm 13 years old, my life is a mess and nobody cares', she thought as the teacher ran towards her.

The starting point for many of those interested in developing and delivering services for looked after and adopted children has been the now well-rehearsed litany of poor outcomes that various studies have highlighted. This fictional story provides a glimpse into the reality behind such facts and figures. Like Tracey, this group of children and young people have complex needs often following early histories in which they experienced extensive abuse and neglect. All of the children have experienced separation from their families of origin and often multiple moves within the care system as well. The impact of these experiences upon the children's health, education and emotional well-being is now well recognized.

In 1996 a well-cited study in Oxfordshire drew attention to the mental health needs of children 'in care'. Ninety-six per cent of children living within residential care and 57% of children living in foster care were found to have significant mental health problems (McCann et al., 1996). A national survey of the mental health of looked after children conducted more recently confirms these findings. Just under a half of all looked after children can be diagnosed with at least one psychiatric disorder. In addition, two-thirds of looked after children have recognized special educational needs, and a similar number were reported to be at least a year behind in intellectual development (Meltzer, 2003).

In the 1960s, Schecter et al. (1964) reported on the increased mental health needs of adopted children compared to the general population. Since these studies the changing face of adoption can only have increased the likelihood of the children experiencing difficulties. Within the UK changes in family planning practices and tolerance and benefits for single motherhood means that the process of adoption has changed. It has become much less about placing an infant with a childless couple, and more about finding a new

home for an older child. The population of adopted children is therefore, to a large degree, drawn from the same population as looked after children. Thus the background experience, and the reasons for no longer living with their family of origin can be the same. For children adopted from overseas there are equally painful issues of loss of country, culture, and early institutionalization to contend with. Adoption is seen as a successful solution for these children and studies have demonstrated higher levels of emotional security, sense of belonging and general well-being than children living in long-term foster care (Triseliotis, 2002). Despite this the disruption rate for adoptive placements remains high, reported at between 10 and 16%. These children demonstrate an increased likelihood of psychiatric and behaviour difficulties compared to the general population (Barth & Miller, 2000).

Therefore children living in residential, foster and adoptive care are likely to have a greater need for health, education and social care support than children within the general population. During the 1990s there has been a growing recognition that health and education needs cannot necessarily be met exclusively by mainstream services. These agencies will need to work together and with Social Services and the voluntary sector to provide comprehensive services for children and families.

There is an increasing willingness to place the needs of children looked after, and adopted, on the national and political agenda. The Adoption and Children Act (DFES, 2002) places a duty on local authorities to provide a range of adoption support services. This guidance specifically states that adoption support services should not be seen in isolation from mainstream services. This has been followed by the publication of *Every Child Matters, Change for Children* (DFES, 2004a), the Children Act 2004 (DFES, 2004b) and the *National Service Framework for Children* (DOH, 2004). All of these highlight the need for increased services for looked after and adopted children. The importance placed on inter-agency working is perhaps most clearly stated in the requirement of local authorities to establish Children's Trusts. Guidance aimed specifically at the development of services for looked after children recognizes the importance of multi-agency planning, assessment and support in order to increase choice and quality of placements, to reduce the use of out-of-authority placements and to increase access to activities and opportunities (DFES, 2005).

Parallel with this has been a growing interest in, and development of, psychological services for looked after and adopted children. Until this century the children were most commonly offered the same services as other children, with little attention being given to their unique experiences. Psychologists are now becoming increasingly involved in the development of services tailored to the needs of looked after and adopted children. There is increasing recognition that health and education services can be inaccessible and that

psychological services need to be designed and delivered in a way that is different from traditional services (see Golding et al., 2004).

There are, however, dangers here. As a scarce resource, psychologists can be over-valued for what they have to offer. As they are flattered into the role of expert it can appear that they know much while others know nothing. Myths of the psychologist able to 'fix the child' then become embedded into services. Psychologists don't have all the answers, but it is our suggestion, by writing this book, that psychological thinking does have something different to offer. A psychological perspective can enrich understanding and guide the interventions and support being offered.

This book is an attempt to provide that different perspective. This alone will not make life different for children and young people, but it is our belief that, when combined with the expertise of all those working in this field, we can move forward together with hope. Our aim is to reflect on psychological thinking in relation to the special needs of the children and their carers and to explore how this has influenced the development of practice.

We begin the book with a chapter that discusses the importance of listening to those we are serving and explores how psychological thinking can help these important voices to be heard. We consider the range of voices that are trying to be heard illustrated with the voices of the children, and their families.

In Part I we map out the territory. Chapter 2 provides an overview, setting the scene for the ensuing chapters. It considers the importance and necessity of inter-agency working, taking into account the different perspectives of all concerned. The onion model presented in this chapter is a visual representation of the complexity of this area. It highlights the need for multi-levels of working and the importance of managing this complexity. The following chapters consider how a psychological perspective can help us to think about and intervene with the education, and health needs of the child.

Part II moves on to consider the context for helping children to change and develop. Chapter 5 considers the role of the psychologist in the assessment of the looked after child, with a particular focus on assessment within a court arena. The following chapters discuss the way in which psychological perspectives can inform consultation and training with carers and other professionals involved in the care of the child. It also provides an exploration of how optimal environments can be provided within residential care.

Part III opens the door on therapeutic interventions. Informed by research, practice and psychological theory, it explores how interventions can be developed or adapted for looked after and adopted children, young people and their families and carers.

Although this book covers a wide range of topics exploring the helpfulness of a psychological perspective that can inform understanding and interventions, we are aware that this is by no means comprehensive. We acknowledge

the areas that have been covered sparsely or not at all. We have not done justice to the cultural and diverse needs of children and families nor to helping the child with learning disabilities. Physical health is covered in less depth than mental health and the educational needs of the children are explored in one chapter only. However, our hope is that all professionals and carers involved in the care and education of looked after and adopted children will find food for thought here. Psychological understanding and interventions can often lie behind a veil of myth and mystique. We hope that we have been able to draw aside this veil, demonstrating how psychological thinking can help in the task of reaching between the cracks to the children and young people attempting to grow and thrive there.

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### **Notes About the Book**

1. Throughout this book case examples have been described to illustrate and enliven the discussion. To protect the confidentiality of individual children, carers or professionals, these case examples are composite and drawn from a number of similar examples known to the authors. Names and autobiographical details have been altered in every case.
2. After some thought we have chosen to observe the current terminology used to describe looked after children and adopted children. However, we think it is important to acknowledge that the children are children first and foremost and their 'looked after' or 'adopted' status is secondary.





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# 1

## BEING HEARD: LISTENING TO THE VOICES OF YOUNG PEOPLE, AND THEIR FAMILIES

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Upon rereading my old diaries I realized how hard foster care was and what a detrimental effect it had on me at that time. Before my first foster placement broke down I thought foster care was a relatively positive experience, apart from the usual problem of occasionally feeling a bit awkward around the family, but when my foster care placement did break down literally overnight I realized why some young people in care do have the problems they do. I became very defensive and was determined to never let anyone ever hurt me ever again. I developed a very hard exterior to protect me at that time.

(Caroline Cuckston, 2004, p. 24)

Historically the voice of the person receiving services has been overlooked. The welfare tradition in the UK has its roots in the Victorian moral imperative to help the disadvantaged and those less fortunate. This moral stance did not expect or actively elicit a voice from the 'grateful poor'. This was further reinforced by the strong role the Christian Church took in rescuing lost souls and guiding the sinners back onto paths of righteousness. The guidance of a wise God who knew best did not leave a lot of room for alternative perspectives.

It is only very recently that procedural or legal frameworks have been set up to ensure that there is user involvement in the development and delivery of

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services. This has extended into the provision of services for children. Within child protection services, for example, there is now considerable focus on involving the child and parent. This policy development has in turn become enshrined in law. Thus the Children Act 1989 (DOH, 1989) identified the need for collective responsibility in the care and protection of children. This act, for the first time, placed emphasis on a partnership between local authorities and families. It placed the wishes of parents and children as central within decision making, only to be over-ridden in exceptional circumstances through a court process (Hill, 1999). This same focus is present within a number of acts, for example, in proceedings for adoption via the Adoption Act (DOH, 1976) and in divorce involving children via the Family Law Act (DOH, 1996). More recently *Every Child Matters, Change for Children* (DFES, 2004a) clearly sets out the need to ensure that children and young people are listened to and that they are involved in the design and delivery of services. This is followed through in the Children Act 2004 (DFES, 2004b), which sets out the establishment of a children's commissioner, part of whose duty is to involve children in the provision of services and to promote the awareness of the views of children. In particular, the children's commissioner is tasked with involving children who do not otherwise have adequate means by which they can make their needs known. Guidance to support the programme of change outlined in *Every Child Matters* includes advice about commissioning placements and services for looked after children. This sets out as a key principle that 'mechanisms should be in place to enable the views of children in placements and using services to be taken into account' (DFES, 2005, p. 9).

Within the United Nations Convention on the rights of the child, Article 12 states the right of capable children to express their views freely in all matters affecting them (United Nations, 1989). Foster children have not been overlooked in this process. The 10th article of the Bill of Rights of Foster Children 1973 states that the foster child should receive high-quality child welfare services, including involvement in major decisions that affect his or her life. This article also highlights the need to involve the natural parents in decision making (see Martin, 2000), while the UK joint working party on foster care (NFCA, 1999) set out as a central principle a partnership approach to foster care – embracing parents, carers, social work services and the children themselves. Similarly, *Promoting the Health of Looked After Children* (DOH, 2002) emphasizes consultation and involvement with children and young people and the front-line staff delivering services to them.

The National Service Framework for children, young people and maternity services (DOH, 2004) has been developed to improve health and social care

services, organized around the needs of the children and their families. These standards require services to involve children, young people and their parents in planning. Again there is particular emphasis on listening to the views of users both in relation to individual care that is being provided and in the development of local services. Particular attention is given to hearing from those who are often excluded.

Thus it is clear that there is increasing awareness of the principle of hearing the voice of the recipient of services. Having a principle, even one that is enshrined in law, however does not ensure good practice. A study by the Joseph Rowntree Foundation concludes that, at an individual level, children and young people are still not being properly consulted about decisions that affect their lives (Stuart & Baines, 2004). Thomas (2005) has compared the responses of local authority childcare managers to a postal survey carried out during 1997/8 and repeated in 2004. He concludes that there have been significant changes in the engagement of children and young people in the provision of services. This, however, only represents a changed culture in some areas. There is still some way to go in the development of a process for taking a child's view into account.

Moving from principle to practice, especially in the complex area of looked after and adopted children, is not likely to be straightforward. For example, what is the relative importance of the child's and the parent's views when these are not in accord? How do you best listen to the voice of the child without compromising the needs of the carer? There are also tensions between the child's right to participate in decisions and the right to have his or her welfare protected (Schofield, 2005). At what point do you override the requests of the child because it is deemed unsafe or clearly against his or her interests, when a child's wish is to return to what is considered an unsafe home, for example. What is the process whereby the child is listened to, heard and also protected? The fact that these questions are being asked and actively considered indicates the progress that has been made in this area. However, there is some considerable way to go if services are truly to be developed around the expressed wishes of child, carer and parent.

Jennifer is 12 years old and is voluntarily accommodated. She is living in a residential unit. Over the years she has had several returns home, none of which has been successful. Jennifer has been left feeling rejected but still desperately wanting to live at home. At a recent review Jennifer's father has once again said that he wants Jennifer home. Jennifer is very excited about this and wants it to happen immediately. Jennifer's key worker is very concerned

about this, envisaging another breakdown in the future and worried about the impact of this on Jennifer's mental health. A decision is made for Jennifer to go home the following week. Two weeks later Jennifer is returned to care. She is in a distressed state and engaging in self-harming behaviour. Could this process have been managed differently? A slower process of working towards returning home might be helpful. This would allow time to work with Dad and Jennifer about how to make this return home more successful or for them to find an alternative way of having a stronger relationship that didn't end in rejection. Their wishes for reunion could be heard while also hearing the voice of the carer and the fears being expressed. This could have allowed everyone to be heard with an eventual plan that did not have such damaging repercussions for Jennifer or her Dad.

## **WHAT DO WE KNOW ABOUT THE VIEWS OF CHILDREN, YOUNG PEOPLE AND THEIR CARERS?**

There is a growing literature on user views within adult services (e.g. Campbell, 1999; Pilgrim & Hitchman, 1999; Chambers et al., 2003). This, in turn, has led to attention being focused on child services. Thus children have been asked for their perceptions of services provided by child guidance clinics (Ross & Egan, 2004), of mental health services (Laws, 1998; Leon, 1999), of services for young people (Franklin & Madge, 2000) and of play therapy services (Carroll, 2002). Similarly, children's perceptions of therapeutic change have been sought (De La Cruz, 2002; Jessie, 1999).

Seeking children's views about the process of adoption, fostering or residential care is an important part of understanding the needs and wishes of children, but until recently research has been scarce.

An exception to this is the Who Cares? Trust. In 1992 it commissioned a survey of 626 looked after children and followed this up with a larger survey of the views of 2,000 looked after children in the UK (Shaw, 1998). This wide-ranging questionnaire survey obtained views on many aspects of being in care, including lifestyle, education, health, emotional well-being and leaving care. Some of the key findings were that:

- entry into care can be traumatic and needs to be better thought out and resourced;
- only 57% could state with certainty that they had a care plan;
- education was improved by being in care except that many of those regularly attending school reported never receiving homework or not having a quiet place and resources to do it;