SOCIAL WORK SELECTION
Compiled by Roger Weissman

Two important recent government publications hopefully signal a radical shift for the mental health of children looked after by the public care system. These publications draw on recent research, and highlight the need to improve services and the quality of care for children and young people looked after by local authorities. The following summary provides the context for examining a research article that draws on the views of children and young people within the care system and a paper that critiques the use of the action and assessment records for children who are looked after.

Children Looked After by Local Authorities (1998)

This report by the House of Commons Health Select Committee is the culmination of a lengthy inquiry examining evidence from key individuals and organisations involved in the care of children and young people looked after by local authorities. This Committee also heard from young people who have experienced the care system. It makes depressing reading regarding the extent of neglect and deprivation these children suffer both prior to, and during their time within the care system.

Of the 51,000 children and young people who were in care in England in March 1996, over half were subject to various forms of care order, whilst 40% were looked after under a voluntary arrangement with their families. The report summarises recent research that reveals that up to half of children looked after may be in need of health intervention, 30% may have special educational needs, and 67% may experience psychiatric disorders, compared with 15% of the general population. The adult outcomes for this group of disadvantaged children raise serious questions about the quality of care they have received. A substantial number end up in the criminal justice system; more than half of care leavers complete their schooling with no qualifications; between 50% and 80% are unemployed; 30% of young single homeless people have been in care; and at least one in seven young women leaving care are either pregnant or already mothers.

The level of deprivation, damage, injury, abuse, humiliation that those children (in care) have suffered, which we as researchers come into contact with on a regular basis is absolutely horrendous ... It is clear that Social Services on their own cannot begin to tackle the major problems these children have got. (Professor Berridge, p. xvi).

The Committee sets out a radical agenda for change with a host of recommendations, too numerous to discuss in this overview. However, significantly what they set at the heart of their recommendations are two factors that perpetuate the current crisis in the care system. First, they argue the need to tackle prevention, in terms of combating poverty and deprivation, and second, more refreshingly, they recognise a need to increase funding for impoverished local authorities and other services.

The more specific and achievable recommendations focus upon training for foster carers and residential staff, educational support, improvements in planning, assessment and reviews of children looked after, and ensuring that all children have individual care plans. They also argue for mixed provision of fostering and specialist residential care, and appropriate psychological and psychiatric input, especially at the initial stage of a child’s entry to the care system, so that this assessment can inform care plans.


The Select Committee Report described above is being translated into targets, indicators and outcomes through the proposed government initiative for local authorities called Quality Protects. This framework for action aims to improve the public care of children by setting local authorities a number of managerial and effectiveness targets. These objectives aim to increase the quality of care children looked after receive in relation to their emotional, social and educational needs. The concept of ‘corporate parents’ is introduced, thus emphasising the notion that local authorities should act as any ‘well meaning natural parent would do towards their own child’. A key incentive for meeting these objectives is the promise of increased new government funding.

The objectives set out are necessary and to be welcomed, as they firmly place the needs of our children looked after on the political agenda, thus acknowledging past public care failures and apathy. These objectives are based on best practice principles, with an attempt to quantify, measure and assess outcomes, with information being a powerful drive for change. It remains to be seen whether the government is being realistic about the impact such a strategy can have upon the complex nature of the needs and difficulties children in care present. However, it is clearly a stride in the right direction.


This article describes a consumer survey of children and young people looked after by one London local authority. They follow similar methods to those used by the Who Cares Trust’s study (Fletcher, 1993). They contacted 160 children aged 5 years and over and their carers. Seventy-one replied (44%) of whom half completed a postal questionnaire, and half opted to be interviewed by an independent researcher. The researchers felt the respondents were overall a characteristic sample of children looked after by the local authority, with representation in terms of gender, ethnic background and placement type. The study revealed some positive results. Most of the children and young people felt they had an adult whom they could confide in. They knew why they were in care but only a quarter understood what it meant in legal terms. Young people appreciated preparation before a placement move, but 38% of the sample had moved placements four
times or more. A significant number were placed with foster families that neither reflected their culture or religion. Contact with family and friends was important, and although most had some kind of contact it was largely viewed as insufficient. Sadly, one in three children did not have photos or items to remind them of their family. Only one in five of the sample had the same social worker for two years or more and many did not feel involved in the care planning and review processes. Half of the sample had neither been given copies of the decisions made at their review nor had a copy of their care plan. Although many felt they were doing well at school this was not borne out by the level of literacy demonstrated in the self-completed questionnaires.

Although this study is limited in scope and is based on a small sample size, its findings replicate past research, and support the evidence cited above by the select committee. The research study emphasises the lack of continuity of both professional involvement and planning for children looked after. It also highlights the need to hear the views of children and young people themselves if services are to be responsive to need, and that effective change requires that the child is kept in mind.

Reference


One of the ways of raising the standards of care for children looked after outlined in the above government publications is to improve the assessment of their needs. In 1995 the DOH published Looking after children: Good parenting, good outcomes. This reviewed previous research that demonstrated the shortcomings of the public care system and identified seven major areas of concern: health; education; identity; family and social relationships; social presentation; emotional and behavioural development; self care and competence. These were tested and refined in relation to what were considered good outcomes in each of these areas for children of different ages. As a result of further research by Ward, the DOH produced the ‘Assessment and Action Records’ for children looked after. Most local authorities are now making use of this assessment structure. The aims of these records are to identify the children’s needs across the seven dimensions outlined, to monitor the quality of care they receive, and to make plans for improvements where gaps and failures are identified.

Knight and Caveney, although recognising the need to improve the quality of care received, question the normative assumptions underlying these assessment records. They cast doubts about the validity of a checklist approach to the identification of problems, and suggest that it masks fundamental resource questions. They therefore argue that the approach does not consider the wider social context of poverty and inequality, but rather seeks to impose middle class assumptions on children’s development. They suggest that as the focus is on the individual child, this detracts attention from the structural deficits and inequalities within the care system and society. They also maintain that it undermines the principle of partnership as the process of completion does not consider the power differential between the social worker, carer and child.

Jackson, in her rejoinder, emphasises that the assessment and action record is a tool that aims to assist in helping to improve the care children receive, and to identify gaps in service provision. She does not accept that there is less emphasis on process and more on outcomes. She argues persuasively that the good social worker will not just see the action and assessment record as a bureaucratic exercise, but as an opportunity to engage in open dialogue with children and their carers about their lives together, and how if necessary it can be improved. She suggests that what is needed is to ‘try to capture some of the knowledge we have on the styles of parenting and parental behaviour that are known to lead to desirable outcomes, and to make that knowledge available to social workers and carers in an easily accessible form.’ (p. 54). It would seem these records offer an opportunity for practice to be guided by research, and for information to be collected and analysed that will help academics, practitioners and carers to know more about what works, and to identify deficits and gaps in provision for this needy and vulnerable group of children.

References


CHILD PSYCHOTHERAPY SELECTION

Reviewed by Cathy Urwin


This new journal has appeared largely in response to a growing interest in a particular method of observing infants naturalistically, first developed by the psychoanalyst Esther Bick, almost 50 years ago, when she and John Bowlby started the Child Psychotherapy Training at the Tavistock Clinic, London. The original aim was to provide an experience of impartial and uncritical observation, which would enable the trainee to experience something of the full impact of infantile states of mind and the effects of a new baby on the family dynamics. Since then, infant observation has become mandatory in many psychotherapy and allied trainings.

No, however, there is an increasing interest in how the method does or could constitute a research tool, particularly where there are developmental difficulties. Guest editors, Susan Reid and Michael Rustin, give examples of its range of application and edit this first issue.


This presents work undertaken by a newly founded under-5s centre at the University of Virginia, U.S.A., where infant observation is part of the training of a variety of practitioners, including doctors. The method of observation is described and examples given by the practitioners themselves of the impact of the observation experience and how it compares with other observational and diagnostic methods. Two case histories show how it has contributed to the way the team is able to help parents and young children with relation-
Bearing the pain of being separate or accepting the independent existence of another person implicitly involves a third term or point of view. This paper illustrates the part that an observer may play through consistent sympathetic observation in situations where the mother and baby have particular difficulties in separation that contribute to producing what the author describes as a ‘twinning fantasy’ as a defence against ‘otherness’. Despite initial acceptance, an observer may often experience him or herself as rejected or excluded from the mother/baby couple. If the observer can struggle with these feelings, be aware of them and understand the situation from the point of view of both the mother and child, over time the pair may use this containing function or the experience of being thought about to make their own attempts at separation. The paper provides an example of the familiar fact that an observer’s presence can make a developmental contribution within a family situation, despite the relative unobtrusiveness and impartiality of the method.


Reid puts forward an argument for infant observation as a research tool that stresses the use of a recognised standard procedure, the consistency of the observational setting over time, and the fact that theoretical preconceptions or differences are kept at a minimum in producing a narrative description, discussed in a weekly seminar group. Occasionally, observers find themselves observing children in difficulty. Here the development of one infant, Freddy, is described. The mother’s apathy and lack of space in her mind for her new baby, which was evident before the baby was born, contributed to delays in learning and the development of autistic defences in a seemingly originally healthy baby. Ethical issues concerning the observer’s role were discussed in the seminar group, leading to an approach where the observer actively supported any signs of the mother’s interest in and liveliness towards the baby. This allowed the mother to become both more concerned and more responsive. The significance of this method for the understanding of developmental pathology is stressed.


This paper reports three lines of research carried out by the Winnicott Research Unit on effects of maternal depression on infant development. Although a laboratory based study, this work was inspired by some of Winnicott’s ideas.

In the first study described, a sample of over 100 children, 50 or so who had mothers who were clinically depressed, according to the Edinburgh Post-Natal Depression Scale, were followed from infancy to 9 years. Video recordings of mother-infant interactions at 2 months revealed significant differences in infant-centred discourse as opposed to comments reflecting the mother’s own agenda. These differences correlated with the infants’ performances on Piaget object concept tasks at 9–18 months, where infants of depressed mothers were notably delayed. This suggests a relation between maternal preoccupation in Winnicott’s sense and the development of a me/not me distinction. These differences were detectable in self-agency in structured doll play at 5 years.

A further study involving 240 women identified pre-natally as being at risk of post-natal depression, together with a smaller sample of low-risk women, examined the extent to which temperamental and other factors in the infants could contribute to the eventual outcome. Irritability and poor motor behaviour at 10 days strongly predicted the mother’s emotional state, that is, the likelihood of her becoming depressed at 2 months. Nevertheless, the mother’s state rather than behavioural characteristics of the baby predicted how she would interact in face-to-face interaction.

Third, after a review of findings of previous intervention studies in which health visitors had been trained in listening and counselling skills, with beneficial effects on maternal depression, Murray describes her own study. In this she found that three kinds of intervention, non-directive counselling, a cognitive therapy approach to promoting mother/infant interaction, and a dynamic approach focusing on the mother’s current experience of the infant in the light of her attachment history, all enhanced the interaction and relationship according to the cognitive measures previously described. However, the author notes that difficulties in face-to-face interaction were not shifted by intervention, reflecting ongoing adverse external circumstances. Further preventative studies are planned.


The author points out that psychoanalytic knowledge has developed considerably without using quantitative methods associated with experimental science. Theoretical development has been closely related to, and dependent on, developments in technique, and the observation of what works or happens in the consulting room.

After discussing various ways in which there are greater opportunities for coding and correlating findings from infant observation work, Rustin argues that the method is analogous to the psychoanalytic method, stressing parallels between consistency in the setting. Possible objections could be mounted from an examination of differences between the methods. The most important difference is the fact that infant observation does not allow the testing out of hypotheses through interpretation, nor, he suggests, are clinical and ultimately theoretical shifts forced by impasses in technique, as is the case in psychoanalysis. These factors make construction of research agendas for the future more difficult. Nevertheless, there is a similar relation between theory and data gathering. In each case, the underlying aim is to relate surface observation to deeper levels of theoretical explanation according to principles of ‘grounded theory’. He suggests the fruitfulness of working on examples of infant observations to clarify how procedures of observation relate to theoretical constructs. Esther Bick’s classic paper on the Experience of the skin in early object relations (International Journal of Psychoanalysis, 1968, Vol. 49, p. 484) is given as an example of infant observation contributing to psychoanalytic discovery.

R. Winkler. States of mind and mind of states: Infant observation, the fall of the wall and German unification. Vol. 1, No. 1, pp. 111–139.

This is a masterly account of how difficulties in integration at a socio-political level can be understood metaphorically as
miring primitive states of mind observable in infants. The background is the removal of the wall between East and West Germany in 1989 and its sequelae; and an account of infants observed in two families notable for the degree of confusion and difficulties in discrimination and in establishing adequate boundaries. One possibility for the developing child is to cut off from too painful stimulation or persecution, by establishing deep splits and an internal ‘cold war’. In the German situation, Winkler describes the inability in mourning following the breakdown of Hitler’s Germany at the end of the last war, leading to manic denial, and the way in which this led to further splitting, a process which, despite the external unification, is still ongoing.


This paper describes an infant observation undertaken in Taiwan. The focal issue is family disappointment in the birth of a female instead of a male child. Ways in which the surrounding family, including the maternal grandmother, projected onto the mother a sense of having failed are described. Nevertheless, the mother gained comfort and resilience through the observation. The pressures of a culture biased towards male authority will be recognisable to many readers outside Taiwan. However, the essay shows how the observation of one mother and baby in their normal setting can provide anthropological insight into an aspect of a whole society and culture.

In addition to a review section, the journal contains a bulletin section in which Alex Dubinsky and Odile Gaveriaux describe the infant observation course set up in Brittany in 1990 as a model of how such courses can evolve; and Louise Emanuel describes an infant observation research seminar established at the Tavistock Centre in 1995 in conjunction with the University of East London.


Those interested in the application of child psychotherapy in the former Soviet Union and Eastern Europe will be particularly interested in the first issue of Vol. 24, also rich for work on trauma and adolescents.


This paper provides a fascinating account of how psychoanalytic roots were established in Russia early in the century, as in the rest of Europe. This psychoanalysis was forbidden in the 1930s. A gradual thawing took place in the 1980s and since perestroika, there is both more openness and enthusiasm. However, practical problems are considerable.


These authors describe a collaboration between the Anna Freud Centre in London and the Early Intervention Institute in St Petersburg. Stressing the value of the psychoanalytic contribution, they give vivid examples of the difficulties of helping children where appalling housing conditions, institutional care and parental alcoholism are widespread.


This paper about work with a child in Budapest gives a fascinating account of how a 13-year-old boy’s persistent attempts at running away, crossing the border, which put him at risk of being in serious trouble with the police, related to his difficulty in dealing with the pressure of the oedipal conflicts arising in his relationship with his mother, a single parent. Work involved both dealing with the internal situation and the external world to minimise the punitive consequences of his acting out.


Sometimes adolescent patients fall foul of the law while in treatment in ways that lead to a prison sentence. Hindle describes work with a female and male patient, both of whom had tragically lost a same-sexed parent with consequent loss of ‘inner authority’. She discusses the degree to which the custodial sentences were attempts to deal with failure in internal holding. She describes how she kept contact with the young people during and after their sentences, and the importance of working with the network. The paper is most impressive for the therapist’s capacity to bear these young people’s pain on their behalf.


Klauber provides a refreshing and valuable account of work with parents of very disturbed children, which stresses the effects of the child on the parents rather than the other way round. She highlights the repeated trauma that parents suffer from diagnosis onwards, and how this can impact on their capacity to parent, over-sensitising them to professional criticism and leading them to identify with the ill children themselves.

The issue also contains a paper by myself on psychotherapy with an 8-year-old child, whose therapy began with his parents’ divorce, but which gradually became more concerned with the traumatic effects of his premature birth re-evoked by the divorce; and two papers about working with particular age groups. Catalina Bronstein and Sarah Flanders describe the development of a thinking space in work with adolescents in a drop-in centre, and Judith Edwards and Jane Maitby describe the development of an under-5s consultation service based on the Under Fives Workshop at the Tavistock Clinic.