



Integrated Services Programme

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TRANSITIONS

(transition – passage from one place, state, stage, style or subject to another)

INTRODUCTION

During the course of our presentation we will be looking at transitions from different perspectives: ISP as an organisation in transition; the transitions that foster carers go through from the time they first think about fostering through to becoming skilled and experienced carers; children who come into foster care, often ill-equipped to cope with this transition and many others they may have to face, both large and small.

We think there is a link between them all. If an organisation can't change, adapt and develop it will become dysfunctional and possibly die. It will also become a poor container for all the complex emotions that belong to the children, foster carers and staff. This in turn will be a poor role model for the children, as a well integrated and developing organisation is an important backdrop for the children's own growth and development. We will be hearing about how foster carers embark on a journey of self-discovery and that this is also necessary if we are to encourage children to develop sufficient trust that they can begin to drop their defences and move forward.

I will start by talking about ISP, the organisation.



ISP AS AN ORGANISATION IN TRANSITION

ISP (Integrated Services Programme) was one of the first, if not the first Independent Fostering Provider (IFP) in the UK when it started in 1987. It was created by experienced foster carers who had been part of Kent County Council's pioneering fostering scheme, for the most troubled and troublesome young people, which started in the 1970s. [Nancy Hazel, "A Bridge to Independence: The Kent Family Placement Project" Blackwells 1981]

Having been specially trained and provided with intensive support to work with young people with highly complex needs, who had previously been thought of as "unfosterable", the carers who started ISP knew what was needed to make fostering work as an alternative to residential care.

It was an instant success. Foster carers were keen to join this new organisation. They were attracted by being treated as a professional, by the training and 24 hour support on offer and, of course, by the fact that they were paid well for this most difficult work. ISP also provided education for those children who couldn't cope in mainstream schools. This was a big plus for carers because nothing puts a family placement under more strain than a child constantly at home without a school place. Children were provided with therapy within weeks rather than years of being placed. Transport to and from school or contact with the birth family; facilities for enabling contact with family members, all reduced the frustrations that many carers and children faced when dealing with a large bureaucracy.

When I joined ISP 6 years ago, as the Chief Executive, I brought with me a model of work learnt in a therapeutic community setting for severely traumatised children.

I began to see that much of what good foster carers do routinely on a day-to-day basis could be described as therapeutic childcare but was not realised or valued as such. I saw examples of children and young people, who had been expelled from group care in a residential context, starting to thrive in a family setting with more individualised care, without the pressures of group living with similarly disturbed children. This was turning on its head the received wisdom, that children needed specialist residential care after failing in families.

The model of therapeutic care that I had seen work at the Cotswold Community put the residential social worker at the heart of the therapeutic process. The reason for this being that children, who had severe attachment disorders, would not start trusting a whole range of professionals, but would first make an attachment to their focal carer. It would be to this person that the child would "open up". Therefore, the residential workers needed to be specially trained and provided with on-going, expert consultant advice "to do the therapy". Of course some children would need a skilled therapist in addition to this but this would be built on the bedrock of the main therapeutic relationship with the focal carer.

I felt that not only was therapeutic work already taking place in some foster families, but that by making it more explicit it could become a more conscious part of the treatment plan for each child. There are some children who are not ready to see a therapist for therapy. The foster carers though could benefit from a regular consultation with a therapist to help make sense of the child's confusion and disturbance and the counter-transference feelings they were experiencing as carers. We have seen this develop within ISP during the last few years.

I joined forces with Jayne Westcott, who is Head of Operations, to run a training course in Therapeutic Childcare for ISP's foster carers. Jayne had worked in a residential treatment programme in the USA for several years, so we had common experience to draw upon. Jayne presented this work to the IFCO conference in Argentina.

Jayne and I are very clear about the need for and merits of therapeutic care for young people whose past experiences and relationships with adults have created a legacy of pain or torture - emotional, physical and intellectual. We wished to present training for people in ISP which could provide an overview of Attachment Theory, acknowledge some commonly experienced behavioural problems, think about the importance of looking beyond the behaviour and, most importantly of all validate the many ways in which foster carers care therapeutically for children in the minutiae of every day living. We also wished to encourage and enable a "real" debate about the nature of the fostering task within ISP, the viability of transferring some "tools" or interventions from the "therapeutic community" setting to family life and to grapple with what is reasonable to ask of and expect from a family. Although we have numerous carers with no children of their own, or older children who have "flown their

nest", most have birth children of various ages still living at home and we must be mindful that all family members are involved in and touched by the experience of fostering.

A key premise is that for children with attachment disorders, it is the relationship between the child and the foster carer which will provide the arena for the work at hand. It will be essential to provide opportunities for the child to develop this primary attachment. This will provide the secure base for all of the "work" with the child and allow for that youngster's progress and development.

In this sense, the rest of the "care team" - therapists, educationalist, social workers, psychiatrists, are really there to assist the carer, to help underpin the relationship between the child and the carer. This concept can be challenging for other professionals, as they may perceive a threat to their own status and "professional" worth. However, there is no disputing the fact that all children need a secure attachment in order to thrive.

The environment, in which ISP now works, is very different to the first few years of its existence. There is much more competition for the recruitment of new foster carers, both from other independent providers (there are now well of 150) and local authorities. Several local authorities are adopting a "treatment foster care" programme (following the Oregon model), and being encouraged to do so by the government, for the most difficult to place children.

Foster care is now highly regulated and every independent provider is inspected annually. Every new agency has to become registered before it can practice. It is still early days in the inspection and regulation process and there are still some anomalies in the system. Organisations like ISP, who are at the quality end of the market, should have benefited more than we have as a result of minimum standards being raised.

The stage that fostering is now going through reminds me of the evolutionary process I witnessed in therapeutic communities. The initial "missionary zeal" of the charismatic pioneers is replaced by an emphasis on policies, procedures and structures. The work seems generally more bureaucratic even if the basic ingredients, of what makes a good foster carer, don't change much. Foster carers



themselves have been pushing for more respect from fellow professionals and there are now more organised training schemes for carers than ever before.

However, there is a danger that we squeeze out the very qualities that inspire a family to foster. It is an incredible leap of faith to take an emotionally disturbed and traumatised child into your home and I think we are torn between wanting more and more people to do it and at the same time making the vetting process ever more complex.

Fostering in the UK has had a “helter skelter” journey during the last 20 years and I suspect the next 20 will be no less eventful.

TRANSITIONS

THE IMPORTANCE AND DIFFICULTY FOR CHILDREN

Transitions can be difficult for all of us under certain circumstances, eg, starting a new job, moving house, bereavement etc. Those of us who hopefully have strong emotional foundations to our personality will cope well with the more ordinary transitions of the day, eg, getting up, going to school/work, bedtime and sleep etc. We can move in and out of different situations and take different roles during the day without suffering acute anxiety, eg, being a husband, parent, manager, subordinate, one of a crowd etc. As a result it may be more difficult to appreciate just how difficult it is for an emotionally disturbed child to cope with transition. A small gap between situations can seem like the Grand Canyon. Transitions imply change or movement between. This is likely to cause panic for an emotionally unintegrated person. The panic will be a sense of falling forever between the gap. So, when we think about the therapeutic management of unintegrated children we have to give them extra special support, like stepping stones through the day, at key transitional times, eg, waking up, getting dressed, joining the group for breakfast, getting ready to go to school, the journey to school, all the movements in the school day (between classrooms, playtime etc), the journey home after school, arriving home, the evening meal, going to play, getting ready for bed, going to sleep, These are the obvious transitions in a day. There are many smaller ones. [Mark will be going into much more detail about these transitions in his presentation.] Once we understand how difficult it is for an unintegrated child to cope with transitions, it becomes a lot easier to find ways of giving support at the crucial times.

It seems to me that the difficulty in coping with transitions for the emotionally disturbed child has 2 main causes: firstly, emotional deprivation in the first few years of life, especially in the pre-verbal period; secondly, “multiple traumatic loss”.

1. Emotional deprivation and the reduced capacity to cope with transitions

The following passage gives a useful summary of the sense of wellbeing that develops during infancy when there has been “good enough parenting”.

For the newborn only the actual presence of his mother (or committed regular care-giver) can provide the continuity, attention and sensuous pleasure needed to call up the infant’s rudimentary capacity to integrate his perceptions and set in motion the processes of mental development. When these needs are sufficiently met, and when the infant is able to make use of what is offered, this absolute dependence on an external person diminishes during the first year. The familiarity and pattern derived from a few dependable care-givers will have begun to develop into the infant’s sense of having pattern and continuity within himself: he will have a sense of being himself. His mother’s attention to him will have enabled him to develop a capacity to attend to what is going on and to be increasingly curious about it. From his experience of being thought about by his mother he will have become able to begin to reflect on his own experience. The legacy of his pleasure in being cared for seems to be found in his expectation of, and capacity for, enjoyment in an increasing range of relationships and activities which he is able to invest with meaning.”

[Judy Shuttleworth: “Psychoanalytic Theory and Infant Development” from the book, “Closely Observed Infants”.]

It seems very clear to me that a child who has had this good-enough start to life will approach transitions in a fundamentally different way compared to a child who has been deprived of this emotional foundation. The latter has not achieved what Erikson called, “basic trust” and is in fact dominated by “basic mistrust”.

Contrast the above quotation with the following one from Sue Kegerris’ paper, “Getting better makes it worse”.

“Many children with emotional and behavioural difficulties can be understood as being caught up in a psychic state dominated by persecutory anxieties. By this I mean anxieties of such a primitive and basic nature that the children feel their very existence is under threat. This is in contrast to depressive anxieties caused by internal conflicts between loving and hating feelings. If persecutory anxieties predominate a child will tend to deny any bad parts of himself, projecting them into others and so experiencing himself as the victim of outside maltreatment. He has no sense of self-nurturing, internalised from a sustained sense of being nurtured. The idea of something stable and good, whether inside or outside himself, is constantly under threat and often quite absent. He may feel that his inner world is irretrievably in ruins, and may do his utmost to reduce his outside world to an equally devastated state.”

2. Multiple traumatic loss and the impact on coping with transitions

The key components of the ordinary mourning process are still viewed as being sadness, depression, numbing, searching for the lost loved one, yearning, anger, disorganisation, despair and eventually with gradual recovery, reorganisation. When this process has followed its natural path, the individual can also, paradoxically, be seen to have grown emotionally as a result of what they have been through.

By contrast, when mourning has not been able to follow its natural path there are likely to be many developmental regressions.

Many children who have lost contact with key attachment figures not through death, but through neglect, abuse or abandonment, are unable to mourn this loss. These children are unsupported in facing this loss by other attachment figures. It is less complicated to mourn the death of a loved one, than to cope with the ambivalence of knowing that a missed parent is alive and well and living a few miles away, but not wanting to see the child. For most children in care, the ordinary process of time that is needed to go through the usual process of mourning, has often also been filled with an accumulation of further losses and changes which it becomes almost impossible for the child to take on board. A great deal of the anger and loss of these children can be understood in terms of undigested experiences of loss. They suffer from "multiple traumatic loss".

- I. Their terrible experiences of loss become too readily lost when one is in direct contact with their disturbed and challenging behaviour.
- II. Their losses aren't ordinary and unavoidable. They are truly traumatic losses of the most important relationships in their vulnerable young lives. They are terribly alone and unprotected.
- III. These traumatic losses have happened repeatedly without any real chance to recover from one loss before another loss takes place. It is difficult to retain an empathic attitude when these children become physically larger and more dangerous. It then becomes easy to forget what has led to this level of apparent detachment, hostility and violence.

As a result of early emotional deprivation, abuse (emotional, physical and sexual) and multiple traumatic loss a child will not have a coherent sense of self. He will be emotionally unintegrated. How does this link to a difficulty in coping with transition?

- He experiences panic (which often shown itself as rage) whenever there is a gap in provision, ie, whenever he is frustrated.
- He is driven to disrupt functioning groups because they are a threat and expose his own ability to function.
- He is drawn to “merge” with other disturbed children in excitable groupings to defend against separation anxieties.
- Shows little concern for others.
- No sense of guilt or ability to make reparation. He hasn't reached the emotional stage of development of being able to see his primary caregivers as separate people with their own feelings and needs
- Generally restless and unable to concentrate or settle into any activity. This is linked to a need for immediate gratification and an inability to cope with frustration.
- He will have a poor sense of time and space. A day, a week, a month are difficult to understand. This is not about an intellectual ability to tell the time or read a calendar. It is more about an inner sense of time that babies acquire naturally through the process of being well looked after, ie, regular feeds, baths, nappy changes, bedtimes, etc
- An inability to play. Winnicott showed how a small child starts to creatively use the space between himself and his carer as he moves out of the total

dependency of infancy. It implies a sense of security and trust which emotionally disturbed children have either yet to acquire or have lost.

- An inability to communicate feelings. Feelings are bottled up and explode into acting out behaviour.
- Uses “splitting” as a defence mechanism – carers, teachers, etc, are either all good or all bad, with little in-between. A “good” person can quickly become a “bad” person if causing frustration.
- Poor self-preservation, which can range from poor personal hygiene to self-harm. This seems to be linked to an absence of feeling loved in and for oneself rather than what one does or achieves, ie, the basis of a sense of self-worth.

These common characteristics of an emotionally disturbed child should convey why it is that transitions, or indeed change in general, will pose a threat and, therefore, explains the need for great care and attention to detail if change and transition is to be successfully navigated.

TRANSITIONAL OBJECTS

No description of how children need help to cope with transitions would be complete without saying something about the importance of transitional objects. The term transitional object was first used by D W Winnicott in 1951 when he presented a paper, "Transitional Objects and Transitional Phenomena".

Transitional objects (or comforters as they are more commonly known) are a way by which children are helped to move from being completely dependent on, and almost identified with, their mother, to being a separate person, able to face and explore the rest of the world. All through a child's development, his constant search for new experiences, his attempts to become more independent ("standing on their own two feet"), means giving up something that is already safe and familiar in order to explore strange and new things. It's easier to explore new things and try new experiences if there is still some contact with the old and familiar.

These often rather smelly (smelly through frequent use) comforters fulfil this need. They are a symbol of a safe, happy familiarity. They are called transitional objects because they act as a transition from one sort of experience to the newer one, as a reminder of a safe time to which one can return in a crisis, or if one is sad or sleepy. As we get older and understand that the bond with mother (or primary carer) exists even when she is not around, such transitional objects gradually become less necessary. Having said that there has been some interesting work on how pets can become transitional objects for adults. Perhaps all of us have a favourite item of clothing that we like to wear as a comforter.

Research shows that attachment to a transitional object develops at around six months of age, when babies are beginning to recognise that they are separate individuals. Studies have shown that children who had a comforter with them in a new environment showed greater confidence and sociability than other children.

Sadly, emotionally disturbed children who, as I have already indicated, have had many changes of carer to contend with, have invariably had to do so without even the comfort that a transitional object can bring. This point is very well made by Monica Lanyado:-

“Where there has been severe emotional deprivation, many children will not have reached the point in their emotional development at which they are able to create their own special transitional phenomena. If they have been able to reach this point, this might in some measure help them to cope with ordinary, as well as more extreme, anxiety. Tragically, where there might have been a special blanket or other transitional object, it has often been lost as children in care move from one placement to another. With this in mind, the emergence of new transitional phenomena is an important sign that despite all the difficulties, these children are presenting some significant emotional recovery and development is taking place within the child. These are signs that foster and adoptive parents, as well as clinicians, should watch out for.”

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IFCO PRESENTATION – ROBYN BARR

Transitions from Prospective to Approved Carer

Intro.

- “Foster Care is a remarkable and paradoxically a very ordinary activity. It involves children and young people living and being cared for in ‘ordinary families’. These families however are not their own but are sponsored, funded and regulated by the state. In England, as elsewhere, the linchpin of this system is the 25,000 or so foster carers who undertake the awesome task of looking after other people’s children” (Sinclair, Gibbs & Wilson 2004 “foster Carers – why they stay and why they leave.”)
- For foster carers each new child welcomed into their home is like undertaking a maiden voyage – These carers need the structures and resources of ISP around them to enable them to chart and navigate these unknown waters.
- To become foster carers, individuals and whole families embark on a journey, which leads them through many stages and transitions until they are eventually approved and registered as carers. This journey is one of self reflection, exploration and of mutual assessment between agency and family, with many opportunities along the way for the families and the organisation to review their progress.

Initial Enquiry and Application:

Those approaching ISP to enquire about being foster carers can range from the 'moderately well informed' to the 'blissfully ignorant'. However what is common to all is the belief that they can offer a level of care to children who are unable to live with their families. The more naïve believe that 'love is enough' and may not understand that some of our children may not readily accept their care and support.

Even at this early stage of the enquiry and application, the process of trust between applicant and agency has to begin.

Applicants are testing the waters and they may have many questions, for example:

- Do we get paid?
- Do we have to have a separate room for a child?
- Can we work and do fostering?
- Is it ok to be single, gay, lesbian?
- What kind of children are fostered, how old?
- Where do they come from?
- How many can we care for?
- What happens if we have a criminal record?

Many of these questions are prompted by the ISP representative taking the initial call as we go through our checklist for enquirers.

At this stage people have to begin to understand that becoming a carer requires a significant commitment to the training and assessment process (about six months). Some are shocked by this, others understand the need for such a rigorous process.

Some families have clearly been thinking about fostering for a long time before they decide to dip their toes in the water. For others they may have approached us on a whim but soon learn that fostering is a career that is not to be taken lightly.



The application form filled in by applicants requires a great deal of information ranging from relationship status and home environment to health, education, employment and financial details. This can also be a shock to some applicants who may not expect to have to provide so much information. Our Fostering Team will do everything it can to assist people through this process.

Applicants at this stage will be getting a glimmering that they will be entering into a completely new career and way of life.

The decision to foster often comes at a time in people's lives where they are re-evaluating their futures and contributions, for example parents may want to spend more time at home with their children, older couples may want to use their new found space and their life experiences to help other children and offer them undivided attention.

Initial Visits:

This is the applicants first encounter with experienced foster carers face to face as they visit the home to discuss the application in more detail.

This is the first part of the process which provides the opportunity for applicants to form a connection with those who are actually doing the job already and for our carers and Social Worker to get a feeling for this family in their home environment.

Applicants are encouraged to ask further questions and express any fears or misgivings they may have. They enjoy hearing about carers first hand experiences of fostering at these visits particularly when considering the range of specific behaviours they may come into contact with. Some applicants may never have thought some of these existed! For example soiling or overtly sexualised behaviour or having to think about keeping themselves, their own children, even the family dog, safe!

Training:

Our five day 'Skills to Foster' training is designed to take applicants on a journey through the basics of fostering, it can not be definitive but offers an in depth introduction to ISP and the career of fostering.

The journey starts simply but by the end of day three, for example, people are asked to reflect on the emotional impact of such things as disclosures of abuse by children in their care and the impact of allegations of abuse against carers. – This is a crucial day – This is a point of the transition for applicants where they begin to acknowledge some of the trauma and impact of fostering on themselves and they have to ask themselves,

- 'Can our family really do this?'
- 'Can our family cope with the changes we will have to make to alleviate the risk in the home and provide safe care for everyone in the household?'

Most come back the following day quieter, re-committed and determined to carry on, some choose at this point to withdraw their applications.

Trainers evaluations often demonstrate just how significant is the shift made by individuals throughout the five day process. They watch as individuals are eventually able to put themselves in the child's shoes through experiential exercises and to also see fostering from their own child's point of view. Applicants own children attend an evening where they discuss and reflect on the changes they are about to experience and everyone gets to hear about how a fostered child has experienced care. All of these experiences are life altering in some way.

For couples, many realise that they will be taking on a new joint venture and many report that they have a new found interest together and even at the training stage are finding that they are talking together much more about all the new and interesting concepts they are having to take on board.



Single applicants begin to realise how much they will need to have a strong and supportive network of others around them to provide the support they will need to take on this challenging new role.

By the end of the five days the group has usually bonded well and truly had the experience of having undertaken a journey together.

Safeguard checks:

Assessment:

The Form F assessment framework is detailed and lengthy requiring anything from 4-8 visits by the Assessing Social Worker, who meets with every member of the family living at home. It covers every aspect of the individuals life from basic factual information to very personal reflections on their own backgrounds. More recently these assessments have included a competency based assessment section which looks at those skills already developed which may be transferable to fostering and also those gaps in experience and skills which will require further training and development .

Where possible, assessing Social Workers are matched to families and a significant relationship develops between the family and Social Worker, sometimes including quite complex dynamics , for instance, because they enter into such a personal assessment of individuals, a process which includes much discussion, exploration and debate of very personal beliefs, values and feelings, social workers can enable and assist applicants to change and bring about movement in their thinking during a process which is not by nature static but rather, more organic. However this movement may be only the first stage of change which may need to happen at a much deeper level before it fixes itself in the feelings and actions of individuals. This can in some cases lead to false hope on the part of the assessing social worker– that the applicants are more capable of change than they actually are. Social Workers are supervised by an ISP Social Worker throughout the assessment in the hope that some of these pitfalls can be avoided and to provide the detachment and objectivity which is needed to enable them to arrive at a realistic recommendation on conclusion of their assessment

The personal profile section of the assessment can become, at best, almost a 'therapeutic process' which encourages exploration and self reflections on the part of the applicants. This is the first time many adults have been required to remember, let alone tell their life story. They are asked to consider its impact on themselves, then and now. For some this can seem like a luxury and is exciting and satisfying, for others this can be painful and distressing, particularly when coming to realisations, not made before, about their childhood or past and present relationships.



The crucial transition at this stage is the individual's understanding of the impact of their own life's journey and experiences and that fostering will highlight the need for constant growth and change within the family. They will 'bang into' feelings and emotions they had not expected to and will need to be re-evaluating and revisiting these through their work with the children often on a daily basis

One of the crucial areas for assessment is whether the adults want to foster out of some largely unconscious drive to fulfil their own needs and developmental gaps created by their own experience of being children and the assessing social worker has to demonstrate that the applicants have some awareness of their needs and limitations and can responsibly take care of these as well as foster children whose backgrounds very often mirror aspects of their own lives.

Panel:

For most applicants their attendance at the ISP Fostering Approval Panel is a much anticipated yet daunting day. This marks the final threshold between being 'prospective' and being 'approved'. The Panel members, despite doing their best to be welcoming and put people at ease, inevitably appear formal and probably somewhat intimidating.

The ISP Panel undertake a crucial role in recommending the approval of individuals and families as being fit to undertake the care of some of the most vulnerable children in our society. The panel should reflect in its membership the combined knowledge and skills of professionals from a wide range of childcare and education settings and also foster carers.

For adults to present themselves in front of as many as ten Panel members requires great courage and the ability to think on their feet, whilst feeling anxious, to make the best impression possible. This is a 'make or break' time!

For successful applicants their approval as carers marks the final transition into the beginning of a new profession and way of life. This is invariably a very highly charged moment where they experience a sense of elation and excitement at having finally, after 6 months, reached their chosen destination.

Annual Home Review:

All our approved carers are presented again to the ISP Panel following their first year of fostering for their Annual Home Review. (These reviews are a statutory requirement and will continue yearly throughout their career) For most, this has been an incredibly formative year featuring many transitions for the whole family and the foster child.

My first question to carers is usually, “Is it what you expected?” The answer is invariably “No but we have learned such a lot”, this is usually said with a knowing smile! Many say that paradoxically, it is better and worse than they ever thought it would be!

The foster carers can and will talk endlessly about the tensions and challenges of fostering and the specifics of children’s behaviour, but this is usually done with a genuine sense of deep interest and caring.

I have seen some of the major changes which have come about, for example:

- The carer who admitted openly to being a ‘control freak’ has learned to take more effective control by stepping back.
- The carers who having no children of their own and have made the transition to a bustling and demanding life looking after three children and found that this is exactly what they want to be doing with their lives.
- The male carer, whose wife works outside the home, who has found his niche, his voice and his confidence ,replacing work mates with a full involvement in the ISP fostering community

In conclusion:

here is a quote from John Hills one of the ISP therapists who recently published an article “Holding the Looked After Child through Reflecting Dialogue”



“Coming into foster care is equivalent to the survivor of the Titanic’s maiden voyage being invited to another sea journey on her sister ship” John speaks at length about how carers are changed by their encounters with these special children.

ISP Carers become part of a community which includes social workers therapists, teachers and advisory foster carers, to name but a few, through which a child gradually learns to trust enough to become part of their family.

I believe carers not only surprise their colleagues by their commitment and stickability but also surprise themselves by their innate ability to love the job they do, maintain their sense of humour (their secret weapon!), their compassion and humanity in the face of such challenging work.

THEY HAVE MADE THE TRANSITION INTO A NEW CAREER,
SOME WOULD CALL IT A VOCATION!

Robyn Barr



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IFCO Presentation

(1) “Transitions in the foster family”

Introduction – Good afternoon, my name is Sheila Patel and I am a foster carer at ISP.

Photo on screen – our family

(2 – Quote)

- ~ In Steven R Covey’s book “7 habits of highly successful families”, the opening lines to the book say “good families – even great families – are off track 90% of the time! The key is that they have a sense of destination. They know what the “track” looks like and they keep coming back to it time and time again.

- ~ Fostering for my family feels exactly like this. The transitions we have had to make in our family frequently take us off track for a while, if only to deal with the needs of the young person who enters our home. After they have settled in we can get back on track. Like a journey on the motorway, we may pull off to pick someone up, then get back on track, pull off again to go to the bathroom, back on again, pull off again for a meal, then back on again. Then there may be times when we didn’t concentrate on the map and have taken a wrong turning. We then have to stop, check the map for where we went wrong, calm everyone down and get back onto the nearest access to the motorway to continue our journey.

~

(3 – New arrival)

- ~ One of the biggest transitions as a carer is the ‘new arrival’. In everyday families when there is a new arrival, there is at least 9 months for the family to prepare.

- ~ In a fostering family there are often only hours to prepare. It starts off with excitement and all the questions: how old are they, boy or girl, what are their hobbies. Then it’s getting the bedroom organised and what would be a suitable

meal for them on their first night. So many times, the information we have been given on the child was not correct, so now that we are more established as carers, we know not to expect exactly what we have been told and keep an open mind.

~ Other transitions my family have had to accept are: another place at the table; less time with mum and dad; how to introduce the new arrival; including the new arrival in their circle of friends; the amount of visitors to our home; being told to go to their rooms when a good programme is on TV so we can have a meeting; meals not ready on time because of this meeting.

~

(4 – Position in the family)

Looking back on my children's lives during our fostering career, I noticed the following about their positions in the family which can often be a 'missed transition'. My 2 eldest daughters always remained the eldest. My third oldest daughter remained in the middle position for quite a long time. My fourth child was a boy and he was happy in that position as it meant he continually got looked after by older foster children, who were mainly girls, a role that at 23 he still enjoys. My fifth child, who is a girl, was the youngest up until she became a teenager. Through those years she shared us with similar aged children. These were often difficult times for her. However she has always been a great advocate for fostering. Now that I am older and wiser I believe that the position of a child in a family needs to be carefully considered when accepting a placement.

~ People outside the world of fostering see you just 'looking after' or 'babysitting' another child. However, when they find out all the changes you have to make to your life and your family's life, they think you are mad.

~ Over the past 15 years my family and I have fostered over 100 children from 1 night to 5 years. Just like the Chinese bamboo tree which grows underground for 5 years so you see nothing, then in the 5th year it grows up to a staggering 80 ft. in height. This can often be what it feels like to be a carer as you may not see the work you have done until they have left you. People often ask me how I cope with

saying goodbye to the children we've cared for – yes, the day of departure is hard, lots of tears and hugs, then lots of settling in phone calls, e.g. “my fridge is making a funny noise, what shall I do?” “Yes, that's normal with a new fridge.” “How do I work my water filter?” “How do I cook chilli con carne?” etc, etc. Then, as calls taper off they are start saying “I've signed up for a college course”, or “I've started a new job, got a new boyfriend, going on holiday...” I know they are doing as well as can be expected.

~ The sad transitions about fostering are the restrictions on treating the child as your own. You do most things as you would your own family, however, if your child got up in the night after having a bad dream, you would automatically take them into your own bed with you or go into their bed and lie with them for a while until they feel safe and settled. In fostering, because of safe care practices it's not possible to do this. We would have to either cuddle the child whilst sitting on the stairs or take them downstairs for a chat and a drink. One practice we enjoyed as a family before fostering was all the children getting into our bed on a Saturday morning to plan the day. When foster children arrived we had to stop this practice and do it when the foster child was not about. It was always a challenge to make our own children feel they were loved and were our priority and not pushed aside, without making the foster child feel they were intruders. This was always a fine balance.

~

~ I once read (5 – Quote) “Trying to raise a successful family today is like trying to perform a high wire trapeze act – a feat that requires tremendous skill and almost unparalleled interdependence – and there is no safety net.” Compound this with replacing family members over and over again. The nuclear family has life stages – birth, childhood, teenage years to young adulthood. The foster family experiences birth, childhood and teenage years over and over and over again. The foster family has to have a solid foundation to be able to withstand all that life throws at it. My family has had to change to survive fostering. We have had threats to our safety, attacks on our property and our children. From time to time we would call a meeting with our children and ask them if we should carry on. The answer was always a resounding “yes”. My children, who are all now grown up, carry out respite for our foster children now

and I am always proud of how well they manage this and continue to build strong and lasting relationships with them.

These are some of my experiences over the years as a foster carer -

(6) Transition from adoption to fostering

I remember getting a call from a social worker asking if we'd have a young boy whose adoption broke down. He needed picking up and the social worker asked if I'd come with her to make it easier on the boy as there was no time for introductions. I thought about Louis and how he was feeling. My son was the same age so I asked him if he'd mind coming with me to pick the child up. ***(Transition from adoption to fostering)*** He said he would like to come and the social worker was fine about it also. I felt Louis would have someone to chat and play with in the car while the adults chatted, so the attention wasn't all focused on him and what just happened to him. When we pulled up on the driveway, there was a woman standing on the doorstep with her arms folded and bags packed outside the front door, yes some were rubbish/garbage bags full of his belongings.

It was obvious by the greeting we received that she wanted us gone from her home quickly. ***(Another transition)*** For the next few years, Louis lived with us. In that time he was reunited with his birth mother and her new husband. The most rewarding things for my family in this were a great outcome for Louis and a continued friendship to this day. He is now a dad to 4 year old Liam, working full time and living in his own home with his partner. (Show picture?)

(7) Too many transitions

Another piece of work that left a lasting impression on my family was Eddie. He came to us at 8 years of age. A lively, energetic young boy. After some time of caring for him, we realised most of the carers in the borough we worked for had either had him or heard of him so respite was out of the question. When Eddie first came to us he attended a school half an hour away. His dad had given him to his

boss in the hope that he'd adopt him. His boss was very wealthy. They asked for him to be removed after he damaged their Rolls Royce and swimming pool. Comings and goings were very difficult for Eddie. Whenever we passed their house on the way to school he would ask "I wonder what Mary is doing now?" or "She is probably washing the dishes now or taking the dogs for a walk. Mary is missing me you know, so I will call her later because she will want me home soon." We did everything we could to get this couple to say goodbye to Eddie so he could move on but they refused to do this. In the end we asked the social worker to send him a card as if from them wishing him good luck for the future.

In the end I had to change my school route for Eddie as he had to pass by the intended adopter's home each day and this proved too painful a reminder for him, of what might have been.

Eddie was the type of child who made sure everyone knew he was there. It used to drive my family crazy when I would go out of the house even for a short time – he would question everyone: Where has Sheila gone, what time will she be back, what is she doing and he would wait by the front door for a while and then give up. When I did get home he would run to me and shout "Sheila, you're back". Needless to say, my children continued to repeat this experience to me for many years after Eddie left to keep the memory alive! Whenever Eddie would call me from the specialist unit he eventually went to, he would say "Which room are you in now, what's the dog doing, where is everyone and what are they doing". Eddie was a very loving child but he also struggled to understand his emotions/feelings, e.g. if he got hurt he would laugh but it would only be the tears in his eyes that would tell you he was actually hurt. I often wonder now where Eddie is and what he is doing; he would be about 18 now.

(8) – Transition from residential care to foster care

Another placement we had was Angela. She was 15 years old when she came and although 5' 10" in height she only weighed 7 stone. Angela was anorexic and hadn't been long out of a residential unit where she was placed at age 8. Her problems were very complex. When she first came she would announce to the family before going up stairs, such things as, I am now going to the toilet, I am now having a bath, or I just got my period. Little steps by all the family members helped Angela become

a healthy and functioning teenager. Whether we like it or not, our own children don't get trained in this work so they can be blown away by the behaviours of some of these children. Other behaviours from Angela would be e.g. she could heat up 2 large baked potatoes in the microwave and a large tin of beans. She would not wait for it to cool down and would eat it in a hurry all the time standing while eating her food. She would then go to the upstairs bathroom and turn on the taps, we suspected she was self inducing. We insisted that during the day she used the downstairs toilet where the washbasin is outside the room, that way we could monitor her. This went on for some time until we had to tell her that the beans were having an adverse affect on the family. Angela knew the calorific value of all foods. She kept notes on these and would stand over my husband when he was cooking a meal to tell him what the fat content was in what he was cooking. Needless to say it wasn't long before she was banned from the kitchen while he was cooking. Now when she visits she will always request his chilli con carne as it was her favourite. If he ever cooks too much of that meal now he freezes it for her ready for her next visit.

It took months for us to even get Angela to join us at the dinner table or sit with us in the lounge because; to Angela sitting or standing still would mean "putting weight on". She left us after 2 ½ years and is now living independently with her son Tobi who was born in March of this year. She is also doing as well as can be expected, knowing her difficult history. She has also left a lasting impression on our minds and in particular, because we learned so much from her.

All this was bizarre behaviour to my family but as time went on they knew that these behaviours were unique to Angela. Even now she often says to me when I see her, 'Sheila I wasn't right in the head when I first came to you was I, whatever did you think of me'. To which I would reply 'but you're better now and that is the main thing.'

9) What have I learned from fostering?

One important thing to remember when fostering is not to try and change these children into the image of your own family. It's difficult to change or mould our own children not to mind kids who are an unknown quantity. I made a mistake once like this when taking on a sibling group of 4 who were in desperate need of good care

and attention. When they arrived they only had what they stood up in, were riddled with head lice and were in a dishevelled condition. I went to work on them and for their next contact with their parents made sure they looked gorgeous with new clothes, white socks, new shoes and immaculate hair. Only to have the mother say to me 'don't you ever dress my kids like little house on the prairie children again'. I was shocked and even hurt as I thought she would feel pleased to see them looked after so well. My mistake was that these were her children and not mine, **(10 – Quote)** her standards were not my standards but she still loved them and I needed to remember that and respect her feelings as a mother.

I can recall 2 occasions in my fostering career when I have had to call my family together to seriously consider the effect fostering was having on us as a family. On one occasion a young girl I had was putting her baby at risk through her association with known drug addicts. She wanted to take the baby with her and move in with them. I refused to let the child go without having permission from social services. For a period of time after that I had strangers coming to the door asking me to hand over the child. This was worrying for me and my family especially if my children bumped into them on route to or from school. We had a family council and decided the best thing to do was have the baby moved out of the area. I asked my youngest child if we should continue fostering and her reply was 'yes mum you can't let one bad experience stop you from doing good work'.

(11 – Look after yourself, your marriage/relationship and relations with your birth children [checking in])

Another occasion was when we took on another sibling group. This was an intense piece of work from day one. These children had not been in school for months and did as they pleased in the home. Their ages ranged from 13 to 5. They got up when they wanted to and went to bed when they wanted to. Mealtimes were chaotic. We had to restructure this family within our family. All the time we had to worry about threats of allegations from the parents, phone calls to the children where the parents would shout at the children and demand they would not speak to or have anything to do with my husband as he was of Asian origin. This is a polite way of putting it there was a lot of racial abuse and hatred towards my husband during this time. On one occasion the parents followed us home from contact, but we were not aware of this

and I had my phone switched off. People who supervised the contact were trying to get hold of us to warn us what was happening. Luckily we were at the time looking to move to a new house, so we stopped at lots of properties so they either got fed up and went home or they lost us.

Although we had achieved a lot with these children in 8 weeks e.g. getting them into full time education, all going to bed and sleeping at reasonable times, eating properly at the dinner table and generally being nice to one another, we had to have another family council. The reason for this was that my husband was being ostracised in his own home. He didn't feel safe to be on his own with the children as the parents were getting angrier as time went on. The children could only last ignoring him for one day after contact as he cooked for them, did their laundry, and took them to and from school – all the things they had never seen their parents do. There were glimpses of a blended family during this time. However one of my other daughters called a meeting and during our meeting she said she couldn't bear to see her dad not being able to feel comfortable in his own home. We didn't want to say goodbye to the children and they didn't want to leave us either but as our fostering social worker said 'you were trying to raise 2 families at once and this was not a possible with all the interference from outside sources'. Soon after they left we found a new house, took the month of December off from fostering and enjoyed our first Christmas in 10 years on our own. This was a good time to recuperate and reflect on not only the last few months of this difficult period but also over the years we had fostered. It enabled us to think about our future and how we would now wish to proceed. We got back into the swing of fostering again in the January.

I have to say the children who have caused us the most concern in our lives are the children that we have learned the most from. They are also the children who have left lasting impressions on my family. I have learned:

- ~ Not to presume that because I can cope with a child's behaviour that my birth children necessarily can.
- ~ Receive as much training as possible on all behaviours because you don't know what a child will exhibit.

- ~ You will be used and tested and taken to limits over and over again. The important thing is to know your own limits and what you can tolerate.
- ~ Discuss the threat of allegations often as a couple so you can be prepared for this bombshell.
- ~ Make sure your diaries and reports are detailed and keep professionals around you informed.
- ~ Don't let your guard down, rules and guidelines are there for your safety also.
- ~ Make sure your finances are in order as 'fostering is not a guaranteed income' and remember there can be life 'after fostering'.
- ~ Feelings and emotions will be triggered in us because of our own childhood experiences, recognise them and talk about them.
- ~ It is important for a foster carer to have another professional they trust on hand.
- ~ Never underestimate the power of your own children in making a placement work. Many times my children have been the first person for a new foster child to confide in. After all they are in the same club called 'the young one's'
- ~ Love is not enough. I believe it is greater to be trusted than to be loved. Over the years I have heard parents of children I have cared for tell their children over and over again how much they love them and then forget to visit them, forget to call them, forget their birthdays and turn up unannounced and want the child to receive them with open arms. This can often undo the hard work you have done with the child, but then you realise it's the nature of the job you do.
- ~ Fostering is not for the faint hearted. Brace yourself every time a child is about to come in or leave you.
- ~ It matters not how long a child has stayed with you, what matters is that you made a difference to their life. You cannot undo all the traumas, losses and sadness they have endured before they came to you but you can help them have some worthwhile childhood experiences with your family.
- ~ Don't try and be a superhuman or super carer, it can often be too much for the child to live up to. I remember a child psychiatrist saying to me one day, its ok to fail Sheila, she needs to see this. I reminded him of my role and that failing was not part of the agreement. He said she needed to feel that she could help me sometimes and for it to not always be me in control. I have since used this advice and seen a good outcome from it.
- ~ Changing the words of Forrest Gump 'Fostering is like a box of chocolates, you never know what you're gonna get'.

In conclusion there are often times as a carer you wonder if you had made a difference to a child's life. I am reminded of the story of the man walking on the sea shore seeing lots of starfish that have been washed up on shore. As he walks he picks them up and throws them back into the ocean. Another man walking by asked him why he was doing that as it didn't make a difference because there were so many who he couldn't save. The man replied as he continued to throw the starfish back in while walking 'made a difference to that one, and that one and that one

(12 - Quote)

In Professor Ian Sinclair's recent publication "Fostering Now – Messages from Research" he says "Foster carers who are kind, firm and slow to take offence are likely to have better results than others who embody these antique virtues to a less marked degree."

I am grateful for the support, training and guidance I have received over the last 8 years with ISP. I am pleased that I have been asked by the organisation to help support and guide not only carers but other professionals in the organisation to realise the potential strengths and weaknesses that abound in this career.

SHEILA PATEL



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PRESENTATION IFCO – MARK THOMAS

Introduction

My name is Mark Thomas. I manage one of the 6 ISP Centres based in the south east of England. My role is to oversee the structure of support around the children and young people in our care. The team consists of social workers, therapists, educationalists, support service staff and of course foster carers.

Transitions During A Day

I would like to share with you the attention to detail that needs to go into the planning for an emotionally disturbed child to successfully navigate key transitional times during a day. Much of what I am going to refer to from a theoretical perspective is taken from a booklet first written in 1956 by John L Brown. "Routines Limits and Anchor Points". It is taken from the work of Browndale, a residential treatment centre. It seems to me however, that although dated, the basic themes are also relevant for foster carers who are looking after emotional disturbed children and young people in their own homes.

These papers have been shared and discussed in foster carer supervision groups at our centres.

OK – Let us think about a day in the life of a child in terms of major transitions.

(A Day In The Life of A Child or Young Person)

(On overhead – PowerPoint – see separate sheet)

Note: Will need 2 PowerPoint Slides

Waking

Transition from sleep

'Waking Up' from Brown's 'Routines Limits and Anchor Points'.

"Waking up can be a particularly difficult and painful process for emotionally disturbed children because their past experiences have not led them to expect anything good from the coming day."

The goal of the [carer]..... is to create in the child a “readiness for engagement”. She should respect the child’s reluctance to engage and be sensitive and tactful in her approach. The atmosphere created at wake-up will set the prior conditioning for the kind of functioning the child will be able to attain during the day.

In her initial contact with the child, the [carer] should go quietly into the room, draw the curtains to let in the light and sounds of the day, tidy up any bedtime snack remnants.

She should not speak to the child unless the child speaks to her first. Through the change in the intensity of the light against the eyelids and the sounds of the [carer] moving quietly around the room, the idea is presented to the child that night is over and day has begun. He needs a little time to get used to the idea.

The next stage should be verbal contact. But talk should be generalities that don’t require an answer. She might tell the child it’s a sunny day, or it’s raining, remind him that it’s a school day, or it’s Saturday and some treat is in store.

Now the child has entered the transitory stage between waking and sleeping. He is conscious but not engaged. The next step is to encourage him to tie in to the activities of the coming day. How the [carer] does this will depend on her relationship to and knowledge of the child. She might bring him a sliced orange, or a warm washcloth to freshen his face,.....she might ask him what clothes he would like to wear today, or what he would like for breakfast.”

An example of ISP Practice

- James -

Very little sense of time or space. James, it is felt, like John mentioned earlier, had not developed an inner sense of time acquired by babies through the process of being well looked after i.e. regularly fed, bathed, changed, bedtimes. His carers through discussion with their support network of advisory carers and social workers, decided that each morning, once they had been through the waking process with James, during the time between then and entering the outside world, they would

have on the fridge door in magnetic letters the day and date and month to assist James transitory experience.

Breakfast

Although a crucial part of the child's transitional experience, my colleague Jim Hamil will be concentrating specifically on mealtimes and food as a transitional experience later in the presentation.

Leaving for School

Read notes from 'Leaving for School'

John L Brown – 'Routines Limits and Anchor Points'.

"The launching of the child from the home base into any activity in the community needs to be carefully prepared.

The child has been functioning in the [home]. Now he has to go through a transition stage to functioning in another set of circumstances, according to a different set of rules, with different people.

He is going into a situation in which he will be expected to function at a higher level of performance. So the launching must contain not only the blessings for going but also the reassurance that he can return to home base. The parting gestures, the way in which the [carer] prepares the child to go to the door, to go out of the door and down the [path], must be related to a reassurance on some level of communication that the [carer] will be there, the house will be there, everything in the house will be as it was, when he returns.

This is important for any child and you can see this "anchoring" process going on in ordinary families when a separation takes place. With an emotionally disturbed child the process is even more important, because [he] has usually suffered a series of placements. He has been moved from one foster home to another.....without warning or preparation. He has been conditioned by his life experiences to expect that somewhere along the line, things will change without warning. He isn't used to the concept that you can go away from some place or person in a predictable fashion and take it for granted that the place and person will be there, waiting for you, when your get back.

It is therefore even more important for the [emotionally] disturbed child than for the “normal” child to experience this “anchoring” process so that he can stretch out toward whatever it is he is going toward, secure in the knowledge that he can follow the thread back and find the relationship and objects with which he is familiar in the state they were in when he left them.

How can a [carer] provide these anchors? [Children who have had good-enough parenting are secure in the knowledge that wherever they are physically, the loving relationships remain constant and secure.]

But with an emotionally disturbed child, who may never have had this [loving] relationship with an adult, separation from the [carer] is always equal to loss, and the separation must be preceded by certain anchoring devices that tie the child to the [carer]. This is done in a number of ways; with physical affection; by helping the child with his outdoor clothes, helping him find his gloves, the books he needs for school; by standing at the door or window to wave to the child as he goes down the road.

It is important that the child going into the community takes with him a feeling of love, support and acceptance – not conflict and anxiety. He should not carry with him into the community preoccupations around problems of his relationship with the [carer]. He should be free to deal with the events he engages in, the people he meets during the course of the day. If the [carer] has done a proper launching job, she will have freed the child to operate at his optimum level when he goes.....to function in the [wider] world.”

Journey to School

Many of the young people in our care need to be supported to get to school. Depending on distance carers will assist this transition for a child in a variety of ways. For example cycling with them walking alongside a child on a scooter or skateboard or even pushing them in a go kart!

There are many examples of children in ISP travelling longer distances to school. Sometimes these journeys are supported by ISP drivers and escorts. They all receive support and attend group supervision. They too use a variety of ways to assist the child with the transition. For example story tapes, music tapes or CD's are played. Comic books and magazines are sometimes supplied. Escorts will

sometimes read stories on a journey. Gameboys are also popular as are the more traditional games of I Spy, Car Make Model, Colour Spotting and the A to Z game.

Sometimes young people just want to be quiet on a journey, but more often there is a need to fill the space with something. Once a young person gets to know their driver and escort the car journey can be a source of rich conversation. Drivers and escorts are trained to pass on any relevant information to school or carer as part of the continuity of care ISP provides.

Playground – Another set of rules both formal and informal to negotiate for the child. This is often a point of handover from carer to educational key worker for children in the care of ISP. This allows any information that might be relevant to the child's ability to manage the school day to be passed on to those taking responsibility for him or her.

Classroom

The academic day consists of a variety of transitions for children and young people dependant on age. Some young people in ISP have full time support during the school day. This may consist of behavioural and academic assistance. On occasions a Risk Assessment of the classroom/school environment have to be undertaken prior to a child or young person starting at the school. Work with the school staff is also provided in the form of training days. This is designed to ease the transition for the young person joining the school.

Lunch)

Playground) I am going to connect these two aspects of the child's day.

As I said earlier, Jim will go into more detail regarding the importance of food as a transitional experience.

In the school environment many of the difficulties that occur for children with emotional and behavioural difficulties happen in the gaps between the structured academic times.

ISP Education team pay as much attention to these as they do to the in class behavioural and academic support.



An example I will give you is Ronnie. Ronnie is a 12 year old boy who came to ISP because of neglect coupled with physical and emotional abuse. Ronnie's life had very little structure to it early on. He had infrequently attended school and had moved around a great deal. Ronnie had been excluded from his previous mainstream school for fighting.

To assist Ronnie it was decided to provide him with an Educational Key Worker. This person worked with the other academic staff in the school. It was decided that Ronnie's main problems arose during the less structured parts of his day. Therefore, structured activities were put in place during breaks and lunchtimes such as football, basketball, rollerblading. These activities were managed and led by a staff member. The only stipulation was that Ronnie needed to attend. Many other pupils were also given access to the activities and were unaware that it was compulsory for Ronnie.

After School Activities

Youth clubs, scouts, dancing, martial arts, swimming, drama.

All of these activities again have different sets of rules, both formal and informal, and take some skill on behalf of the child or young person negotiating them. Often the children we work with have problems managing within these less structured settings and become isolated or excluded from them. We have realised that foster carers preparing the ground by engaging the group or group leader for the child in their care and when necessary attending the group or club with the child has positive longer term benefits.

Evening Meal

Homework

Bath/Shower

Supper

All of these transitions where possible can be used as part of the winding down process of the day. Building in particular routines and anchor points to the day provides the child with a focus and enables them to manage the gaps between.

Bedtime

Read Routines Limits and Anchor Points John L Brown 1974 – Bedtimes.

“At bedtime, the child goes from engagements and contacts of daily life activities to the isolation of sleep and the world of wonder and terror that comes to him through dreams and nightmares.

In the daily routines and experiences the child finds islands of contact that give anchors and focus to his activities. He clings to these because they give him support and reassurance.

Bedtime should be a process during which the [carer] gradually and gently gets the child disengaged from activities in the [home] into his own room, then into his bed, and, finally, snuggled down into the comfort and security of sleep. It is important that the [carer’s] contacts with the child as zero hour approaches should not be of a nature that will create anxiety or a feeling of rejection.....

With children who are particularly anxious about bedtime, it is a good idea to have a countdown. This should start at whatever time the child begins to exhibit anxiety around bedtime. At intervals, the [carer] should remind the child of some pleasant happening associated with bedtime: the story that will be read, a special bedtime snack, the amount of time remaining before getting into night clothes, taking a bath, or lights out.

At intervals during the day, the [carer] should make light casual reminders which will help the child get used to the idea of bedtime. The time between these intervals can become shorter as bedtime gets nearer. So the [carer] might tell the child he has an hour to play before bedtime, then half an hour to finish whatever activity he is engaged in, then 15 minutes to clear up his toys.....If this is done, bedtime doesn’t come as a sudden shock to the child.

Large muscle games during the early part of the evening provide an outlet for excess energy and a release from tensions. Then the child should be encouraged to settle down to quiet games or activities in the house. Then he should be playing in or around his bedroom, then getting undressed, bathed and so into bed.

Sleep is a natural consequence of a series of benevolent, retrogressive experiences that gradually detach the child from the reality of the object world around him in a human, reassuring way.

Since the state of sleep is a state of almost total withdrawal, the [carer] can encourage sleepiness in a child by ensuring that the child feels safe in withdrawing and also, as a practical measure, by gradually reducing the amount of stimulation the child is receiving from the world around him.

The first task is to reduce the amount of communication the child is receiving from the world around him through his eyes by dimming the lights in the bedroom area. Noise in other parts of the house should be kept to a minimum.

In the her final communication with the child, the [carer] should rely on the most primitive, basic communications of all: touch, warmth, comfort, eg, tucking him in....The most important ingredient of a soothing, positive bedtime experience is the presence of an adult the child feels he can trust”

Example of George

George is a 10 year old boy. One of a family of 9, he arrived at ISP with a history of neglect. His local authority social workers description of the environment in which he had been living was appalling. Urine soaked mattress, one between three. From the outset George had difficulty in settling at night. Hardly surprising.

George’s carer in consultation with ISP therapist and social worker decided to provide George with a special bed space. George had an interest in motor cars, so his foster carer bought him a car shaped bed. The carer and George went shopping for duvet covers, shelving and night lights and together they chose the colour for the walls. Although not immediately successful, George was eventually able to make one of the most difficult transitions from awake to sleep in a comfortable way we may all take for granted.

An important note to remember is because of their early life experiences, the children and young people cared for by ISP often have a number of extra transitions to cope with i.e. Birth family contact and therapy sessions.



There are many examples of how ISP staff and carers put thought and actions into assisting these experiences for children, but I hope what I have highlighted gives you a flavour of the work we are trying to do.

As I stated earlier, some of the more complex transitions for children and young people occur around mealtimes and therefore – food. For many of them the reliability of food and feeding creates great anxiety and fear.

For a more in-depth look at this I will handover to my colleague Jim Hamil.

MARK THOMAS



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TRANSITIONS IN RELATION TO FOOD

We have to remember the emotional significance of food for the developing infant and child

Sustenance, pre-occupation, intimacy, comfort.

HOW MIGHT WE UNDERSTAND THE CHILD'S STRUGGLE AROUND FOOD?

If I let you provide food for me, I might have to trust that you care about me

Why such trust is difficult to establish.

Very scary for damaged children.

This struggle may have to be re-enacted several times before the child can believe this message. Etc.

Is the food safe?

Has the food been "tampered" with?

Is everyone else eating the same / - ?

Will it always be there, no matter how I behave?

Will I have to eat what I don't like?

Is there going to be a big row at the meal time?

Is there enough?

Is there more?

Am I greedy/disgusting?

Will you allow me to be greedy and disgusting?

HOW MIGHT WE USE FOOD AS A USEFUL THERAPEUTIC TOOL?

Can we use food to allow symbolic regression?

We can create the notion of 4 hourly feeds etc.

We can allow “child-like” behaviour around food, etc, the adolescent who may want to have his childhood needs met but can't bare to say so may enjoy cookies and mild mid-evening or at bed time – useful to provide this rather than invite them to help themselves – the adult may want to do the same in order to make this less conspicuous.

Can we make sure food is always available?

This has two benefits:

It creates in the child that sense that babies may enjoy, ie, that when you're hungry you let people know – cry - and surprise surprise you are fed!

It is a constant message from you to the child that you understand their sense of physical and emotional emptiness.

CONCLUSION

Be careful

The frequent rejection of food provided by the caring adult can be painful to bear – this can be acted out in punitive ways. The feeling of being rejected and unloved can give a valuable insight into how the child may have been feeling for a very long time.

Self-provision: on the surface this may appear as functioning, this may mask an inability in the child to receive care.

Don't get too caught-up in providing perfect food. Good-enough is good enough.

TOAST !

My mother is scraping a piece of burned toast out of the kitchen window, a crease of annoyance across her forehead. This is not an occasional occurrence, a once-in-a-while hic-cup in a busy mother's day. My mother burns the toast as surely as the sun rises each morning. In fact, I doubt if she has ever made a round of toast in her life that failed to fill the kitchen with plumes of throat-

catching smoke. I am nine now and have never seen butter without black bits in it.

It is impossible not to love someone who makes toast for you. People's failings, even major ones such as when they make you wear short trousers to school, fall into insignificance as your teeth break through the rough, toasted crust and sink into the doughy cushion of white bread underneath. Once the warm, salty butter has hit your tongue, you are smitten. Putty in their hands.

[Toast - the story of a boy's hunger

Nigel Slater]

JIM HAMIL