



‘Keeping the Children Close’:

Towards an Understanding of Therapeutic Provision at the Mulberry Bush School

UEL Qualitative Research Report

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Chapter One: Introduction

Background to the study

In February 2015 a team of academics from the School of Social Sciences at the University of East London were commissioned to review the residential and educational provision at the Mulberry Bush School (MBS). The purpose of the UEL study was to conduct an independent piece of research into how the therapeutic principles practiced at the Mulberry Bush made a difference to the immediate, everyday lives of pupils, and to their ongoing development. The UEL study was commissioned as a complement to the 2016 UCL Institute of Education research study at MBS. The IOE study assessed the children on a range of measures throughout their three year placements at MBS and is reviewed later on in this chapter.

The Mulberry Bush School is a therapeutic residential special school with places for up to 31 children aged 5 to 13 years with severe social, emotional and behavioural difficulties. Children are usually placed for three years. The majority have experienced chronic neglect, emotional, physical and/or sexual abuse and complex family breakdowns. The school is a charity, situated in Standlake, Oxfordshire, in a purpose built complex, and employing approximately 120 specialist staff. There are four family-style houses with gardens, and a school building, grouped around a large green with a play area. The school was founded in 1948. Its children are typically referred by local authorities from across the UK, most commonly because of foster and adoptive family breakdown and repeat exclusion from school. The Mulberry Bush works with the families of its pupils.

Children are resident for 38 weeks of the year and return to their families in holiday time and for some weekends in term time¹. The average age of admittance to MBS varies; at the commencement of this study it was 9 years old. Children begin their three year placements at the school in an intake and assessment house. After a couple of weeks, they are settled in one of the two foundation classrooms, and after

¹ MBS is currently building a fifth children's house and will be providing 52 week placements for a small number of children from 2018.

an initial twelve week assessment period, they are placed in one of three main houses. Each child has a treatment team consisting of a key worker, the class teacher, a therapist, the child's family network practitioner and their house manager. Whilst the children will typically stay in one house during their placement, they may move into the 'middle stage' or 'top stage' classroom if appropriate. Staff-to-pupil ratios in both houses and classes are typically one adult to two or three children.

The Mulberry Bush proposes an overarching set of *three key principles* and *four key concepts* that it believes should inform its therapeutic practice and the therapeutic milieu it aims to create for the children through group living and group learning.

These core principles are:

- To provide staff with a good *psychodynamic understanding* to inform their therapeutic work
- To develop a *reflective culture* at all levels and in all disciplines
- To *work collaboratively* in order to create a high quality treatment environment

At the time the UEL Research Study commenced, the underlying concepts informing the work, as outlined by the Mulberry Bush, were:

- all children use behaviour as a form of communication, especially when what they are communicating is an expression of an unconscious, unmet need, and when they do not have the comprehension or words to say what they want to say;
- children communicate the same thing in different ways to different people, and also different things to different people;
- there is an emotional impact on those experiencing these behaviours and those trying to understand them;
- when people who are trying to understand or who have experienced the impact of these communications come together to openly share and process their feelings about this, there is a better chance of a fuller understanding being reached, or developing effective responses, and of supporting

individuals and teams with their particular struggles in working with these communications (The Mulberry Bush Information Booklet, 2014, pp. 17-19²)

Previous research commissioned by the Mulberry Bush School

As noted above, in 2008 academics from the UCL Institute of Education were commissioned to undertake a six year longitudinal quantitative outcome-based study (the 'IOE Study') following four cohorts of children through their three year placement at MBS. In 2004, the MBS also commissioned a small qualitative study from the University of Warwick. This project used semi-structured interviews with children, carers and parents, and care staff and teachers at the school.

'Stakeholder Perspectives about the Mulberry Bush':

The University of Warwick Report, 2006

The Warwick study of the Mulberry Bush School obtained stakeholder perspectives on the benefits and problems of specialist residential school provision for children with severe emotional and behavioural problems. The researchers noted that there was a paucity of evaluative research into the efficacy of interventions for children in this category, particularly in relation to specialist, multi-intervention orientated services. The few studies that had been done tended to be limited to obtaining the views of pupils, sometimes retrospectively (Cooper, 1995; Wise and Upton, 1998; Polat and Farrell, 2002; Farrell and Polat, 2003). The Warwick research project was undertaken between 2004 and 2006 and involved semi-structured interviews with 6 parents and carers, 6 child pupils in their final and penultimate years, and 12 members of MBS staff (6 therapeutic care workers and 6 teachers). The Warwick report captures the largely positive experiences of children, carers and staff both before, during and after life at the Mulberry Bush, although the children's responses are, on the whole, brief.

At the point of referral to MBS, the children were mostly permanently excluded from school and their foster, adoptive and supported birth family placements were close to breakdown. As reported by carers, this seems largely to have been because adults

² A revised but essentially compatible statement of underlying values for 2017 can be accessed at www.mulberrybush.org.uk/our-school

and other children were seen as potentially at risk as well as the child being referred. These were therefore families at risk after children had been placed with them through the care system, and at risk because of the abuse being meted out by the child:

“[X] was running away at 3.00 and 4.00 in the morning. I couldn’t chase him because I had the other kids. So the police were bringing him back....I came out of the kitchen one day...to find blood running down [sibling’s] face. He had slapped her across the face with the chain – you know the door chains with the plates. He had whacked her across the face and lacerated her.... Very frightening to live with.” *Carer2*

“If [X] had a tantrum at the table here, the meal might be on the floor, chair would get thrown or knocked over. If she was upstairs stuff would be thrown down the stairs...I thought she might push my mother over or push her down the stairs.” *Carer6* (Harris, Paul and Barlow, 2006: 19)

The children themselves were reported as varying in the degree of awareness they possessed about why they were being referred, but several were unaware of their difficulties or experienced or reported other people as the problem. Child to parent violence (CPV) and sibling to sibling violence have been under-researched topics although they are beginning to receive the attention they deserve (Selwyn, Wijedasa and Meakings, 2014; Tompsett, Mahoney and Lackey, 2016). It is perhaps unsurprising that in the Warwick Report, major benefits carers reported from their child’s placement at MBS were relief (albeit tinged with other emotions) and respite. Respite was reported as important not least in providing for a period of stock-taking, and planning and preparation for the future.

The views that carers expressed of the quality of the relationships formed between staff and pupils, and the care offered to the children, were very positive. The following extracts from interviews were cited as typical:

“They all seem to be incredibly dedicated, patient, and creative. They are all absolutely lovely. It never ceases to amaze me, whenever I visit, what they have achieved.” *Carer1*

“The staff are just wonderful people and you can’t fault them. I don’t know how they do that job. They’re lovely.” *Carer4* (op. cit. p. 26)

Overall, the children are reported by staff and carers as developing better relationships with adults and forming friendships with other children; being able to trust and develop more confidence and a better self-image; and being able to manage in the classroom as well as being more co-operative and manageable generally. They are also reported as more able to ‘just be a child’, to enjoy school learning and to be more in touch with their own and others’ feelings.

The UCL Institute of Education Study, 2008-2015

The overall aim of the 2008 UCL Institute of Education study was to investigate children’s progress on a range of outcome-based measures during their time at MBS. The IOE study followed four cohorts of children through their three year placement at MBS, with the outcome measures for the first cohort starting in 2009-10 and the outcome measures for the last year of the final cohort obtained during 2014-15. The study linked the outcome measures to eleven key elements the School devised with IOE support. The ‘Eleven Key Elements’ map onto phases in the children’s journey through MBS³.

The IOE study used some statutory measures such as Academic Progress Indicators and Aggressive and Anti-Social Tracking data. Measures were also obtained using staff, carer and child questionnaires centred on the Eleven Key Elements. Boxall profiles were also undertaken regularly. The Boxall Profile is an externally validated assessment (Bennathan and Boxall, 1996) measuring characteristics of young children that support and limit their development. Finally, Story Stem Assessment Profiles were also obtained at the beginning and end of the children’s time at MBS. The SSAP measures a child’s mental representations of their attachments and relationships (Hodges & Steele, 2000) and then locates the child’s profile around four possible constructs: ‘Defensive-Avoidant’, ‘Secure’, ‘Insecure’ and ‘Disorganised’.

³ These are: 1. Use and apply learnt skill and knowledge. 2. Be a successful learner. 3. Make a contribution and become involved in the immediate and wider community. 4. Improve their self awareness and value achievement. 5. Involve themselves appropriately in their care and the care of the environment. 6. Function appropriately in a group. 7. Reflect on and communicate feelings rather than act them out. 8. Ask for help and make use of it. 9. Keep themselves and others safe. 10. Build healthy and mutually trusting relationships. 11. Be able to play.

In relation to the Academic Progress Indicators, children at MBS were found to make the same expected rate of progress on Science, English and Mathematics as children in mainstream settings. This confirmed the School's own expectations and is in line with the 'Outstanding' judgement of overall effectiveness provided in the Ofsted School Inspection Report of 2012, undertaken mid-way through the research. The IOE study also found that in relation to Aggressive and Anti-Social Tracking (the other measure the school has a statutory duty to collect) incidents of aggressive and anti-social behaviours and of behaviours necessitating physical intervention dropped significantly over the children's three years; this finding accords with the discussion of such behaviour in Ofsted's (2016) Residential Care Report.

One of the most interesting dimensions of the research introduced by the IOE project were the measures introduced to track children's mental health. On the Boxall Profile, children's average scores on the characteristics that support positive development rose significantly, and their scores on characteristics that limit positive development fell significantly. In relation to the Story Stem Assessment Profiles, however, a mixed picture emerged. Although the number of children categorised within the 'Defensive-Avoidant' construct fell marginally significantly, and the number of children categorised within the 'Secure' construct rose marginally significantly, categorisation within the 'Insecure' and 'Disorganised' constructs also rose marginally significantly. The researchers note that the SSAP is undertaken at key moments of vulnerability and transition for the MBS children – as they arrive, and as they are getting ready to leave. They interpret the results from the Story Stem Profiles as follows:

“These findings may be more significant than they appear. For the children who make up the vulnerable and severely traumatised MBS population, forming any secure attachments can prove to be a lifelong process. They may never have had any reliable attachment figures, so the differences observed here, although marginally significant, are encouraging nevertheless. It is not surprising that children's secure constructs increase only marginally; as they mature children develop their understanding of what has happened to them and more clearly recognise the often grim reality of their early lives. As defensive/avoidant constructs begin to decrease, they are then able to

develop a more realistic personal narrative as compared to what they were previously capable of at an earlier stage of their maturation.” (Vorhaus and Gutman, 2016)

The researchers therefore suggest that shifts towards another insecure attachment style are an advance over a defensive/avoidant attachment style, particularly when taken in tandem with the Boxall Profile findings. The authors of the IOE study recommend further research in this area as the findings are inconclusive.

Situating the UEL Research Study

The UEL qualitative study is an ethnographic⁴ project that aims to identify and track processes that link to positive experiences for the children and to their potential for change. The project is also looking to theorise how the success (or failure) of these processes might be accounted for. It takes the ‘black box’ situated between ‘inputs’ and ‘outputs’ at the Mulberry Bush, and attempts to make this box ‘clear’ (Astbury and Leeuw, 2010: 364). This box can be thought of as containing both the explicit and implicit processes at work on the ground at the school, processes that form a matrix of experience for everyone in the Mulberry Bush community. Some of the structures and processes are explicit, such as the timetable, or procedures for recording and discussing behavioural incidents, or staff training. Others are implicit and may also be more incidental, or occurring in a more fine-grained way.

In the therapeutic *milieu* that is the school, significant communications occur at all moments of the day and night, in a variety of contexts that are not the noticeable headline events such as the lesson objectives or the agenda items on school meetings. The way a child is held, the thought going into meal settings, what is said after a breakage, are what make up the lived experience of children and staff. These incidental events provide the ground for the ‘learning from experience’ that hopefully takes place for children and staff.

⁴ ‘In its most characteristic form...[ethnography] involves the ethnographer participating, overtly or covertly, in people’s daily lives for an extended period of time, watching what happens, listening to what is said, asking questions - in fact, collecting whatever data are available to throw light on the issues that are the focus of the research’ (Hammersley and Atkinson, 1995: 1)

As noted above, the Mulberry Bush proposes an overarching set of three key principles and four key concepts that it believes should inform its therapeutic practice and milieu. These ideas are in effect hypotheses that make assumptions about what kinds of processes are likely to be effective in bringing about positive experiences and change for the children. The UEL research project has collected ethnographic data order to look at, or obtain accounts of, different processes in play at the school and their effectiveness (or not). Some of these processes connect to the Mulberry Bush's core principles and concepts, but others are not so directly addressed by them, or are arguably more 'emergent' in the minds of staff at the school.

Situating the Mulberry Bush School within a wider policy and practice context

The Mulberry Bush School works within the regulatory framework set out in the Children's Homes (England) Regulations 2015, and the nine accompanying quality standards (DFE Guide to the Children's Homes Regulations, April 2015: 'the Guide'). These include standards for health and well-being, and positive relationships and education, as well as child protection, leadership and management, and care planning. When Ofsted inspect children's residential care providers, they are assuring these quality standards.

In its opening statement about the key principles informing residential child care, the Guide states:

"Children in residential care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential." (DFE Guide, 2015: 6)

This can be read as a statement of purpose concerning the entitlements of children in residential care in comparison to 'other' children who are not being raised by a corporate parent. Assisting children to feel loved and happy is at one and the same time both a completely common sense matter *and* a complex requirement when one is a paid employee. The requirement is noted here because it is pertinent to expectations of staff and potentially, of their training. The Guide also places the quality of children's relationships with staff centre stage, and at points where the different quality standards are being outlined in more depth, reference is made to what 'other' children might be receiving in an ordinary family home. Staff are asked to focus on the inner life and experiences of the child, and in particular, to

understand how ‘previous experiences and present emotions’ can be communicated through behaviour (DFE Guide, 2015: 37). As noted above on p. 2, the Mulberry Bush School has always held that behaviour should be read as a communication. It is notable that this is now present in the latest DFE Guide, drawing attention to a need to take a more in-depth, reflective approach to challenging or disturbing behaviour, rather than only seeking to modify it. There is also a strong message in the Guide in relation to the need for staff to be ‘outward facing’, in their understanding of the importance of liaising effectively with the complex networks and services that surround and support looked after children.

Annex A of the Guide notes the relatively new qualification general staff are now expected to hold when working in residential childcare. This is the Level 3 Diploma for Residential Childcare, or equivalent, and is not a Higher Education qualification. Managers of a Children’s Home are now expected to have a Level 5 Diploma in Leadership and Management for Residential Childcare, or equivalent, and this too is not a degree-level qualification. There is debate about what constitutes an appropriate level of qualification for children’s residential care workers, and this has been discussed most recently in Sir Martin Narey’s July 2016 report of his independent review of children’s residential care.

In his report, Narey notes that residential care currently accounts for only 12% of care placements in England. Children in residential care are typically older (three quarters are aged between 14 and 17 years) with significantly challenging behaviours, and the majority are male. About 62% of them have clinically significant mental health problems, with 74% of them reported as being violent or aggressive within the last six months. As a group, they are more likely to be involved with the criminal justice system, and to have statements of special educational needs, Education, Health and Care plans or other additional learning needs. A third of them have had six or more placements.

A particular approach to training the workforce is discussed by Narey when he reviews the Scottish government’s intention to ensure that all new residential child care workers are qualified to degree level by 2018. This in part follows the publication in 2009 of the National Residential Child Care Initiative’s report

(Davidson et al, 2009). The report outlined areas of theory and practice that could inform a higher (degree level) training for the workforce, including areas of social work practice, European social pedagogy, North American models of relational practice with children and young people, and the therapeutic community and 'planned environment' traditions central at MBS (and in part, developed by them). Narey did not recommend degree-level training as a baseline in England, but he was at pains to underline the importance of particular qualities and capacities needed within the worker. He argues for the importance of a careful induction process in order to recruit individuals with 'resilience and moral strength' (p. 60). He endorses one Chief Executive's summation of the challenge:

"This is a really difficult counter-cultural truth, that there are not two classes of people, one safe and one unsafe, one 'normal' and one 'perverse'. Under the pressure... that these children present, it is safest to assume that in the wrong circumstances, at the wrong time, many people if not most, are capable of offending." (p. 61)

Narey also notes that there are substantial and wider issues relating to the mental health of children in residential care, beyond the scope of his report, to be addressed by a new Department of Health Expert Group on the mental health of looked-after children, led by Peter Fonagy (Professor of Psychoanalysis, UCL) and Alison O'Sullivan (former president, Association of Directors of Children's Services)⁵.

The Narey Report is strongly in favour of the contribution that residential children's homes can make as a first choice of placement rather than an option of last resort. Narey argues that for a subset of children 'who have had terribly fractured lives' (p. 5), residential care homes provide the best placements. He quotes one particular care leaver:

"Many believe a family environment is a more suitable placement for a young person to grow up in...Unfortunately there seems to be a big push for foster care as residential care isn't viewed as an ideal option, more of a last resort if they can't find another suitable placement. That attitude needs to change, residential care homes work for a number of young people for reasons that are probably far too complicated than I can ever fully explain. But I do know that for me and a number of other young people, care homes were the BEST

⁵ <http://www.scie.org.uk/children/care/mental-health/expert-group/>

option, not the last resort option and they did some amazing work with us during our time there.” (Jack Smith, p. 5)

One aspiration of the UEL research project has been to explore the ‘complicated’ reasons why residential child care placements may work best for a sub-set of children placed in care.

The child population placed at the Mulberry Bush School

Sir Martin Narey notes that in the 1970s, up to 40% of the looked-after population were in residential child care, including children with a range of less severe difficulties. When Barbara Dockar-Drysdale founded the Mulberry Bush School in 1948, there were a variety of children, including those she named ‘archipelago’ children, who could function quite well in certain contexts, and ‘caretaker’ children who would be described today as ‘parentified’. By the 2010s, a substantial proportion of the child population accommodated at the Mulberry Bush School (and at similar organisations) are what Dockar-Drysdale called ‘frozen’ or ‘psychopathic’ children (Dockar-Drysdale, 1968). These children exhibit very violent, challenging and risky behaviour. In order to bear in mind what types of experiences explain their extreme behaviour, a short extract is provided below from a paper by John Diamond, CE of MBS, providing a disguised portrait of the early life of a typical MBS child.

‘Lucy’s Story’ (Diamond, 2015: 69):

At the age of 3 years, Lucy was taken into care by Social Services. She had been discovered living in a derelict house that was currently being used as a base for trading in drugs and sexual relations. As a result of living in this environment, Lucy had experienced severe emotional neglect as well as extreme physical and sexual abuse. Lucy’s behaviour had become so disturbed that she was found to be eating off the floor with several dogs that were also inhabiting the house.

Prior to admission to the Mulberry Bush School, Lucy was placed with foster parents. In Week 1 at the foster home, her behaviour included wetting, smearing, self-harming, aggression, insomnia, inappropriate affection to strangers, extreme controlling behaviour, and cruelty to animals. Her insomnia resulted in one or other of her foster parents having to stay awake all night with her. Attempts at schooling failed, as her behaviours were so aggressive and uncontrollable; she was therefore also severely under-achieving.

As an early intervention to help her make sense of her chaotic life, Lucy started play-therapy sessions. Her therapist described her as being in complete emotional turmoil. During the sessions she was described as being highly aroused, tense, and exhibiting signs of the physical and sexual abuse she had experienced, and she showed no understanding of keeping herself safe. Her therapist commented that “she brings chaos and destruction into everything she does.”

Concluding Summary of Chapter One

This chapter has:

- introduced the UEL research project and its central aim of understanding how the therapeutic community provision at MBS works as a model for engaging and assisting children with severe emotional and behavioural difficulties
- introduced the school and its three core principles of maintaining a psychodynamic understanding, a reflective culture, and collaborative working, when considering the children's difficulties
- reviewed two previous studies and noted their positive findings in relation to the progress made by children at MBS
- noted key points in the DFE's current Guide for standards of practice in children's residential care homes, and reviewed findings presented in Sir Martin Narey's report on residential child care
- described the past 'lived experience' of children at the MBS through a vignette supplied by the CE of the school

Chapter Two: Perspectives on MBS – Critical Review of Relevant Literature

Introduction

Chapter one noted the DFE Guide's requirement for residential child care staff to build relationships with children, and to understand their inner lives and experiences, particularly in relation to the way they might communicate 'previous experiences and present emotions' (p. 9 above) through their behaviour. The Mulberry Bush School sees children's behaviour as communicating unconscious, unmet needs and traumatic experiences that have not been verbalized. Its three working principles, of using a *psychodynamic approach*, a *reflective culture* and *collaborative working*, have arisen from the school's heritage of psychoanalytic ideas and practices and its therapeutic community approach. The school is also informed by neuroscientific and neurodevelopmental perspectives, attachment studies and social pedagogy. These perspectives are selected by MBS because of their perceived value in addressing children's mental health needs and in complementing a relationship-based way of working. As has been noted in chapter one, children in residential care have clinically significant mental health problems, with high levels of attendant violence and aggression.

This chapter critically reviews the theoretical and research traditions noted above, considering how they might be relevant to the work of the Mulberry Bush. It looks first at the school's own heritage of publications, where specific psychoanalytic ideas and practices have been developed and applied in relation to residential child care, and where a particular therapeutic community approach has been pioneered. The chapter then considers some contemporary perspectives that can deepen an understanding of the impact of neurodevelopmental trauma on children's emotional well-being, their presentation, and their potential future development. Theoretical perspectives on neurodevelopmental trauma are outlined in some depth, because without understanding these, it is difficult to situate and evaluate the therapeutic approach taken by the school. These frameworks of understanding are used by MBS currently, but the UEL researchers suggest MBS might also usefully think further

about one line of enquiry pursued in this chapter and throughout our account, foregrounding the significance of the emotion of shame.

The Development of Theory and Practice at the Mulberry Bush School

The origins of the Mulberry Bush School and the history of its approach

The Mulberry Bush School was founded in the middle of the twentieth century by Barbara Dockar-Drysdale, who had an interest in both childcare and psychoanalysis. A request to provide shelter to an unhappy child who had been evacuated from blitz-threatened London introduced Dockar-Drysdale to the troubled lives of maladjusted children. Her report on the child triggered a series of events that led to the construction of the school, and it was the mulberry bush in her garden that prompted its name. Dockar-Drysdale's interest in how to work therapeutically with traumatised young children led to her coining of the terms 'frozen' and 'archipelago' to describe two varieties of traumatised personality presentation (see p. 11 above). By 1955, Dockar-Drysdale was meeting regularly with the psychoanalyst and paediatrician Donald Winnicott and Reeves (2002) notes that both thinkers influenced each other.

To Dockar-Drysdale, the 'frozen child' was in a state that could be viewed as a precursor to an adult 'psychopath', whose violent and delinquent behaviour could wreak havoc, although the child might well present a rather charming persona to those around them. According to Dockar-Drysdale, the children's difficulties stemmed from an experience of trauma that left them unable to experience feelings, instead only able to act on them. Much of Dockar-Drysdale's written work describes how the staff at the school could provide a sufficiently safe environment for children to express feelings that they were very often afraid of themselves, and have those feelings acknowledged, processed and understood. Through the 'provision of primary experience', akin to that offered by early good quality maternal care, the child might be able to know about their own feelings rather than simply respond, and could thus integrate the hitherto fragmented parts of themselves.

It is perhaps in regard to the significance of the wider therapeutic environment that Donald Winnicott was to have most influence (Fees, 2010). Winnicott began meeting with Dockar-Drysdale from the mid-1950s, eventually collaborating in monthly consultation meetings. Winnicott had also briefly joined a pioneering community therapy project run by David Wills in 1940 in Bicester for evacuee children who were 'difficult to billet'. Wills was to come to view this work as a failure, but Winnicott describes the observation of Wills' work as being a turning point in his life, as he realised that his belief in the importance of one-to-one psychoanalysis was shaken. Winnicott recalled making 'smashing interpretations based on deep insight, relative to the material breathlessly presented by boys who were longing to get personal help' (Hawkspur Camp notes)⁶. He realised though, that his words were 'falling on stony ground', and came to acknowledge that "that the therapy was being done in the institution, by the walls and the roof, by the glass conservatory which provided a target for bricks, by the absurdly large baths ..."; indeed, the therapy 'was being done by the cook, by the regularity of the arrival of food on the table, by the warm enough and perhaps warmly coloured bedspreads, by the efforts of David to maintain order in spite of a shortage of staff and a constant sense of the futility of it all, because the word 'success' belonged somewhere else, and not to the task asked of Bicester Poor Law Institution' (Winnicott 1970/1984: 221). Winnicott also came to describe his role as one of giving moral support to the superintendent, "...to explain to them the reasons for the bewildering things that happen in the management of anti-social types' (Hawkspur Camp notes).

Contemporary models of group living, education and therapy at MBS

Adrian Ward (2003) notes that in successful residential group care, there is a focus on networks of good quality relationships within the whole group, so that in the course of their work, all the children and staff will relate one-to-one with everyone else. The work is 'opportunity led', in that it is the everyday interaction that aims to be therapeutic, and this takes place within carefully planned routines and regularities, and thought-through physical environments and spaces. The level of conscious awareness and planning needed in relation to the milieu offered is very

⁶ Unpublished archive material, Planned Environment Therapy Trust; see <http://www.pettrust.org.uk/>

different from that needed in everyday family life. Work is public or semi-public, and witnessed by everyone; staff may have a particular role, but will also need to be able to switch tasks and help each other out at a moment's notice (Ward et al, 2003: 23-25).

Additionally, 'therapeutic communities' (Paget et al, 2015) are value-led and reflect a particular democratic, non-judgemental, curious approach to managing power dynamics, freedom of expression, flows of information and unconscious forms of emotional interaction. Ward suggests that within children's therapeutic communities, staff need to be open to exploring their less-than-obvious but fairly typical motivations for working with traumatised looked after children. Individual workers may be drawn in to 'rescue' children (and become over-involved) or to defensively avoid them (and remain under-involved). There is also the potential for shame and secrecy in relation to being caught out by one's responses in community living of any sort. Ward therefore highlights the value of quite sophisticated supervision in this context.

Diamond (2013) outlines how from 1996 to 2001 the Mulberry Bush School embarked on an ambitious building programme. The school moved from a 'large group' model of care, with the children in dormitories housed in a main building that also housed the classrooms, to the 'small group living', house-based model seen today, where 'home' and 'school' are clearly separated. In Ward et al (2003), Andy Lole, current Head of MBOX Teaching School⁷, describes a parallel period of re-appraisal of the educational task of the Mulberry Bush School. Lole argued that the school needed to re-align its provision in the 1990s so that children would have access to the same curriculum as in mainstream schools and might aspire to attend them and / or to obtain similar national qualifications. This 'standards-based', inclusive approach brought MBS in line with contemporary educational research reports and publications; and the standards-based and 'inclusiveness' agenda is still informing current educational policy recommendations for looked after children (Sebba et al, 2015).

⁷ The Mulberry Bush, Oxfordshire was designated a National Teaching School in 2013. "Using the Mulberry Bush values our ambition is to work collaboratively with education, social care and health providers to develop outstanding outcomes for vulnerable children across the country. This is achieved through the promotion of professional staff and organisational development underpinned by research." <http://www.mulberrybush.org.uk/MBOX/> Accessed on 13/11/16. MBOX has recently changed its name to 'Mulberry Bush Outreach' (03/04/17).

Lole suggests that alongside the effort needed at that time to change and raise expectations of staff and children, the school also needed to re-think management of behaviour. There were several initiatives designed to deal with the problem posed by exceptionally disruptive and avoidant behaviour of pupils. This particularly came to the fore when pupils were challenged by expectations that they could and would work towards 'normal' mainstream educational goals, despite being in specialist provision (Cole, Visser and Upton, 1998, cited in Lole in Ward, 2003). Possibly the most significant of these initiatives was the creation of a small team of 'outside class' staff (to be described in the UEL Study as 'Green Class'), who withdrew and managed children who were stopping others from learning.

More recently, MBS has made use of social pedagogy (Petrie et al, 2009) in thinking about educational provision in a wider sense. Social pedagogy and the Forest School movement, the latter with its roots in a long tradition of outdoor education for children with additional learning needs, claim to be holistic and child-centred. The objectives are less narrowly academically outcome-focussed, with a concern for the agency of the child and the value of incidental learning and learning from peers. Direct applications of this approach include the weekly extensive use of 'Forest School' (Knight, 2013), of the P.A.W.S. (Play, Adventure, Wilderness, Skills) approach, and of weekly Wednesday afternoon 'extra-curricular' activities in houses – cooking, sports activities in the gardens and on the green, arts and crafts, and child-led and child-suggested activities.

Historically, led by the example of Barbara Dockar-Drysdale herself, the Mulberry Bush School placed considerable emphasis on the provision of deep one-to-one relationships with a special person on the staff at the school. Diamond's (2003) paper, 'Organic Growth and the Collective Enterprise', marks a gradual but decisive turn from this model of 'vertical dependency' (Diamond, 2003: 12) towards a horizontal axis that creates an 'emotional economy of relating' (Diamond, 2003: 8) in the groups around the child. Diamond notes:

“The idea of ‘deep relationships’ has too often implied enmeshment with the child leading to feelings of alienation and demoralisation for the worker...Deep relating can be interpreted by the child as an ‘open season’ on unbounded and pathological forms of relating.” (Diamond, 2003)

Diamond’s (2003) account of the turn towards a more diffuse, more networked, group- and observationally- based way of working was in the context of the intake of the MBS changing, as discussed on p. 11 in chapter one. In the contemporary climate there is therefore a greater acknowledgement of the different developmental trajectory the children have been on and of the irreplaceable losses they have suffered, as well as the strengths they might possess for taking responsibility for their care. In creating more distance from the child, Diamond stresses that the aim is not to retreat or to eschew individual significant relationships, but to keep the group context primary, and to always look for the conditions in which children may reach out for appropriate support and care.

In a paper a decade later, Diamond’s description of the role of the Therapies and Networks Team, led by Caryn Onions, explains that as well as offering group, music, drama and some individual therapy, the central role of the team is to provide consultation to treatment teams in MBS, to run case discussion clinics and internal case conferences, and to organise self-reflective group supervision for staff (Diamond, 2013). It also provides outreach therapeutic support and interventions to parents and carers. In line with Winnicott’s original insights, the therapy team’s work is as much about contributing to a ‘holding environment’ for staff and the organisation, as it is about overseeing the delivery of a wider variety of specific therapeutic interventions for children. The Therapies and Networks Team at MBS takes up the role of supporting therapeutic care workers and school staff in the difficult job of remaining resilient and emotionally available, as well as maintaining consistency in their team approach when the children are subjecting them to relentless testing (Onions, 2015; Onions and Browner, 2012).

The Mental Health of Looked After Children: the Significance of Attachment

As noted previously, the prevalence of diagnosed mental disorders for looked after children generally, compared with children in private households, is high⁸. Of children in residential care, 72% have a childhood mental disorder, with 60% of the children having conduct disorders, 18% having emotional disorders, 8% hyperkinetic disorders and 13% less common disorders (Meltzer et al, 2003, p. xiii).

In a recent study of mental health in looked after children, conducted for the NSPCC by Bazalgette et al in 2015, the authors suggest that although therapeutic services are important, “...the everyday environment that children and young people experience in care is central to their wellbeing.” (Bazalgette et al, 2015: 6). They argue that ‘therapy’ happens principally in the context of everyday loving relationships. The study is also significant in calling for early effective interventions to help stabilise placements that are at risk of breakdown. It highlights the need for foster carers to have support for their own emotional well-being (Bazalgette, et al, 2015: 44). Foster carers struggle to manage children with conduct disorders and higher rates of breakdown occur for these placements (Rock et al, 2013). The severity and longevity of maltreatment experienced by children is linked to rate of placement breakdown (Selwyn et al, 2006) and the level of emotional and behavioural difficulties in a child can be used as a predictor of placement stability (Biehal et al, 2009). Placement breakdowns create a vicious circle where children who experience a second breakdown in family life become more difficult to parent and more at risk of further placement disruption and serious mental health problems.

Attachment and attachment disorder

John Bowlby argued that a primitive fear of abandonment exists in human beings as an evolutionary inheritance providing for survival. Bowlby argued that the fear triggers an ‘attachment system’ which has a ‘set goal’ of achieving proximity to the caregiver and obtaining down-regulation of the very high, emergency state of arousal that fear of abandonment causes. Attachment-seeking behaviour includes

⁸ In 2003, 40% were found to have conduct disorders compared with 6% in private households, and 49% were found to have a childhood mental disorder - Meltzer et al, 2003: xii.

anger and protest, crying, clinging and grasping, and an effort to control the behaviour of the caregiver. Such patterns of relating may remain heightened in insecure children (Howe, 2011: 42ff). Howe (2011) notes that when the attachment system is activated, exploratory, affiliative and social behaviour systems are deactivated, making it hard for the anxiously seeking individual to pay attention to anything else – for example, to play, be curious, plan or link to others and interact.

Individuals in secure relationships experience love; they ‘tune in’ to each other. In babies, this is seen in endearing and appealing behaviours displayed to the caregiver like cooing, burbling, smiling, gazing, vocalising and eager, happy facial expressions. There is a mutuality of positive affect expressed through lively reciprocal gestures, easy eye contact, and affectionate physical contact.

For children who have experienced relational or neurodevelopmental trauma, this experience has been absent or compromised. Van der Kolk (1996), Perry (1997, 1999), Hughes (2006, 2012), and Schore (1994, 2001, 2012) have investigated evidence considering the impact of early trauma on the developing human brain and wider bodily systems. Within these models, brain development and neurochemical functioning are seen as relationship-dependent and shaped within the early primary caregiver relationship. The neurodevelopmental impact of attachment and relational trauma is increasingly viewed by researchers as interconnected, the argument being that attachment relationships shape neurological patterns of development and functioning (Hughes and Baylin, 2012; Lanius, et al. 2010; Perry, 1997, 1999; Schore, 1994, 2001, 2012). Very poorly attuned and emotionally neglectful parenting in early life can impact on social, emotional, relational and linguistic development; of the many neurological areas impacted upon by trauma, the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, the pre-frontal cortex and the hippocampus are seen as particularly significant for developmentally traumatised individuals. These influence stress management, judgement and problem solving, and memory and recall.

‘Attachment disorder’ is now a psychiatric mental health disorder. It is increasingly being argued that individuals who go on to develop borderline personality disorder

(BPD)⁹ and antisocial personality disorder (ASPD) in later childhood and early adulthood will have had insecure attachment styles in earlier childhood, particularly ‘disorganised’ and ‘avoidant’ styles (Fonagy and Luyten, 2016). This is true of many of the MBS children, who are therefore at risk of severe personality disorders in later life, with all that this implies for their future relationships, including those with their own potential children.

In the remainder of this chapter, the impact of neurodevelopmental trauma on the children’s emotional well-being and presentation will be explored in more depth. Fonagy and Bateman’s (2006, 2016) work on ‘mentalization’ and on the idea of an ‘alien self’ will be drawn upon as providing a particularly current and relevant understanding of the nature of the mental health difficulties the MBS children are facing. Fonagy and Bateman have much to say about treatment of BPD and ASPD in adults, and the ‘Mentalization-Based Treatment’ approach has begun to be applied to adolescents and children (Verheugt-Pleiter et al, 2008; Zevalkink et al, 2012). In considering this particular neurodevelopmental and psychoanalytic approach, the last section of this chapter will also look at the significance of the emotion of shame. When the UEL researchers made pilot visits to the school, they were struck by the central importance of understanding and handling the children’s very explosive and powerful feelings. The researchers themselves came to feel they were sensitised to the task of management of these feelings, and to enquiring about their range and significance. It was in this context that experiences of shame came to the fore.

Amber Elliott’s (2013) book, ‘Why Can’t My Child Behave?’ looks at the task of managing the exceptionally difficult feelings experienced by traumatised looked after children, and the book provides empathic parenting strategies for foster and adoptive families. She notes some typical behaviour patterns, including heightened attention seeking, ‘red mist’ rage outbursts, ‘zoning out’, excessive, non-stop energy levels, controlling behaviour, lying, sexualised behaviour and excessive competition with, and bullying of, siblings. Elliott argues that each of these characteristic patterns

⁹ A diagnosis of borderline personality disorder is typically made when 5 or more out of 9 features are present (see DSM-IV): (1) a pattern of unstable intense relationships; (2) inappropriate, intense anger; (3) frantic efforts to avoid abandonment; (4) affective instability; (5) impulsive actions; (6) recurrent self-harm and suicidality; (7) chronic feelings of emptiness or boredom; (8) transient, stress-related paranoid thoughts; (9) identity disturbance and severe dissociative symptoms (American Psychiatric Association), quoted in Fonagy and Luyten, 2016: 727).

of relating has developed in a context where they were potentially adaptive defensive strategies.

Elliott stresses that contrary to common sense opinion, it is not automatic to feel concern on behalf of traumatised children - the exact details of what happened to the child may be obscure or overwhelming; the children's behaviour usually undermines one's liking of them; not many people around the new carer empathise with, or understand, the task the carer is facing; professionals are likely to suggest reward-punishment strategies, and boundary-setting, rather than empathy; and giving genuine sustained attention to trauma induces compassion fatigue (p. 43). Elliott argues very forcefully for the importance of taking the carer's emotions seriously, because what is likely to help the child over the long time frame that 'recovery' may take, is the carer's 'empathic behaviour management' ('EBM'). Some of the characteristics of empathic behaviour management are: sharing in the child's joy, excitement, anger, sadness; mirroring emotions in a calmed way; reading the child's motivations; making sense with them of the challenging behaviour; using emotional, empathic commentary; taking the initiative to repair a relationship after falling out (p. 38). These strategies are akin to those used in parenting babies and toddlers, a notoriously tiring parenting period in its intensity and relentlessness.

Mirroring and Mentalization

Fonagy and Lutyen (2016) draw on the work of D W Winnicott in developing an account of the origins of borderline personality disorder and anti-social behaviour disorder in the interaction between a likely genetic predisposition and early mis-attunement and active maltreatment. One area of Winnicott's work given prominence is the significance he accorded to 'mirroring'. As noted in Elliott's account above, mirroring back one's resonance with an emotional experience of the child's is an empathic gesture, and one obvious route is via facial expression:

"...at some point the baby takes a look around. Perhaps a baby at the breast does not look at the breast. Looking at the face is more likely to be a feature...What does the baby see there?...I am suggesting that ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and *what she looks like is related to what she sees there*. All this is

too easily taken for granted...I can make my point by going straight over to the case of the baby whose mother reflects her own mood, or worse still, the rigidity of her own defences. In such a case what does the baby see?...They look and they do not see themselves. There are consequences.” (Winnicott, 1991/1967b: 112)

Fonagy and Bateman (2006, 2016) note contemporary neuroscientific research demonstrating that ‘mirror neurons’ in an observer’s brain fire in sympathetic response to the areas fired in the brain of another who is having a particular emotional experience; often accompanying this is a mirroring of facial expression. Thus there is a direct and wordless sharing of emotional experience. For this to become empathy, the authors argue, ‘mentalizing’ needs to be added:

“We have particularly emphasised the central relevance of ‘marked mirroring’ of the child’s emotional reactions by an adult with the capacity to represent the child’s affect in a manner that conveys understanding at the same time as communicating a sense of coping with, rather than merely reflecting back, the child’s affect.” (Fonagy and Bateman, 2016: 6)

The researchers suggest that mothers typically use appropriate marking, including verbal marking, of desires and emotions for infants in the period up to 24 months, and then subsequently use marking that emphasises thoughts and knowledge more. What the baby and young child takes in are contingent, appropriate, affirming representations of their mental states. These form the basis of an ongoing, agentic sense of self able to take cognisance of the self and of others across different points in time and space.

Fonagy and Bateman extend their argument about the importance of mentalization into more speculative territory by drawing on the work of Csibra and Gergely (2011) to suggest that ‘epistemic trust’ is what is fostered in early secure relationships. Csibra and Gergely argue that human beings have evolved to teach and learn socio-cultural and emotional information and this is transmitted inter-generationally. Fonagy and Bateman’s argument is that in securely attached infants, there is an openness to taking in knowledge on trust from caregivers, and from trusted others as the child gets a little older.

Experiences of Alienation and Shame

Fonagy and Bateman follow Winnicott's argument that 'there are consequences' for the child who is emotionally neglected or actively maltreated. They suggest that 'non-contingent' responses – persistent lack of attunement, neglect or maltreatment - trigger avoidant attachment strategies and fearful or angry affective arousal. Avoidant strategies are linked to disavowal and denial of the need for another or of the vulnerability of the self in the face of that need. These strategies are historically protective when the other that is needed is unresponsive or ill-intentioned and there is nowhere else to go. Fonagy and Bateman argue that when practising 'Mentalization-Based Therapy' (MBT), the therapist can't attempt to question or gently probe the patient's world-view until the patient has experienced the therapist as genuinely empathic and responsive to them. Even at this point, patients with borderline or anti-social personality disorders will be hyper-vigilant in relation to non-contingent responses, as a result of their traumatic experiences. They do not want to be 'burnt twice'.

The authors follow an argument developed by Winnicott in the 1960s in relation to the development of a 'false self' – that the infant and young child has no choice but to take in the 'non-contingent' material the caregiver presents back to them because such representations are the basis of the formation of the self. However, the argument is that there is an experience of a discontinuity in the self which is existentially threatening, and this experience is heightened where abuse has been a feature. The 'alien' material bolsters the infant's sense of self but simultaneously creates an aversive reaction. In this situation, the individual seeks to get rid of the adverse internal emotional experience through destructive expelling, or if this is not possible, through self-destructive activity.

Individuals with BPD and ASPD experience real difficulties with interpersonal relating, particularly in intimate or arousing contexts, and their difficulties are manifest in their treatment of others. They resort to strategies such as excessive assertion, being blind to the other's perspective, avoiding reproach by blaming others, and in particular, forcing a reaction from the other that is self-confirmatory and justifies the borderline individual's defensive world-view (op. cit. p. 19). The idea

that abused individuals repeat the past is not new but Fonagy and Bateman deepen the analysis by suggesting that individuals with borderline disorders may form relationships partly in order to use others to try to get rid of the threatening experiences they have internalised. The authors note the excessively controlling behaviour seen in children with histories of attachment disorders and their tendency to 'externalise' their experiences in interpersonal contexts.

Elliott (2013) argues that most children can respond to reward-punishment thinking because they are mostly aware that the person they care about, who is being negative towards them, is doing so only momentarily, because of the child's behaviour. The child experiences shame, and to avoid this feeling, they avoid the behaviour that created it. However, abused children have what Elliott refers to as 'an overdose of shame' because in their early development, at a point where they do not understand self- and other- responsibilities very clearly, they will have attributed the bad treatment meted out to them as 'caused' by them and indicative of their self-worth (op. cit. p. 34-5). All children have a propensity to do this, and indeed, shame induces a lessening of self-worth. However, most children experience shame in the context of being loved, valued and encouraged most of the time. This is not the case for neglected and abused children, who become hyper-vigilant about being shamed and consequently aversive to accepting responsibility for actions that might cast them in a negative light.

Allan Schore (1994) discusses shame at length in his account of affect regulation and the development of the self, and accords it a key role in processes of separation and individuation. 'Inauguratory shame' (Schore, 1994: 361) is caused by dyadic mis-attunement where the caregiver intentionally signals disapproval or withdrawal, contingent upon a behaviour of the infant's (e.g. throwing food from the high chair). Schore (1994, 2001, 2012) argues that shame responses become visible typically when children are entering the second year of life – just as they normally become more mobile and can act in ways that require control. They meet with focussed disapproval from the adults around them, contingent upon particular actions of their own, and as a result of their dependency on their caregivers, the disapproval is experienced as highly threatening to the survival of the child. At a very primitive level it appears as a threat of abandonment, which would be fatal. Shame is

therefore, according to Schore, an early emotion that has been evolutionarily provided for to discourage behaviours considered 'risky' in the infant who is beginning to separate physically from caregivers. In the right doses, it supports psychic as well as physical separation by signalling a discontinuity between the experience of the infant and the experience of the caregiver; in unmanageable doses, awareness of it can be suppressed, but at a cost to development:

“...acknowledged shame allows for experiencing, dissipating and transitioning out of the negative state, while bypassing shame avoids this state.” (Schore, 1994: 362)

Schore notes how parental disapproval triggers a very visible 'shame' response: 'The child's facial display, postural collapse and gaze aversion are non-verbal signals of his or her internal distress state' (1994: 67). This very visible 'crumpling' is crucial evolutionarily, as it should, in normal circumstances, automatically trigger an involved and caring adult to re-engage with and reassure the child that they are not in danger of abandonment. Through sensitive interaction with carers, the child will develop the capacity to regulate feelings of shame as they learn that they can survive such feelings and the feelings can indeed lead to reconnection and a strengthening of their relationships, rather than abandonment.

The role of shame in the regulation of conduct is however, complex. Whilst there is no doubt that feelings of shame, or the anticipation of shame, can act as an important inhibitor of action that will harm others, it is also known to be the case that shame can itself be a common trigger to violence (Gilligan 2003, Jones 2008). Gilligan (2003) suggests that 'the basic psychological motive, or cause, of violent behaviour is the wish to ward off or eliminate feelings of shame and humiliation' (Gilligan 2003: 1154). Schore argues that if shame is not integrated into the self through deployment of a reflective capacity mediated by concerned caregivers, the individual is left with the direct experience of shame. This provides an overwhelming threat to an individual's sense of identity through the fear that, as Gilligan puts it:

'one will be abandoned, rejected, or ignored and will therefore die because one is so weak, helpless, dependent, unskilled, and incompetent that one cannot take care of oneself because of which one is also so inferior,

unlovable, and unworthy of love that one probably will be abandoned.'

(Gilligan 2003: 1168)

There might be two typical responses to such feelings of abjection – firstly an individual can acknowledge feelings of weakness, and thus seek connection and reassurance from others. Most people would find this a very challenging strategy, doubly difficult for individuals with already limited psychological and communicative resources who have not had the regular experience of caregivers who are sufficiently engaged with their experiences. The second strategy is to fantasise autonomy or to *act strong* – to deny weakness, with violence if necessary, to prove how tough and invulnerable an individual is (Jones 2008). Hence the frequently observed relationship between shame and violence.

Margaret Rustin, a child psychotherapist, quotes Bernard Williams' work to explain that when ordinary shame works to enhance self-worth, it is also because the 'reproving eye' experienced inside is that of someone seen as worthy of ethical respect (Rustin, 2016: 2). Therefore, dynamics of respect, respectfulness and who is worthy of respect enter into interpersonal contexts where experiences of shame are being triggered or externalised. Rustin discusses shame she herself experienced whilst working with a boy who had been adopted at 5 years of age, after two years in foster care. He was the much loved only child of a birth mother who was a sex worker. When he came to therapy at 8 years old, he was unkind to other children, lied and stole without any concern, was unresponsive to ordinary discipline and rejected care from his adoptive parents. He also behaved sexually towards other children. Rustin describes this child as 'shameless' and abusive in sessions. In the consulting room, she felt afraid – both afraid of him, afraid for his future and afraid of failing as a therapist. In one particular session he climbed up onto the top of a high cupboard after scrawling sexually explicit words on the wall, and began to enact intercourse in a very pornographic and taunting way. Rustin describes feeling trapped, compelled, humiliated and appalled by the scene. When reflecting on the child's experience in early infancy, she attempted to think about the impact of having watched his much-loved mother engaging in acts that were degrading and humiliating and beyond his comprehension.

Rustin discusses how difficult it is for children, but also, by implication, their parents, to integrate a balanced view of themselves where there has been failure in parenting. Children seek to identify with a sense of their parents as people with self-respect, of whom one can be proud, but this may be compromised by their parents' major failings. Rustin notes, of her patient,

“I think he had to struggle both with his shame about his inadequate parental objects and his shame that he could not evoke enough love and protectiveness in them.” (Rustin, 2016: 8)

Rustin also refers to Campbell's (1994) discussion of sexual abuse and the breaching of a 'shame shield' in such abuse. Campbell notes that whilst shame might appear to be an exposing emotion, paradoxically at a primitive level it alerts us to the need to stop, to cover up and hide in relation to a shaming event. Where it fails to prevent shaming events from continuing, then its shielding function has been breached.

Van der Kolk and colleagues elaborate on the point made earlier concerning how children tend to take responsibility for 'causing' treatment that shames or humiliates them (Van der Kolk et al, 1999: 15). The defensive value of the manoeuvre is in maintaining a sense of agency, when the alternative is to accept the dangerous reality that one is at the mercy of a malign or ineffective caregiver. Accepting responsibility restores a sense of control. However, if this occurs alongside a dissociation or disavowal of the shaming experience, then an important protective and developmental capacity is lost:

“Being sensitive to the shame in others is an essential protection against abusing one's fellow human beings, and it requires being in touch with one's own sense of shame. Similarly, not being in touch with one's own shame leaves one vulnerable to further abuse from others...people who suffer from borderline personality disorder...need to be helped to understand how this perpetuates their getting hurt and their hurting others.” (Van der Kolk et al, 1999: 15)

Concluding Summary of Chapter Two

This chapter has:

- discussed the origins and history of the MBS approach in the work of Barbara Dockar-Drysdale and Donald Winnicott
- reviewed contemporary developments at MBS in group living, education and therapeutic treatment, noting a move away from prioritising one-to-one relationships towards an 'emotional economy of relating' in the groups around the child
- noted the poor mental health of looked after children in residential care and explained this in relation to attachment and neurodevelopmental trauma, summarising Fonagy and Bateman's argument that a secure sense of self develops through the caregiver's 'mentalization' of the state of mind of the infant; traumatized children typically lack mentalizing capacity
- described the experience of having an internal 'alien self', and reviewed Schore's argument for the importance of 'inauguratory shame' in early infancy, as well as the negative consequences of intolerance of shame where it has been experienced excessively and disproportionately
- reviewed a clinical example (Rustin) noting that shame will also be experienced secondarily by looked after children, because their parents have not been able to care for or protect them adequately, even though they may love the child

Chapter Three: Methodology

Introduction

This chapter situates the UEL Qualitative Research Project as an ethnographic project. The researchers immersed themselves as ‘observer participants’ in the ‘research field’ of MBS over time, in order to gain first-hand understanding of the setting, and to maximise ‘opportunity-led’ occasions where research subjects would naturally present their experience and understanding of the school.

An ethnographic approach holds that:

“...the nature of the social world must be discovered. This can only be achieved by first hand observation and participation in ‘natural’ settings, guided by an exploratory orientation...research reports must capture the social processes observed and the social meanings that generate them...producing...‘thick descriptions’...These descriptions must remain close to the concrete reality of particular events, but at the same time reveal general features of human social life.” (Hammersley, 1992, p. 12)

Ethnography typically utilises formal interviews that generate transcripts for analysis, informal interviews and observations that generate field notes, and the collation of texts that can be subject to documentary analysis.

In what follows, the aims of the research project are briefly presented. There is then a review of the UEL project’s research design and a discussion of the methods of data gathering undertaken. The ethical procedures followed by the research team are noted and there is a discussion of how the sample of participants was selected for observations and formal and informal interviews, as well as a review of the method of data analysis employed. The penultimate section discusses some of the strengths and limitations of the research project’s design and implementation.

The chapter closes with a vignette detailing the work of the school. This is described though following ‘A Day in the Life’ of three imaginary pupils, Lenny, Amir and Marisette. Lenny, Amir and Marisette are fictional pupils, composites created by

merging observational data where interactions with a number of different pupils have been described. It is hoped that the vignette serves as an introduction to the life of the school and to the nature of the observational records that form a major part of the qualitative data gathered by the research team.

Project Aims

The overall aim of the UEL project has been to offer a rigorously conceptualised and evidenced understanding of how the 'therapeutic milieu' at MBS works as a model for successfully engaging and assisting children who experience social, emotional and mental health difficulties. Subsidiary aims of the research were:

- to consider transferrable dimensions of the principles and practices associated with residential therapeutic work with this group of children
- to make a wider research contribution to the more general therapeutic, educational, policy and psychosocial literatures on the needs of, and provision for, hard-to-engage children
- to contribute to the evidence base for a psychodynamic approach to the specific training of children's therapeutic care workers and educators, and to the wider training of mental health practitioners working with hard-to-reach children

The original proposal was for a two year evaluation of the therapeutic milieu, including a fifteen month period of fieldwork at the school, commencing in May 2015.

Research Design

Critical Conceptual and Research Review

The research design for this study included a critical appraisal of relevant literature in relation to the social, emotional, learning and mental health needs of children who have experienced chronic neglect, emotional, physical and/or sexual abuse and complex family breakdowns. This material is mostly presented in chapter two above. The appraisal was necessarily selective and not all relevant literatures have been sampled. For example, the literature on systemic approaches to organisational

dynamics in institutions could be considered relevant, but it has not been reviewed. As implied on pp. 13-14, as well as providing a review of relevant literature, chapter two also constitutes conceptual research. One dimension of this is a scoping of the contribution MBS itself has made to the literature on how to deliver effective milieu-based therapeutic treatment to children with complex additional social and emotional needs. A finding of this qualitative research project is that MBS is a learning organisation with a live culture of enquiry and research of its own. It has a nearly 70 year long history of publication and dissemination of 'what works', in relation to this child population. Another dimension of the conceptual research undertaken in the literature review is in the discussion presented in the latter half of chapter two (pp. 21ff) of the emergent literature considering effective treatment of borderline personality disorder and anti-social behaviour disorder. The UEL project has noted that the conduct and attachment disorders common in the MBS children are seen as precursors in childhood of these 'adult' diagnoses. It has therefore considered dimensions of these disorders and their effective treatment in order to make comparisons in later chapters with the MBS 'therapeutic milieu'-based treatment. Finally, conceptual research has been undertaken in considering the 'fit' between neurodevelopmental research on the emotion of shame, and the likely experiences of the MBS children. As noted on p. 21 in chapter two, early visits to the school had alerted the researchers to the significance of staff safely and sensitively handling very strong feelings, and shame seemed a prominent, very powerful feeling in the milieu.

Ethnographic Field Work

The results from the empirical dimension of the project are presented in chapters four through to eight. The researchers were participant observers in the houses and classes and the project has been committed to using 'practice near' research methods. The idea of practice-near research builds on the distinction made by the social anthropologist Clifford Geertz between experience-near and experience-distant enquiry. 'Practice near' research in human service contexts is informed by "...methodologies that include 'thick' description (very detailed descriptions, as in ethnographic enquiries), intensive reflexivity and the study of emotional and relational processes." (Froggett and Briggs, 2012). In taking an ethnographic

approach, the researchers made the assumption that the processes underpinning the effectiveness of the therapeutic milieu would be found in the fine-grained detail of the work at MBS. The researchers have also been curious about any transformational processes the staff feel they have gone through, and how this developed their expertise as therapeutic care workers and educators.

Researchers have attended supervision sessions in relation to the research, and the focus has included consideration of any effects of the research process upon the children, and the best course of action to take in relation to this. Supervision has been with an experienced independent children's therapeutic practitioner, who has also acted as the project's independent advisor – Michael Maher (RDA Consulting¹⁰).

As well as attempting 'practice-near' research, the specific method used by the two researchers conducting most of the observations was informed by infant observation as taught on child psychotherapy trainings and on some social work trainings. Psychoanalytic infant and young child observation is a well-established method of practitioner training (Bick, 1964; Miller et al, 1989; Sternberg, 2005). Observers visit for an hour a week on a regular basis and record 'what happened' in a record written immediately after the observation. The record avoids reporting inferences, speculations and personal reactions. This record is then taken to a regular seminar which has the task of exploring "...the emotional events between infant and mother and the other members of the family present during observations." (Rustin in Miller et al, 1989: 7). Infant observation and institutional observation (Hinshelwood and Skogstad, 2000) are now being written about as potential research methods (Urwin, 2009; Urwin and Sternberg, 2012; Hollway, 2015). Hollway notes the suitability of the method for capturing the affective nature of relationships and of ongoing processes. She quotes Judith Edwards' (2008) discussion of a principle of layered reflection at the heart of psychoanalytic observation:

"Judith Edwards (2008: 61) specifies the three opportunities afforded by this method to experience the observation and reflect on it: in the actual observation setting; during note writing; and via the seminar...the processing of observers' emotional responses in the seminar group affords the

¹⁰ <http://www.rdaconsulting.net/default.html>

triangulation of others with different feelings and thoughts about what seem[s] to be going on in the notes. To some extent this shared processing precedes the ascription of meaning to the data.” (Hollway, 2015: 48)

The two researchers observing regularly at MBS discussed their notes at length with each other and brought them for reflection to monthly supervision team meetings led by the project advisor, Mike Maher.

A total of 30 process recorded observations, each conducted over the course of at least an hour, and written up as soon as possible afterwards, yielded about 6-8 sides of A4 (approximately 3000 words) each time. Observations were conducted monthly over a fifteen month period from May 2015 to July 2016. Observers were based in ‘Blue’ Class, the class working at the most advanced level at MBS, and in ‘Oak’ House, as well as in ‘Red’ Class and in ‘Sycamore’ House, both intake locations at MBS. A much smaller number of observations were undertaken in ‘Yellow’ and ‘Purple’ Class and ‘Elm’ House. The observations of the education setting included normal class activities, assembly, sport, break times, choosing activities and Forest School. There has been one observation off site (of the school football team playing a local primary school). The observations of the houses have been undertaken at lunch, in the evening for tea and at bedtime and during the course of weekends. Initially, children were observed in the school environment; once the children were familiar with the researchers, with the children’s permission, they were able to have additional access to residential areas. After observing in different settings, staff were asked if they would like access to the observational records, and where they were interested in reading these, they were provided. An opportunity to discuss the content was then offered.

Interviews with existing pupils who were due to leave in the summer term, and who wished to talk to a researcher, were undertaken in June 2015 and June 2016. Seven pupils had an informal discussion with one of the researchers. The discussions ranged in length from 5 minutes to 20 minutes. These interviews were recorded and transcribed for analysis.

Interviews with frontline staff (13) and senior staff (8) were conducted at MBS by researchers in June 2016. The interviews varied in length between 25 and 85 minutes, with the average length being approximately 50 minutes; they were

recorded and transcribed for analysis. The thirteen frontline staff interviewed held positions across the hierarchy in the organisation, from gap students and new therapeutic community workers on probation, through to members of the organisation who had been working at the school for over ten years. The interviews with frontline staff were conducted using a semi-structured interview schedule of between 8 – 10 questions and this is available in Appendix 2. Staff had been given the interview schedule beforehand in order to inform them of the questions used, but without an expectation that they would prepare in advance. Interviewees were informed that they were free to depart from the questions asked and to make their own comments. The interviews with senior staff were conducted using a semi-structured interview schedule of between 8 – 10 slightly different questions, also available in Appendix 2.

Semi-structured interviews with seven external agencies were conducted, and the results from these are discussed in chapter eight. Three were interviews with primary school Heads, one was with a Director of a teaching partnership and three were with local authority commissioners. All interviewees were sent an outline interview schedule in advance of the interview and this gave them an opportunity to think about their responses. Most had reflected on the questions prior to meeting the researcher.

Ethical Procedure

The UEL project obtained ethical approval from the UEL Research Ethics Committee before commencement of field work. All research project staff had recently completed enhanced DBS checks. Letters of information and consent or assent forms were given to all participants in the research project, and sample letters and consent forms for pupils and carers can be found in Appendix 1.

A core principle informing the research was dialogue and collaboration with staff, trustees and particularly the pupils' School Council. Researchers met with the pupils in the School Council (members of 'Blue' Class) to talk through why they were doing the research, who was funding it, what it was for, how it would be disseminated and why it might be useful. Researchers asked the School Council for advice on how to conduct themselves during ethnographic, observational visits, and how interviews

with pupils would best be conducted. Procedures for choosing to be interviewed, and for withdrawing from the research at any time, were also discussed. The School Council, in tandem with senior Mulberry Bush staff, introduced children, carers and staff to the research project in a school meeting; they jointly explained how it would impact upon the lives of staff and pupils at the school.

In total, the range of data gathered included observations of children and staff in the MBS setting in classrooms, outside spaces and houses; informal individual discussions with final year child pupils; semi-structured interviews with frontline and senior staff; informal individual and group discussions with frontline and senior staff; informal group discussions with maintenance and housekeeping staff; and semi-structured interviews with stakeholders outside the organisation.

Sample

The UEL project does not present case studies, but uses cross-case analysis in which all participants have been anonymised, with identifying details modified. All of the children at MBS were observed at some point in the study, some more than others, and this was a function of where researchers based themselves. For reasons of anonymity children’s characteristics are not presented, but it is helpful to note that the IOE Study does record the socio-demographic characteristics of its sample of 36 children. This ended just as the UEL study commenced; since the studies are nearly contemporaneous, the characteristics of the children can be expected to be similar.

Children’s Socio-Demographic Characteristics, Educational and Therapy status; (N = 36), Vorhaus and Gutman, 2016: 12

<i>Gender</i>	23 Boys (64%)	13 Girls (36%)
<i>Ethnicity</i>	11 Ethnic Minority (31%)	25 White British (69%)
<i>Living Arrangements</i>	13 Birth Parents (36%)	23 Foster or Adopted Parents, Residential Care (64%)
<i>Statement</i>	29 Yes (81%)	7 No (19%)
<i>Additional Special Needs (ASEN)</i>	17 Yes (47%)	19 No (53%)
<i>Therapy</i>	31 Yes (86%)	5 No (14%)

There were small numbers of staff interviewed. Their location in particular aspects of provision, at particular points in the hierarchy, makes them relatively easily identifiable. The socio-demographic characteristics of staff have therefore not been recorded. Staff were recruited for interview individually by researchers who had been observing them, and via an invitation issued to all staff at a whole school meeting. Of the seven members from outside agencies interviewed, most were white and two were women; the organisations were selected by MBO.

Data Analysis

The data from the observations, and from the transcribed interviews with MBS staff, was analysed thematically, using both deductive and inductive approaches (Braun and Clarke, 2006). Thematic analysis is a flexible analytic tool that can be used in a range of qualitative projects and its results are accessible to an educated wider audience, making it a useful method for applied research (Braun and Clarke, 2013, p. 180). The approach involved detailed (line-by-line) coding of a sub-set of the observations followed by an overview of the rest of the observational data set looking for new and repeating codes. Codes were then grouped under themes, constructed partly on the basis of the frequency with which something was mentioned, and also through according significance to subjective researcher experience. The interviews with the children were analysed and used by the children's interviewer to cross-analyse the observational data.

In the initial phase of analysis of the staff interviews, undertaken by two of the interviewers, themes were presented as they were identified in the responses to each question, and organised under some of the question titles, as in the Warwick Study discussed above on pp. 3-5 in chapter one. To allow for a similar iterative coding process to the one that had been undertaken with the observational data, a second stage of analysis was carried out by the third interviewer.

A number of linked overarching themes were ultimately decided upon from the observational and interview data, concerning:

- the therapeutic milieu as it is provided for and experienced by the children
- *and* a therapeutic milieu provided for and experienced by staff within the organisation

Codes relating to this latter 'staff milieu' fell under two sets of themes:

- themes relating to a milieu that was facilitating for the staff's work with the children
- themes relating to a milieu that was facilitating for the staff as people and workers

Strengths and Limitations of the Study

This study has identified a number of important processes constituting the children's therapeutic milieu as provided for by the Mulberry Bush School. Many of these processes are not obvious to the 'outside' eye, and in bringing these to the surface and delineating them accessibly, we suggest the study has achieved its aim.

The study is stronger for having used a clinical training tool, psychoanalytically-informed 'close observation', as part of the methodology. This observational practice, with its focus on affective life and relationships, and on non-verbal and unconscious dimensions of emotional experience, remains unusual in social research. The method has also been congruent with the MBS' own psychodynamic emphasis on 'reflective use of self' by staff and on staff maintaining an observant stance towards the children and their personal reactions to them. Observation as a method has vividly caught detail in a way that other less attuned methods would not have done, particularly in relation to potentially unconscious dynamics in the field. A related strength lies in the fact that the two main observers had backgrounds as social welfare practitioners with hard-to-reach children¹¹ and drew upon this in attempting to remain 'practice-near' in understanding what was going on in the field. There was thus a good fit between the particular observers selected for the research, the methodology, and the nature of the project.

A criticism of this approach (also applied to ethnographic field work) is that it relies heavily on one observer's representation of 'what happened'. However, many observations were made and the fact that the observers regularly discussed observations with each other, and in the group supervisory context, and with the

¹¹ A social worker and a former Special Educational Needs Co-Ordinator

staff observed, has achieved a degree of triangulation. Observations were also triangulated against interviews with the children and with staff. Interviews with the children were more successful with the second cohort of children, who had benefitted from getting to know the interviewer well in her observer role. Interviews with staff worked better for being conducted at the end of the research period, when staff knew the researchers reasonably well. The interview schedules worked well and elicited rich data, although numbers of interviewees were necessarily limited (only 21 of the 120-strong staff were interviewed, although more staff contributed through informal conversations).

A further criticism relates to the degree of uncertainty that must attend upon researchers making interpretations outside of a clinical situation concerning unconscious dynamics. However, analysis of the unconscious dynamics represented in the data has stayed at the level of attributing general, typically expected emotional responses to supportive or provocative events, responses with dimensions outside the awareness of the subjects. These attributions have been grounded in the sequence of actions and responses observed. Analysis has not strayed into the territory of making 'depth' psychoanalytic interpretations about individuals, based on knowledge of the past history of these individuals.

The research has made only very limited use of an emergent psychosocial, psychoanalytic qualitative research tradition, as evidenced in the work of Hollway and Jefferson (2013), Hollway et al (2014) and Hoggett and Clarke (2009). These researchers make more active use of dimensions of the psychoanalytic clinical tradition than the research team in this project. The psychosocial qualitative research tradition places the researcher within the unconscious affective research field, arguing for the use of 'counter-transference' or the researcher's own feelings, conscious and unconscious, as a source of information about the relational phenomenon under study. Psychosocial research can contribute to a wider 'turn to affect' (Henriques et al, 1998) within the social sciences. Another, action research project could have been attempted, possibly partnering with MBS staff, and making deeper use of organisational consultancy as a supervisory presence. The consultant could have been involved in the provision of a space for analysis of ongoing 'parallel processes' in the research team, where these would have been seen as signalling

affective processes at MBS that could have been better apprehended. One probable result of this approach would to have been to offset a tendency in the research team to idealise the work of the Mulberry Bush, quite a common tendency of outside observers:

“They all seem to be incredibly dedicated, patient, and creative. They are all absolutely lovely. It never ceases to amaze me, whenever I visit, what they have achieved.”... “The staff are just wonderful people and you can’t fault them. I don’t know how they do that job. They’re lovely.” (Foster carers quoted in the Warwick Report and on p. 4 in chapter one above)

A further pertinent criticism of the project is that the analysis of the data has tended to focus on what adults provide for the children in the therapeutic milieu. This was in part the task, but further analysis and a slightly different approach might have considered the significance of the role of the children’s peers to a greater extent.

Finally, we view the UEL Project’s identification of *shame* and its management as an important contribution of our project to thinking at MBS. This project identifies shame as a key dynamic within the affective field at MBS. This is an original contribution of the research. An additional original contribution is made by formally naming the ‘*staff therapeutic milieu*’ that, it is argued, parallels the milieu provided for the children; and in offering a detailed account of effective processes within this staff milieu.

As noted on p. 30 above, this chapter closes with a vignette, which aims to introduce the life of the school, and the kind of observational records that form a major part of the qualitative data gathered by the research team.

Ethnographic Vignette: ‘A Day in the Life of Lenny, Amir and Marisette at MBS’

Lenny wakes up and realises that his Power Rangers duvet and white under-sheet are dry. He hugs Bobby, a soft elephant who has been with him for the last eighteen months since his last-but-one foster placement, and leans up, moving the heavily-lined curtains to look out at Sycamore’s garden. It is sunny and very cold, with hoar frost on the bare stalks in the vegetable patch and on the picnic table and the sides

of the basket swing and climbing frame. He slides back onto his bed. Tracey (S)¹² has been in late last night to turn off his story CD and he can hear her talking quietly to Jodie (S) in the living room across the landing. He pads across the floor to put Horrid Henry back on. After breakfast he will show Joan, the housekeeper, his dry bedding.

Lenny has been at MBS for three weeks and is eight years old. He came into care three years ago with pronounced developmental delay, having been physically abused and subject to extreme cruelty by his stepfather, who also abused his clinically depressed mother. Lenny was very difficult to contain in foster care or his specialist school owing to his highly violent outbursts.

Over in Elm House, Phil, a Therapeutic Care Worker, has arrived on shift. He is new to MBS, having previously worked for a charity supporting families of adolescents with learning disabilities. As Phil goes upstairs, Amir appears ready-dressed from the doorway of his bedroom. Phil doesn't feel he knows Amir very well yet, although he knows a little about the very violent original home background, the parental substance abuse and Amir's position as the eldest child who took on a lot of responsibility for his siblings. In the upstairs living room, the curtains are drawn and the sun streams in from the high window. The lava lamp and disco lights are off, but the large standing bubble lamp is on. Amir sits down by it without making eye contact and fiddles with the bottom section. Phil notes that the bubble stream does not seem to be working. Amir says, still without looking at Phil, 'That's because the key that turns the stream on and off has gone missing.' Amir stands up and takes the cap off the top of the tube. He puts his hand in and quickly scoops out the little brightly coloured plastic tropical fish and places them – wet - on the carpet by his feet. He makes eye contact with Phil for the first time in a challenging way, saying, 'This is fish water you know. We used to keep real fish in here.' Phil says neutrally, 'Really? The carpet's all wet now.' Amir ignores the latter comment and says, 'No, not really. The water would get all dirty. That would be disgusting!' Then he grins at Phil impishly and starts fiddling with the cushions on the sofa. He retrieves a small key and inserts it into the base, checking the controls and setting it to glow with a small stream of bubbles flowing. He puts the plastic objects back in the tube.

¹² The letter 'S' after a name denotes a member of staff.

Marisette is in Oak House and is having her hair done by Tula (S). She has asked for a side twist like yesterday. Tula adds her hair product and brushes her hair softly. Marisette stands quietly but at certain points she says 'Ow!' and twists around to look at Tula reproachfully. Tula stops immediately and says gently, 'I'm sorry. I didn't mean to hurt you. It's a bit tricky on this bit.' She very gently makes the twist and then teases down the loose long strand Marisette likes on the side of her face. Marisette seems to enjoy the gentle combing although she is also wary and again winces. Tula apologises and Marisette says it is where the hair has gone in her eyes and hurt them. She asks if she can go down to breakfast now.

After breakfast the children walk over to school. There is a quiet period first thing, and then, in Lenny's class, circle time. Paul, the Class Teacher, asks about everyone's weekend. Mohammed explains that he went up the park with his foster parents and because he had been good all the time there, they bought him some power balls, and he gave some to people in Sycamore House, and also to Richie and some other people in Yellow Class, because his foster mum said to him, always remember to share and be nice to people, and then you will have more friends. 'So I did!' He adds. 'Well done, Mohammed', says Paul warmly, to echoes from the other adults. Beth then begins a long story about hurting her arm in the park at the weekend, and Paul observes Lenny looping a stray strap from a soft furnishing around his ankle, pulling it tighter and tighter. Lenny doesn't want to speak when invited, and Paul moves on. Michelle, a Teaching Assistant, explains that actually she was in school at the weekend and she stayed with Marisette's family because it was family camp. As she talks, Lenny continues to wind the strap around tightly, and Paul gently wonders aloud if Lenny is worried about something? Michelle comments that when Paul was talking then, about people being worried about something, she saw Lenny glancing up at the wall where the charts were and she wondered if he was a bit worried about his chart. Maybe he was even a bit worried that it only had four coloured in bits on it? Lenny lifts his head and listens as Paul explains the targets and adds, 'In this class we know that none of the children are stupid, they can all learn, they just might have had stuff going on that might've got in the way and made it hard to think. Because when you are worried it is hard to think.' He adds, 'When you have finished your beginning targets, then you move on to middle stage. What's that?' Lenny answers

that it is the stage in the middle. Paul says that is right and after that, you will be ready to move up, into a different class.

Soon it is nearly break time. Over in Yellow Class, Ashley (S) is talking to Amir about an incident where he was particularly unkind to another child. 'Amir, when you said what you said to Lauren earlier, you really hurt her feelings, so much so that she really doesn't feel very safe around you at the moment. Because of that you are not going to come outside to Forest School this afternoon – you will be spending an hour or so with Matt (S) and he'll probably be talking with you about what happened.' 'You mean I'm not allowed to go?' Shouts Amir as he realises. He stands up at the same time and starts yelling, 'Fuck that! Fuck off, you bitch! I'm fucking going and you can't stop me!' He barges into Phil (S) to try and get past him, but Phil is simultaneously standing up and quickly gets hold of Amir from behind by the elbows. Amir twists around and starts kicking out wildly at anything in range, then targeting the computer monitor. He gets in several blows that cause it to shudder and tip backwards before Phil manoeuvres him to the door and opens it. At the door, another male member of staff appears and takes over holding Amir. Amir is moved quickly out of the classroom and the door shuts. Phil comes back to his place quietly. He looks calmly at the computer monitor and rights it on its stand, then turns it on, watches as it boots up normally, and then turns it off again and sits down next to Lauren.

At lunch, Marisette chooses hard boiled eggs and trifle, and afterwards she drifts over to chat to Mary, one of the housekeepers, who reminds her of her Nan. Mary is on her break and finishing a cup of tea. They talk about how the dining room looked before the new American diner-style décor and then move on to look at the walls, where there are two photos of Marisette in school performances. Mary reminisces about Marisette's performance last Christmas and asks her if she remembers the song she sang as a solo. Marisette nods; she remembers choosing the song. She raises an imaginary mike, puts her head to one side and does a very accurate cover of the first few lines of one of Adele's songs. Mary tells her she has a lovely singing voice and says she looks very glamorous today with her hair like that. Maybe she'll grow up to be a famous pop star? Marisette says she'd like to be a singer. Or a

model. Mary says affectionately, 'You could be a model; you're getting to be a very grown up young lady.'

Marisette is coming to the end of her time at MBS and this term she was chosen to be a member of the School Council. Mary asks her if she liked her new secondary school when she visited. Marisette comments excitedly that she did! 'For once in my life, something good happened to me!' Mary asks her what it was like, and she comments that it has music and design and science and sports and literacy. Mary murmurs appreciatively and says she has heard rumours about a leaving do and Marisette confirms this and says she will be going shopping with Tracey (S) to get treats. She adds, 'I've been here for three years, two months and six days...'

Anna (a therapeutic care worker) walks past and Marisette blanks her. Anna is unbothered but recalls the lurch of unease she often used to feel at the beginning of the one-to-one work with Marisette. This was designed to give her a safe space to talk about sex, which Marisette thinks about a lot, and to get stuff out. Anna remembers how burdened she felt by it initially and her confusion about Marisette's intense feelings for her and sexualized behaviour towards her. When she began talking about it in her reflective group, she had realised how huge it had all begun to feel and that she needed to 'spread it out a bit'. Pamela's supervision (Head of Therapies and Networks) had been invaluable, particularly during the most intensive period when Marisette had done a lot of role play, first pretending to be her father, dragging Anna around to various gangs, and then pretending to be her boyfriend.

Later in the afternoon, Lenny is on his way back from Forest School. He made a big pile of fallen leaves in the environmental area, which he and Sean have been rolling around in with two of the gap student volunteers, Pia and Nico. The light has already begun to fade as they walk back to Sycamore. Pia picks some leaves off Lenny's sweatshirt and then throws one at him. Lenny throws one back and soon they are horsing around, both laughing and engaged quite forcefully in a wrestling match from which Lenny suddenly frees himself. Pia grabs him again round the waist and tickles him under his arms and then holds him locked around the middle with his back up against her front, saying, 'Oh no you DON'T' quite mock aggressively. He giggles again and writhes as she tickles him. They make their way over to the house

when Sean tears past them, yelling excitedly, 'Come ON! Breakout! To the FENCE!' Lenny hesitates a moment and then pulls away from Pia and begins running after Sean. There is a moment when he pulls at Sean's jacket half way across the green, and they both stop momentarily, but then first Sean and then Lenny set off again. Pia and a number of other adults begin following, walking quickly towards the boundary of the school on the far side of the green.

An hour later, when the children are in their individual rooms having some quiet down time, the house staff sit on the landing catching up with classroom staff on what kind of day each child has had, and discussing how best to support the children that evening. Suzanne (S) says that actually Lenny has been playing very well with Sean this afternoon, and Sean has been helping him; things only kicked off right at the end, which was a bit disappointing but she thinks Lenny did not actually know he was not supposed to follow Sean and actually he was trying to stop him. Mark (S) agrees. Sonam (S) asks if he seems able to follow the rules and Mark says that on balance he doesn't seem to have trouble with them.

Amir has come over to Sycamore to visit his old house for tea. Julie (S) serves some tomato pasta to Ellie and then begins to serve some to Amir who sniffs it and says dismissively, 'You've burnt it! Sonam, who is sitting on the other side of the table, says calmly, 'How do you know? You haven't tried it yet.' Amir says, 'I can just tell'. Julie says nothing but continues to serve pasta to Isabelle, who begins eating immediately, and then Sean, who comments dismissively with a glance at Amir, 'It's cold!' and lastly Lenny. Julie offers sweetcorn around and begins cutting her own sweetcorn carefully off with a knife. Amir says, 'Why are you doing that? Why don't you just bite it?' Julie gestures non-committally. Amir says that he knows how sweetcorn grows and it's not like normal corn. Sean says that he's seen it and been in a sweetcorn field. Amir says he has too; and says to Sean, wouldn't it be great if he and Sean went in the field and hid and then ran through it, crashing through all the plants! Sean is excited by the idea and enthusiastically agrees. Lenny says something that indicates he would like to join in too, and Amir adds, 'Not you...!' He carries on talking to Sean. Julie watches then says she has just noticed that Amir and Sean left Lenny out and there has been rather a lot of that recently, as if they are leaving him out on purpose. It's unkind and it's not fair.

Julie subsequently brings this episode to the self-reflective group where staff from different houses, and from education, link together. Lawrence, a Senior Therapeutic Care Worker, comments that as everyone knows, Amir is struggling to find his place over in Elm House. "He has a number of children looking up to him but he can't deal with them trying to impress him, the unconscious responsibility of being put into that sort of alpha role. To the other children he appears quite mature and intelligent and clever. But he's also very, very good at manipulating them into – pushing their buttons if you like. Adam is leaving this term and it's going to be quite interesting to see what happens. Amir's a big lad and he came from a home environment where size mattered. He's going to try to lead, but won't be able to manage without just using his size. It's going to be a lot of work to reign him back in".

By late evening, all the children in Oak House are settled in their rooms. In the office, Anna checks the series of egg-shaped listening devices. They are currently silent.

Concluding Summary of Chapter Three

This chapter has:

- Re-stated the research aim of the UEL Qualitative Project, which is to offer a rigorously conceptualised and evidenced understanding of how the 'therapeutic milieu' at MBS works as a model for successfully engaging and assisting children who experience social, emotional and mental health difficulties
- Noted the inclusion of an extensive critical literature review, considering the multi-faceted needs of children who have experienced neglect and maltreatment and / or complex family breakdown
- Described how pilot visits to the school drew attention to the importance of managing the children's feelings in the milieu, and noted how attention to the range of feelings in the setting foregrounded shame as significant
- Explained the ethnographic field work undertaken at the school as a form of 'practice' and 'experience' near research informed by psychoanalytic infant observation and the use of an external consultant (from RDA Consulting)
- Reviewed the research sample and outlined research procedures followed: ethics, including consultation with the children's School Council; the practical process of data gathering; the process of thematic data analysis
- Reviewed some of the strengths and weaknesses of the study
- Introduced an ethnographic vignette of a 'Day in the Life of Lenny, Amir and Marisette' at the Mulberry Bush School

Chapter Four: The Children's Therapeutic Milieu:

A Safe Place

Introduction

This chapter presents material from the ethnographic observational records that formed a core part of the UEL research project's method of collecting data, and draws on informal unstructured interviews conducted in the final year of children's placements at MBS. As noted in chapter three on pp. 37-38, the analysis of the observational data and the interviews from staff and children yielded the idea that in order to maintain a therapeutic milieu for the children, the staff needed a parallel therapeutic milieu to support them. This 'parallel milieu' for staff is the subject of analysis in chapters six and seven. A second central idea, introduced in this chapter and the next, is that the therapeutic milieu at MBS is dynamic and attempts to hold a balance – between maintaining the setting as a safe place, or secure base, for the children, and also enabling the children's very disturbed and angry feelings to surface. Chapter five discusses how the therapeutic milieu enables the children's negative feelings to surface safely.

This chapter therefore focuses on the first task of the milieu, maintaining the setting as a safe place. There are two main sections to the chapter. The first section discusses the establishment of a therapeutic or holding frame within the therapeutic milieu. The second part of the chapter considers research evidence documenting the opportunities the children have to build trusting relationships.

The Therapeutic or 'Holding' Frame

In any kind of therapy, the 'therapeutic frame' (Gray, 1994) relates to the setting, times and rules that are carefully maintained by the therapist so as to keep a clear and predictable structure for the work. As has been noted in chapter two on p. 20 onwards, children who have experienced trauma are subject to particularly overwhelming or out of control feelings and behaviours. It is especially important for them that there is predictability and clarity about what is going to happen, where

things will happen and in what order. The UEL research project found that MBS was highly attentive to these aspects of the therapeutic frame, and to the children's reactions in the setting. Lanyardo suggested that highly traumatised children need psychological 'intensive care' (Lanyardo, in Ward, 1998), which is similar to the attentiveness given to babies and toddlers. A clear and predictable pattern to settings, times and rules echoes a 'good enough' framework of care for infants, where maternal care acts as a 'facilitating environment' (Winnicott, 1965) that is sensitively tailored and reliable. In early childhood this 'secure base' (Bowlby, 1988) allows babies and very young children to begin to build expectations of the other and to trust in these. Maternal care is also highly personal and individual – infants attach to a particular mother, with her particular rhythms, style, appearance and 'feel'.

This section therefore looks at the therapeutic frame at MBS - the very distinctive atmosphere or 'feel' of this particular therapeutic milieu - through thinking about the four themes arrived at connected to space, boundaries, basic rules and time. These were:

- *'environment and the use of space'*
- *'witnessing and observing'*
- *'use of time, timeliness and transitions'*
- *'reviewing, structuring and planning'*

Environment and the use of space

The MBS has a high quality, homely, deliberately designed built environment (as discussed in chapter one on p. 2). It is well-maintained by estates and housekeeping staff who are involved in central aspects of planning, and who are invited to get involved with the children as they feel appropriate (see the example given in the 'Day in the Life of MBS' narrative in chapter three on pp. 40-46, where housekeeping staff are important figures for both Lenny and Marisette).

The researchers found evidence of much thought going into every physical setting, and lots of examples appear in the observations:

- the support given to children to care for and personalise their bedrooms if they want to, and the patience with which these are repeatedly restored and sanitised when dirtied or trashed
- the individual, distinctive gardens for each house and each class
- willingness to provide ‘real’ equipment: tools for gardening and carpentry; knives and appropriate electrical equipment for cooking
- exciting equipment in Forest School, with lots of ‘found’ ‘real’ materials that can be destroyed and re-fashioned
- the effort to take children out very regularly to beautiful natural environments during PAWS¹³ work
- the challenging play equipment and high climbing pyramid with its safety nets at the centre of the green, providing an ‘eyrie’ to view the whole complex
- the re-design of the dining room as an American diner and the children’s involvement with the cook in cooking in the main kitchen, in kitchens in the houses and in shopping for class and house food and snacks
- the thought behind ‘Green Class’, the ‘time out’ educational space, which moves location around the sensory area outside classes
- the children’s involvement in fun, live projects in the spaces, aimed at re-designing and improving them (eg. the plans to make Green Class’s room less edgy and more cosy, by taking sharp edges off surfaces and thinking about more relaxing furnishings and soothing sensory items)

When the children’s environment has been thought about with care and attention to detail, it has the potential to invite them in, and it conveys a message that they are valued and their needs respected. Many of the children at MBS have experienced neglect, and all are used to being regularly excluded from subsequent educational and home environments, with all the shame attendant on this. One child was reported by staff as saying she was at boarding school – ‘...it sounds better, so they won’t know I’m naughty’. Being at boarding school suggests one is part of something exclusive rather than being the excluded one.

¹³ The ‘Play, Adventure, Wilderness, Skills’ outdoor curriculum

The MBS environment is a 'rich' one, physically, aiming to off-set the message of worthlessness the children may previously have been given.

These two extracts give a feel of the way the setting is used to regulate the children's states of mind – in the first, to settle to sleep; in the second, to test boundaries through play:

"I come out onto the upper landing. The lights have been dimmed and there is a (still) 'disco ball' type light softly shining a lot of different colours onto the walls and a tall lava style lamp that glows different colours and has bobbing plastic fish in it. The carpeted and cushioned area feels quiet." (Sycamore House, evening, November)

"In Forest school, Paige and Sean are both climbing around exploring what they can do above adult head height in the branches of a large tree. Paige occupies herself walking along one branch with her hands above her head, holding onto the branch above, then transferring to the top of the fence that is actually the boundary between MBS and a farmer's field, and walking along it, still holding onto the tree, then swinging back up into the tree onto another branch. She practices this manoeuvre several times." (Forest School, afternoon, June)

As the children move through the different spaces at different points of the day, these 'hold' them and can be claimed by them, in ways that are by turns safe and soothing, or engaging, stimulating and exciting, or containing of potentially out-of-control behaviour and feelings.

The researchers observed that for the children at MBS, testing the boundaries of their physical environment is very important, giving them repeated experiences of discovering that they are still safely held and that the environment itself holds together or can be restored. This can be experienced as risky for staff as well as the children, and discussion of how the staff explain their distinctive management of the children's almost continuous boundary-testing is discussed in chapter six on p. 97.

Witnessing and observing

Chapter 3 notes Ward's (1998) discussion of the very public nature of therapeutic communities (p. 15). The therapy is not taking place in a consulting room with a closed door (and doors and thresholds represent a great deal to the children), but in group living in front of others. In a community the size of MBS, there are one-to-one encounters between everyone, and each person will witness the behaviour of all the others at fairly close range. So whilst there are quiet and soothing spaces at MBS there are very few private ones¹⁴. There are also security cameras throughout the setting¹⁵, used to provide independent records of interactions should allegations against staff be made. Additionally, there are quite a lot of visitors. The following extracts speak to the very public nature of the milieu:

“As the induction tour moves round, we are more visible to the child at the top of the climbing pyramid. She calls out loudly, ‘Who are they? Who are those people?’ She begins rocking the pyramid climbing tower aggressively. One or two of the group smile at her. Ellen (S) leads us over to the door of Beech House. The child begins shouting, ‘Where are you going? You’re not fucking going in my house! Stay out of there!’ Ellen says quietly, ‘not such a good idea...I wonder...Let’s try Oak House.’

(Staff induction, morning, February)

“Harry begins shouting very loudly and Will is encouraged to move to get away from him. The rest of us leave the kitchen to get the diablos from the utility room...Lucas gets out his diablo and follows the other boys, who are reversing back from the patio doors, as Harry is now lying in front of them screaming and kicking. They walk back to the front, explaining to me that we can’t get through that way.” (Elm House, mid-day, October)

¹⁴ Although staff knock at closed bedroom doors.

¹⁵ In their research into what elements of the physical environment affect ‘seclusions’ on psychiatric wards, Van der Schaaf and colleagues (Van der Schaaf, 2013) discuss surveillance equipment as a factor found significant in reducing the rate of seclusions. They conclude that the unobtrusive presence of cameras is reassuring rather than threatening.

“Joanne (S) has been looking at the split screen on the laptop again, which relays images from all the houses. She comments that it seems quiet in Oak and still some noise and so on in Beech. Joanne explains that it can be helpful to Sue (shift leader in Beech) in particular at the moment to know that Joanne is checking Beech’s cameras as well as her own. Later, Joanne rings Beech again and gets the all clear but suggests Anna (S) might keep the cameras up periodically.” (Sycamore House, late evening, March)

Whilst the presence of cameras, visitors and so much witnessing of other children’s disturbance might at first glance appear potentially threatening and disturbing in turn, this was not the emotional experience of the researchers¹⁶. As seen in the extract above, and in the one below, the presence of the cameras, for example, was experienced by staff as keeping each other and the children safe:

“Ellen commented, ‘Some of the children have a history of exhibiting harmful sexual behaviour towards others and they will often attempt to repeat this, and leave their rooms at night or other times, also coming out for other reasons. The cameras are there to keep everyone safe.’” (Staff Induction, mid-morning, February)

It is the case that the children are continuously witnessing each other’s struggles and difficult episodes – as John Diamond noted, “...inter-personal boundaries have to be fought for, negotiated, explained and then re-set in the same way 500 times a day” (Diamond, 2008 p. 5). Of course this is potentially shaming. But the very public nature of the work also provides an opportunity – to discover that one is not the only one with problems, to observe how others are helped to work through disturbance, to see that staff and children survive, and to get a sense of one’s progress over time in the eyes of others. Because the environment is so public, in a ‘24/7’ kind of way, there are many, many opportunities for discovering that one’s experiences and behaviours are survivable and that others have tolerated them.

¹⁶ There was no sense we were literally shielded from the repeated violent episodes, but we were probably psychologically protected, partly because we were not *in loco parentis* in the setting, but also because of the holding frame outlined in this chapter, which aims to keep everyone as safe as possible. Number 3 of the 11 elements the MBS wants to put in place in the children’s development, after being able to play, and to trust in relationships, is to keep themselves and others safe – see footnote in chapter 3 on p. 22.

Staff-child ratios are high at MBS. Researchers noted early on that staff exhibit a particular kind of relaxed and non-retaliatory vigilance in relation to the children's behaviour. Any deviation is picked up on quickly without the children being 'told off'. Whilst this is non-retaliatory, it is not over-tolerant or permissive per se – the message seems to be, 'We expect there will be things happening because of your difficulties and when they do we will come in quickly to stop them happening and to help you learn to stop.' This approach is in line with the DFE's current Guide for standards of practice in children's residential care homes, where the emphasis is on restorative, non-punitive approaches.

Morgan (2001) talks about the 'analytic stance' that is maintained in psychotherapy, which is a neutral stance that avoids ordinary social interaction in the service of focussing on, and making sense of, feeling-states. It is hard to maintain. As has been discussed in chapter 3, MBS staff have their own version of the classical 'analytic stance', which is an 'observing stance', and comes with training. It consists of thinking all the time about one's relationship with the individual child, and the dynamic in the child group, in a way that involves calibrating how close one should get, emotionally – close enough to be genuine, warm and reassuring, but not so close that one can no longer also maintain a reflective stance on what is happening. To repeat, this is very hard work and the nature of the training, support and reflective respite offered for staff is discussed further in chapter six.

Use of time and timeliness; managing transitions

The children have a set time-frame of three years in which to be at MBS. The passage of time is punctuated by 'moving up' (from the 'intake' house, Sycamore, for twelve weeks, then to their 'main' house; and possibly, from an 'intake' class, Blue or Yellow Class, to Purple and then Red). Children observe each other managing these (potentially threatening) transitions, including the biggest one, leaving:

"On Monday morning Marisette comes in with Alison (S), and sits and puts her arms on Michelle's (S) shoulders affectionately as Alison says Marisette had a nice weekend. Michelle asks her if she liked Broadlands (her new school). Marisette comments excitedly that she did! They talk about the subjects taught and Alison comments that Marisette is thinking about her

plans for her leaving celebration on Thursday. Michelle promises to pick up on the discussion about these. Noah then wants a cuddle too, but Marisette won't let him. Michelle cuddles both and says, 'It's okay Marisette, you don't have to worry, I can be close to two people at the same time!' Ethan adds, in a hostile, taunting way, 'You're leaving! You're leaving! Why are you leaving?' Michelle adds, 'You know why she's leaving, Ethan; she's been here for three years now!' Marisette interjects, 'No, I've been here for thirty-three months and two weeks and ...five days...' She curls up and puts her head on her own shoulder, cuddling into herself, then adds, 'I'm going to have a leaving....leaving...on Thursday and you can have sweets and stuff. What do you like?' Ethan says, 'skittles!' really pleased. Marisette leans forward and gives him a cuddle. He recoils slightly, saying 'Eugh!' But he is smiling. When she does it a few times he looks at her warily." (Blue Class, morning, July)

Obviously the biggest transition in time is to secondary school, and the researchers saw this being managed with much sensitivity, as in the example above, where the adults are scaffolding the children's awareness of the passing of Marisette's time at MBS, and marking out way-stations on the last part of her journey. This is just a snapshot of one exchange amongst many in weeks of preparation for the children concerned.

But there are also lots of other endings (and beginnings) in time in the normal course of life at MBS. There are the rhythms of the week and term, punctuated by several weekend visits home; and the rhythms of the (school) day and the night, moving from houses to classes and back again. These punctuations can very easily feel like disruptions or breaks that arouse the threat of loss and abandonment, and so transitions to new settings and tasks, or changes in the setting or timetable, need to be managed very sensitively:

"Charlie rushes in, initially pulling the hand of the male TCW accompanying him; he runs across the classroom behind Coraline (S) and stops near James (S) as Coraline says calmly, 'Woah, woah! How do we come into the classroom in the mornings, steady on!' James says we are just having our usual quiet time and settling in, would he like to choose a game and come to the table?" (Blue Class, morning, September)

“Paul (S) says they will do their colouring and games and then they will not do so much maths today since they are doing a session on ‘Keeping Safe’. Marcus says, ‘Oh why?! I want to do maths, I don’t want to do that crap!’ John says quite aggressively, ‘Why not?! Keeping safe is important!’ Marcus continues by demanding loudly if he can go in the spinning room. Michelle (S) says he surely can, later. Marcus says he wants to go now. Michelle notes that Noah is in there and he knows he can’t go at the same time as Noah but he can go in five minutes’ time, after Noah. Marcus says something about Noah having longer, and Michelle adds that he has only just gone. He can definitely go, after Noah has come back. Marcus accepts this.” (Red Class, morning, October)

An important dimension of the staff’s work therefore concerns planning and support around the children’s struggles to wait, take turns and share – all aspects of being able to manage time differently from the omnipotent way in which a toddler would wish to manipulate it so as to get what they want or need immediately. But at a more basic level there are questions of time and timeliness as they relate to the capacity to feel in touch with, and safe, in the rhythms of one’s own body; or to be able to take turns and manage the rhythms of interactions with others. For many of the children at MBS, the rhythms they have been caught up in inside, or with others, signal fear or threat – contact is too long coming or too overwhelming or intrudes and brings pain and shame. Music and drumming are employed to help ‘steady’ the children in this respect, both internally and in pleasurable interchanges with others:

“The teacher begins drumming immediately at a very fast, loud, organised tempo, as does everyone else. The adults are concentrating and drumming out the rhythm with force. There is a lot of energy in the room and both Mikey and Noah join in confidently. The adults look cheerful but keep their attention on their own drumming. People seem to know what they are doing, and follow the leader, without her saying anything.” (Red Class, morning, July)

Timing and timeliness is a crucial aspect of sensitive, genuinely adaptive maternal care affecting bodily well-being and the capacity to communicate with self and others. For the children at the MBS, who mostly will not have had this care, the

experience of waiting, seeing what comes next in the context of appreciating what happened before, and taking time to think and articulate these thoughts to oneself and in dialogue with others, is all fraught with difficulty.

Therefore, attention to timing and its disruption is a crucial part of the environmental provision at MBS, as are attempts to 'lend' thought to the children, by helping them to piece together their daily experiences and to anticipate what will happen next.

Reviewing, structuring and planning

The last observational extract in this section picks up on this theme of piecing together one's experience over the day. It is longer and was coded as '*reviewing, structuring and planning*'. It looks at how the children are supported in going back over their day's experience in a measured, sequential, evaluative way. This kind of reviewing helps them to order events, place themselves in time and space appropriately, and understand cause-and-effect processes more calmly and realistically.

"Sandra (S) turns to Joey, and asks him what rating he would give himself in relation to the day, where '0' is really bad, and '10' is pretty perfect. Joey considers and says, fairly brightly, 'I would say....a 10!' Sandra asks him if he thinks he has had a perfect day? Joey reconsiders for a moment and then says, 'A 5...' Sandra says, 'Oh, well, that's a bit harsh, I would say...You have had a good day but it went a bit wrong at the end, I hear?' Joey says nothing and Sandra says, 'Could we up it a bit? Meet half way and go with a 7.5?' Joey nods and Sandra records this in a book. Sandra then asks Dan, who says, '7.5 – same as Joey!' Sandra smiles slightly and says, 'Well, I appreciate you were having quite a good day but I wouldn't call running across the grass to the outside fence that good to be honest. You ask us to give you space but then you take the mick so I think I'm going to suggest you drop that to a 6.5. You okay with that?' Joey nods. Sandra asks Ahmed, who rates himself as a 9; Sandra looks at him and waits and he says, 'Okay then, 2...' Sandra says, 'Ahmed, you always do this, we get into this cycle where you want to give yourself a rubbish rating, you like being too hard on yourself. What happened

at lunch time?’ There is a pause and Ahmed says, quite straightforwardly, ‘I didn’t like the pasta.’ Sandra asks, ‘How did not liking the pasta end up as you hurting two adults?’ There is a pause and Sandra says she heard he did his reparations, but did he get his sanction? Ahmed says, ‘I think...I think so...I sat on the green sofa.’ Sandra asks him if he knows how long. He says, ‘15 minutes, I think...’ Sandra says, ‘Okay – well, I don’t know about that and it sounds as though you did but I am mindful of a time when I asked you and you told me you’d done your sanction and in fact that wasn’t true. So I am going to say that you should sit on the sofa for another 15 minutes. And I will check. Does that seem fair to you?’ Ahmed nods reasonably calmly. Sandra suggests a 7 rating and turns to Petra and says, ‘Petra, I hear you had a good day.’ Petra nods and then asks me if she can hold my hand. I say she can. We hold hands for about 5 minutes, quite a long time. Dan puts up his hand and says that he is due to have a phone call tonight. Sandra acknowledges this and adds that Joey is also having a phone call after tea. And this is what will happen for the rest of this afternoon – the adults will be keeping the children close today, although you can still play out in the garden if you want, and have fun. There may be another kid joining us for tea.” (Sycamore House, late afternoon, October)

In this longer extract, the children are making the transition from class at the end of the school day, to their ‘before tea’ playing time in their residential houses. This time is marked – and managed – by a very explicit ‘hand over’ period, where classroom staff accompany the children back to the ‘home’ space and feed back to house staff, both with and without the children, as to how their day has gone, individually. The house or therapeutic care work staff then reflect on this with the children, one by one. As this is a practice occurring daily at several points of transition, the late afternoon being the most significant children’s feedback point, everyone goes through a repeated cycle of reviewing and reflecting on behaviour and the states of mind accompanying them. Firstly, this builds reflective function and the capacity to mentalize. Secondly, it provides hand holds through a period of transition, because it is regular, reliable, and predictable in timing and structure. Thirdly, there is a particular measured tone of voice and pacing of information. This has the effect of down regulating potentially high, manic, impulsive behaviours and providing

containment for insecure states of mind that might be triggered by a change of scene or a confrontation with an unwelcome truth. Fourthly, the routines and practices provide a structure in which a little more spontaneity can emerge, although how much of this to allow is carefully thought about (Petra knows enough about this to ask if she can hold my hand; Sandra comments that this particular evening, the children will be kept close, although they can still have fun). Finally, we can note two things about sensitivity to individuals, and the timeliness of interventions. Petra does not get a rating – this was a conscious choice by the member of staff to accommodate a newer child, yet to ‘join in’ fully with everything, needing longer. And also, there is a pause after Ahmed has been asked about hurting two adults. This has already been addressed, so the point is not ‘rubbed in’ and Ahmed is not shamed. Sandra shows a sensitivity to timing and moves quickly on.

The above section on the therapeutic frame has noted how, in early life, carefully modulated experiences of time and space gradually provide safe boundaries, which shape the infant’s emerging understanding of what will take place where, and when. Predictability supports the infant and young child’s developing sense of agency and efficacy. Such background management is surprisingly taxing for the adults concerned, signalling that it is not a ‘naturally occurring’ provision, although ideally it feels seamless enough to the infant being cared for. New mothers are frequently astonished at the time and effort it can take to get out of the house with a new baby, or even, to move room.

Whilst the background safety of home feels self-evident to most people, home has not been experienced in this way for the children at MBS. The therapeutic milieu therefore takes account of the deficits they have experienced and adjusts for these, anticipating the children’s need for predictability. The attention to timing, structure and planning can infuse the environment with a therapeutic dimension, as Winnicott came to realise during his time in Bicester with David Wills (see the discussion in chapter two on p. 15).

The Therapeutic Relationship – building trust

The section above has considered the very public nature of the milieu at MBS and the observant, attentive stance of the staff. Such a stance could easily convey a watchful gaze that could be experienced as intrusive or distancing or impersonal. The research evidence suggests that this was not the case. The attention given to the children was warmly caring, so that the 'gaze' which was so omnipresent took on a different, less potentially threatening quality.

This section examines the quality of the everyday working relationships that are established with the children at MBS, and which build trust so as to facilitate the deeper aspects of the work. Four different themes were arrived at describing this aspect of building trust, which combined to make things feel family-like and 'ordinary' at MBS, despite the 'public' group living and the continuous intrusion of behaviours and feeling-states that were obviously far from ordinary. These were:

- *Friendly, warm, welcoming and kind*
- *Modelling playfulness and participation*
- *Joking, laughter, humour*
- *Normality*

Friendly, warm, welcoming and kind

Sigmund Freud described the importance of ordinary friendly, affectionate feelings in cementing the therapeutic relationship, and Carl Rogers described the importance of empathy and 'unconditional positive regard' (a basic acceptance of the person, despite their behaviour) in building a therapeutic alliance. The importance of responding to the other's feelings, and the attempt to build trusting, warm relationships, was evident in the observational data collected by the researchers. In the 'Day in the Life' vignette in chapter three, for example, there is a sequence where Tula, a member of staff, works very hard to be empathic in relation to Marisette's sensitivity when having her hair done (p. 42 above). Staff were also observed frequently distinguishing between the child and their bad behaviour, and signalling their liking, valuing and caring for the child, despite the child's destructive

actions. Consideration of the children's conversations with the researcher, as well as coding of the observations, suggested that the children responded to this consistent message of being individually liked and valued:

"Okay. The first big question is tell me about Mulberry Bush and what it's like being here."

"Well it can be really, really challenging but most of the time the challenges that we think are really challenging don't end up being really challenging at all, we just make a big thing about it. There are a lot of really good adults that we can trust that we like here at the school. Lots of good friends. You get to phone if you miss home you get to phone home. You get your own nice bedroom." (Marisette)

"I get on with the staff well. Some adults you form relationships with and some you don't. Some children can get possessive of some staff, so they tell you who you can be with. So on Saturday and Sunday you can please yourself with adults you get on with, you can position yourself to be with them." (Will)

For children who have come from environments which have been at best uninterested and undermining and at worst deliberately abusive it appeared there was a conscious effort to offer a positive experience of other human beings to show that the world and people could be not just benign but safe, nurturing and affectionate. This was not a sentimental stance but appeared to be built on genuine respect and care for others who were really known and understood.

"A TA from another class came in and she and Coraline (S) had a quiet conversation in a corner and after a little while they had a hug." (Blue Class, morning, April)

"In the school meeting, the children and adults are intermingled on the floor, in the communal area, with a ring of adults squashed around them. Most of the children are sitting on adults' laps or have adults' arms around them. There is a relaxed atmosphere (but screaming coming from outside) and occasional interruptions as more people squeeze in and one person goes out." (School Meeting, morning, October)

“Ethan and John had had a really horrible argument in the morning, but they made up by the end of the morning and in the afternoon they worked together and produced this lovely poster you see here; Marcus couldn’t do his maths and Jesse, who was getting on really well and had finished his maths, asked Marcus if he wanted him to help him and they worked really well together.” “ (School meeting, morning, October)

Warmth, and a welcoming, accepting, kind attitude convey care. Adults who join in with children’s activities and show genuine interest in these convey that they take the children seriously and want to be with them.

Modelling, playfulness and participation

The children at MBS have missed out on a lot of ordinary developmental experiences of play and conversation, particularly one-to-one with attentive and caring adults. High staff-child ratios and a commitment to building positive relationships with the children mean that for a lot of the time at MBS, the children can play. Indeed, to be able to play is the first of the eleven elements the school seeks to put in place for the children.

The observational data contains many instances of staff consistently making themselves available to play with the children. It takes mental ‘work’ to make oneself available, and to be in the right state of mind to relax into play with children, rather than being bored or preoccupied with what else needs doing. MBS staff are assisted by the commitment to maintaining very high staff-child ratios – something many (working) parents of small families would envy. Play goes on much of the time, including in the classroom, particularly in the intake classes. The therapeutic milieu places a lot of emphasis on shared fun activities inside and outside, either in groups or one-to-one – in fact, shared play activities were, in many respects, the milieu. Staff engaged the children a great deal in making and building things and in setting up games like ‘stick in the mud’, ‘hide and seek’, football, basketball, British Bulldog, roller blading, swinging and climbing. There was a fair amount of horseplay, tickling and rough and tumble. A lot of use was also made of board games and puzzles,

books and reading, pretend play and play with small world toys and (messy) arts and crafts.

“Declan has meanwhile set out Connect 4 and invited Sam (S) to play with him. He comments that he is brilliant at this game and always wins. Sam agrees to play and they play a couple of games with Declan winning the first one and Sam the second. Sam is low key and comments first time around that he has forgotten how to stay on top of this! Declan is delighted to have won but I observe his win is quite lucky. He takes it in good part when Sam wins the second time.” (Sycamore House, morning, November)

“Shervonne asks Phil (S) quietly if he can read her a story. She has picked up a ladybird copy of Aladdin and crosses the room to show it to him. Phil says, ‘Oh! Aladdin. Do you know the story?’ Shervonne nods and looks at the pictures, climbing onto the sofa next to him. Phil says, ‘Well, since no one else is here yet...’ and he begins reading Aladdin quietly to her, commenting that he had this exact same story book when he was a child.” (Sycamore House, evening, November)

“Louise gives up on Mr Potato Head and moves over to look at the doll, saying in a pleased way that it is new. She says she is going to take it for a walk and wheels it around a bit. Then she wants to take it out of the buggy and struggles slightly, and Michelle (S) adds that she will help her. She encourages Louise to take baby out gently and Louise wants to change the baby’s nappy. Michelle helps her to take the doll’s shorts off. She shows her how to position the baby doll on the nappy and then close the tabs. Together they gently dress the baby doll.” (Red Class, morning, September)

Children were observed watching DVDs and playing on ‘house’ play stations, but this was rare. For children who find it hard to play with each other, who carry a lot of tension in their bodies, and who may need by turns either enlivening and drawing out, or the chance to go back and play with toys for a younger age group, or the chance to play in a calmer, more thoughtful way, this was a play milieu continuously scaffolded by adults, providing many opportunities.

Joking, laughter and humour

As part of the more upbeat and lively aspects of the setting there were lots of genuine attempts to be humorous. Some of the humour seemed quite sophisticated between staff and earlier on the children did not always get it. Humour seemed to be used by staff to diffuse the emotional impact of situations both for themselves and the children, to lessen upset and to prevent escalation.

“Justin apparently bit Coraline (S) this morning. She shows me a dark round bruise. She said when he goes he’s really hard to hold and he gave her a black eye two weeks ago and it was a real shiner. She said she had joked to him he must stop doing this as he is going to ruin her modelling career. She had a broad smile and is talking to us all as she recounts this.” (Blue Class, morning, June)

“Paul (S) comes back briefly and takes Ellie out before reappearing with her hanging upside down over his shoulder on his back, giggling. Michelle (S) says, deadpan, ‘Oh! Hang on a minute, Paul, you’ve got something on your shoulder.’ ‘Have I?’ Says Paul, straight faced. He pats his shoulder and ‘finds’ Ellie, who is still giggling.” (Red Class, July)

Facilitator: *You don’t know. If I asked you to describe Coraline (S), how would you describe her?*

Funny, or she tries to be funny.

Facilitator: *She tries to be funny. Is she funny?*

No. (Harry, summer, 2015)

“Mikey says to the meeting, ‘This year the disco will not be held in the Music room, some of you will be surprised to know –...but in the school hall!’ There are some murmurs about this and he adds, ‘So there will be more room to dance, for those of you that need more room!’ Chuckles follow.” (Whole School Meeting, morning, December)

As the last two examples illustrate, children were encouraged to be funny too and staff noticed and responded positively when they were. There was a lack though of sarcasm or insults or hurtful behaviour dressed up as joking by the adults, though children were acknowledged to wind each other up a lot, perhaps sometimes for their personal amusement. They were challenged strongly on this when they did this to other children.

'Normality'

Onions and Browner (2012), lead therapists at MBS, note the importance of ordinariness in the therapeutic milieu, and of interludes that are not about 'therapy' or 'treatment' of one sort or another, but simply "...times in the day when children can just begin to live their lives".

The observations show that a sense of normality was achieved surprisingly frequently at MBS, often existing alongside disturbance, as in the example above on p. 52, where Harry was 'kicking off' in the patio doorway, so the other children had to choose a different way out of the house. In the routines for getting up and going to bed, or for having snacks or going to lunch or playing in the garden, there was a feeling of normal life just going on in a 'familial' way. Where the children had been longer at the school, there was some evidence of an emergent, more supportive peer culture at times; and even in the intake house, there were quite long interludes of friendly co-operation and engagement between children.

"Shervonne asks if she can have some play dough and Louise says, 'Yes, of course', and passes her some. Shervonne begins shaping the play dough and adds, 'I'm making a snail, I'm making some snails...' Louise watches, pleased. Shervonne says, 'And my snail can move around, he can slide...' She moves him across the floor and adds, 'And he's hungry, he's looking for some food...' She moves the snail towards some of the bits of play dough that Louise has left on the floor, and makes the snail pretend to eat them. Louise says, 'Hang on a minute, I'll make him some food.' She begins chopping up bits of food with her finger nails and placing it on the floor for the snail and Shervonne makes the snail eat it. The two of them carry on playing with the play dough quietly and co-operatively and both Mark (S) and Jill (S) watch with pleasure.

Jill says quietly to Mark, 'I was going to do...but I think I'll leave it, don't you?' Mark nods." (Sycamore House, evening, November)

"She told me her name was Marisette and that it was Ettesiram backwards. As we walked to the house Chantelle started yelling very loudly at Marisette who yelled back that she didn't care. She told me that she used to be Chantelle's friend but they had now fallen out. Inside, Marisette took down a large wooden kitchen chair for me and we all sat down. Mikey and Marisette were in a chatty and friendly mood. There was some discussion about Lucas being able to stay in the diner for lunch. I asked them to explain this and they said that Lucas was on level two which meant you could eat in the diner and do other things and they were on level 1 which meant they were trusted with some things but not others. Level 3 was the best because you could go to the post office on your own. I asked how you got onto a better level and Mikey said it was about staff being able to trust you and this would be shown by such things as going to bed on time. There was some discussion about what was for lunch as there appeared to be pitta breads and melon but someone then found some fish fingers in the oven. Marisette began eating melon for pudding and ate some of the rind and then asked if you were meant to. I said I thought you could as I had juiced them in the past. Mikey said he had a book of 8,000 or 800 or 80,000 things and it said you weren't meant to. Marisette asked if she could play in the garden and was told yes...Mikey asked if I had a key to the utility room I said I really didn't know and Will had a look at my keys and said he thought I did, pointing out the one that had got me into the staff room. Mikey said he wanted his diablo and I checked that he was allowed it and he and Will said it was fine. We got the diablos out and...went into the garden." (Oak House, mid-day, October)

In this latter example in particular, quite a powerful sense of the house 'group' is conveyed (even if Marisette has currently 'broken friends' with Chantelle), with the children having a sense of themselves as a 'top', more responsible group together, with a way of being to aspire to. This sense of 'my group' was not as present in the intake house – who are also together for less time – but it was observed to emerge over time in the other houses, showing how much progress the children could make.

For some, this culminated in membership of the school council. This included responsibilities such as planning social events, reading out awards in school meetings, gathering other children's opinions and being involved in the interviewing and selection of staff.

It was nevertheless recognised that it was when children were together that more difficult feelings might come to the surface. This could also be harnessed as an aspect of the therapeutic milieu, in that children were allowed to interact with each other in ways which would lead to falling out or upset, but were then reminded of appropriate behaviours and removed if things became too heated.

In the first round of interviews with children due to leave MBS, most said they would have liked being at MBS if it wasn't for the other children! However, mature leavers the following year had some interesting perspectives:

'When I'm older I'm going to have a lot more experience, things I've grown up with, a lot more. Being here, you get lots more life experience and you can watch other people and learn from that and what they do and how staff deal with it.' (Will, April)

Facilitator: *'You were good when I asked you this sort of question before. Why do you think the adults might want you to help the younger ones?'*

'I don't know.'

Facilitator: *'Okay. Not sure about that.'*

'Well maybe to help them be a role model. You can still be a role model without having to go up to them and speak to them and help them coming out of their struggle and stuff. Sometimes I may volunteer if it's my friend or someone I get along well with but if I have had to put up with them for three years or something but - or two years - but then I don't. If I volunteer I'm fine but if I get told to I don't in the House, and I just - tell that person off.' (Justin, June)

This section on 'the therapeutic relationship – building trust' indicates that an important part of what the milieu at MBS offers is the restoration of an ordinary, 'good enough' child's life. There is a lot of incidental chat, friendship, kidding about

and having fun and opportunities to just relate with an adult or with other children, particularly through the medium of play. Taking up these opportunities is not something that just ‘happens’, as it might with other children in primary school. Adults need to be a lot more present in the play life of children at MBS, and also in managing the friendship groups of the children, because of their difficulties. In this respect the children relate more like much younger children. However, they were observed becoming increasingly able to play and co-operate and to enjoy friendships, something that has not been possible for most of them in the past.

Conclusion

This chapter has considered MBS as a place of safety, and looked at evidence from the ethnographic observational records that formed a core part of the UEL research project’s method of collecting data, as well as considering the final year children’s interviews. The first part of the chapter looked at research evidence describing the establishment of a therapeutic or holding frame within the therapeutic milieu created for the children. The overarching themes addressed concerned *‘environment and the use of space’*; *‘witnessing and observing’*; *‘use of time, timeliness and transitions’*; and *‘reviewing, structuring and planning’*. The second part of the chapter considered research evidence documenting the opportunities the children have to build trusting relationships within the therapeutic milieu at MBS. The overarching themes addressed were: *‘friendly, warm, welcoming and kind’*; *‘modelling playfulness and participation’*; *‘joking, laughter, humour’*; and *‘normality’*.

Analysis of findings from the research suggests that the therapeutic milieu at MBS becomes a place of safety in part through the attention to detail paid to the holding frame. ‘Opportunity-led’ work can then occur (see p. 15 in chapter two). The background provides a ‘fabric of care’ that holds the children in the milieu. Indeed, on leaving, individual children and staff at MBS are given a blanket, symbolic of something that will hold them as they move on, that hopefully joins up with other loved possessions, like Lenny’s ‘Bobby’ elephant, cited in chapter three on p. 40 in the ‘Day in the Life’ vignette. The leaving blanket could be seen as Winnicott’s original ‘transitional object’, grown up (Winnicott, 1951).

Whilst this background fabric of time and space is important, the research strongly suggests it is brought alive by the psychological holding of the children in the minds of the staff. There are examples of ordinary empathic holding and ‘marked mirroring’ (see p. 23 above) in many of the observational extracts - for example, when Phil reads Aladdin to Shervonne; or in the two extracts where Sam is playing Connect 4 and Michelle helps Louise with the baby doll. The staff members’ responses are seen to be in tune with the mood of the child and contingent upon their emotional needs. In the extract where Marisette’s leaving is discussed, it is possible to note that Michelle holds Marisette’s feelings in mind by saying, *‘It’s okay Marisette, you don’t have to worry, I can be close to two people at the same time!’* Similarly, Sandra says to the assembled children in Sycamore House, *‘...the adults will be keeping the children close today although you can still play out in the garden if you want, and have fun. There may be another kid joining us for tea.’*

In the ‘Day in the Life’ vignette on p. 42, Michelle picks up on Lenny’s unvoiced worries about the progression chart on the classroom wall. She takes his rather inchoate experience and attempts to empathise with it and then articulate it in terms he can follow. After she has done so, she is supported by Paul, the Class Teacher, who also speaks to Lenny’s experience:

“...Michelle (S) comments that when Paul (S) was talking then, about people being worried about something, she saw Lenny glancing up at the wall where the charts were and she wondered if he was a bit worried about his chart. Maybe he was even a bit worried that it only had four coloured in bits on it? Lenny lifts his head and listens as Paul explains the targets and adds, ‘In this class we know that none of the children are stupid, they can all learn, they just might have had stuff going on that might’ve got in the way and made it hard to think. Because when you are worried it is hard to think.’” (See chapter three p. 42)

Although it is not possible to know that Michelle has ‘read’ Lenny’s mind correctly, it seems likely, as the intervention calms Lenny down and enables him to join in. An argument can be made for this being a fairly clear example of ‘mentalizing’, where this is defined as *“...perceiving and interpreting behaviour as explained by intentional mental states”* (Fonagy and Bateman, 2016, p. 4). Other examples of mentalizing can be found in the extracts above and extensively below throughout chapter five. Fonagy and Luyten (2016) have noted that therapy that is effective and utilises

processes of 'mentalization' occurs in many therapeutic settings, not just in the clinic via formalized 'Mentalization-Based Therapy'.

The kind of attunement illustrated above allows the children to have experiences where someone else is sharing in their pleasure, excitement and interests, mirroring it back to them in a form that makes it recognisable. More excited or loving 'mirroring' exchanges of glance and gaze and touch are evident in the extracts evidencing physical affection, jokes and normal sequences of interaction, and in the children's comments about seeking out and being able to be friends with adults whom they can trust.

Chapter two noted Fonagy and Bateman's argument that 'epistemic trust' is what is fostered in early secure relationships (p. 23 above). 'Epistemic trust' is seen as the foundation from which individuals can learn socio-cultural and emotional information. It is not possible to take what others have to offer on trust unless one believes that their attention is fundamentally benign and that one is 'known' by them in a benign way.

MBS provides a milieu that intends to reprise the early, good enough facilitating environment in its attention to detail and committed concern. John Diamond has described this as providing love and enabling the growth of love (Diamond, 2008). The account in chapter four suggests the therapeutic milieu is successfully maintained as a place of safety for the children, with the potential to support their emotional development and stabilise their mental health.

Concluding Summary of Chapter Four

This chapter has:

- noted that the analysis of the observational data and the interviews from staff and children yielded two central ideas: i) of a parallel therapeutic milieu for staff, and ii) of a therapeutic milieu for children that is both a place of safety and a place where dangerous feelings and behaviour can be expressed
- described and illustrated maintenance of a particular 'therapeutic frame' at MBS characterised by: i) attention to the use of space and ii) time; iii) a particular 'observational stance' on the part of staff and the attempt to bear witness to the children's emotional experiences, and iv) active evaluative reflection on emotional experience
- described and illustrated how trusting relationships are built in the milieu through the use of emotional warmth, support for child-led play and playfulness, gentle use of humour and a determined staff effort to support and maintain 'normality'
- argued that the milieu provides a background 'fabric of care' within which staff offer marked mirroring, attunement and mentalization in relation to the children's experience, and hence the opportunity for epistemic trust
- noted that these dimensions of care have reasonably been described as a form of love by the CE of MBS, John Diamond, and as facilitative of the growth of love; this can be linked to the potential to support emotional development and stabilise mental health

Chapter Five: The Children's Therapeutic Milieu - An Edgy Place

Introduction

Chapter four explained aspects of the therapeutic milieu designed to provide a background environment that is safe, trusting, playful and ordinary. Although the milieu looks and is ordinary, the last chapter noted that this it is not 'natural' in the sense of being something produced intuitively by very nice, experienced people. The milieu is an artefact of the specialist work and training of the staff – work and training looked at in more depth in the next chapters. However, a key early code for the UEL team when analysing the data was, '*looks simple, but...*', because initially it was a struggle for the researchers to identify what it was that was making things work. 'Something' specialist and particular was occurring amidst the ordinariness. The researchers were not alone in initially struggling to identify what this was – in her interview, a new member of staff noted,

"I think - yeah, there is something that is unique to this school that I haven't seen anywhere else. It's really, really hard to put a finger on it. When I started I thought it is really different here, I'll understand it soon. But I still don't really... I see it up close but still not quite sure what's going on. It's just - I think it's just the way that people are with the children. They're - it's patience and it's that trying to just be very, very open and to think a lot about emotion and feelings and different communication. It's the way people can pick up on things that is...Like how did you get that? It's so right, it's so spot on, that's exactly why someone's done something." (Becky)

The concluding discussion at the end of chapter four reviewed the evidence provided for one dimension of the 'something' that is being provided in the milieu – safety, or a secure base. It aimed to show exactly why and how the provision of safety is therapeutic for children who have experienced neurodevelopmental trauma; and the third key element in the MBS's schema for the children's developmental progress is that they should learn to 'keep themselves and others safe'.

This chapter looks at another dimension of what is being provided – a particular way of regulating and addressing the children’s feelings and behaviour, feelings and behaviour that continuously threaten to get out of hand. The argument presented in what follows is that when feelings and behaviour tip over into states of mind that are overwhelming, or actions and behaviours that the child needs to consider and change, staff use a subtle combination of down-regulating *and* addressing feelings and behaviour. They steady the children emotionally, *and* offer responses that are empathic but also gently challenge them. This strategy, of steadying and empathising, but also challenging, has to be carefully calibrated. Because of this, for outside observers, it can be difficult to ‘put a finger on’ the strategy being used – it does not appear as an abstract, hard and fast rule. For successful application, it depends on timing, knowledge of the child, context and the staff’s individual trusting relationships with the children.

‘Things have to go wrong’

One key early code of the observational data was, *‘things have to go wrong’*. Since MBS is working with children who struggle to articulate their states of mind verbally, and as the DFE Guide notes, communication occurs through behaviour (see p. 8 in chapter one), it is perhaps not surprising that researchers found a fairly consistent belief across the institution that in order for change to occur, it was necessary to engage all the time with ‘real’ and strong feelings in the children, as expressed through their behaviour. There was a common belief that emotional gain only occurred through a certain amount of turbulence:

“Yes, well I think what we - the thing we use a lot with teams is you need the pot to be bubbling not flat, you need things to happen. So when [Mike (S)] and I do observations...sometimes we'll go in and we can't really give an outstanding unless there's been some action. Because we know that they are all very good at running a shift but unless we can see them being challenged that's when the real work happens, it's when there's been a breakdown.”

“What happens through that, that then you can see the shift? If everything just stays the same, we keep a lid on it, we don't take risks with the kids, nothing changes, we're just - this is sort of behaviour modification isn't it? It's

just sort of - we're just controlling rather than actually working through some of the - so that's what we say to staff. Yes, it may go wrong tonight but if it goes wrong tonight then what can we learn from it, what can we move on in relationships?" (Head of Group Living)

Researchers identified a working belief in the organisation that there can be no movement or change, but a potential denial of the whole of the child and their experience, if all behaviour is simply calmed. Observations of MBS by the research team suggested that it is seen as part of the task to allow, meet and understand what lies underneath the children's observed and experienced difficulties. The assumption seems to be that if the setting represses the disturbance, nothing will change and the disturbance will just stay underground. This is an actively psychodynamic stance, consistent with the principles outlined on p. 2 of the introduction, and in chapter two on p. 14, where the theoretical foundations of MBS are discussed.

The Expression and Regulation of Feeling and Behaviour

Some of the behaviours observed by the researchers included explosive acts of violence directed against other adults and children and property, aggressive and causal racism and sexually abusive comments, repeated spitting into people's faces and onto their clothes, and lying and contemptuous comments like those shown by Amir in the 'Day in the Life' vignette in chapter three on p. 45. There were also quite a lot of behaviours observed and recorded that were bullying and verbally menacing towards other children or staff, as well as inappropriately sexualised interaction, including using social media to send indecent pictures, attempts to run away and persuade others to do so, controlling and disrupted behaviours in relation to eating and sleeping, attempts at callous treatment of creatures in the wild life area and frequent examples of chaotic or intrusive behaviours, such as making continuing high-pitched animal noises, screaming continuously, throwing objects, grabbing objects as weapons, trashing and attempting to damage property. Observers were also told about, but did not witness, enuresis and encopresis, a refusal to maintain hygiene, stealing and self-harming behaviours.

The behaviour could potentially be extremely intimidating and upsetting if one were on the receiving end of it, or witnessing it, not least because of the degree of inner disturbance it revealed in the child¹⁷. As noted in the introductory chapter, when ‘ordinary’ foster families are continuously on the receiving end of the behaviours traumatised children display, the risk of placement breakdown becomes high, giving some indication of the strain this behaviour places on adult carers (Rock et al, 2013; discussed in chapter two). The UEL researchers identified the following three themes specifically related to ‘down-regulating’ aggressive, violent behaviour and containing other behaviours in an accepting manner - even though such behaviours could quite easily induce considerable dislike, and a desire to avoid, repulse or expel the child:

- *Containing aggressive, provocative, defensive and intrusive behaviours*
- *No retaliation or punishment: non-judgemental stance*
- *Safety - physical holding, touch and the body*

Containing aggressive, provocative, defensive and intrusive behaviours

The example below describes a very common event where a child threatens physical violence. Such events occur repeatedly in the observational records:

“Ellie tells Paul (S) to fuck off and hits him on the arm. He says, ‘Oh! Oh!’ in a reproving kind of way and puts himself between her and the others. She barges into him and he holds her gently, reproving her. She swears more and begins spitting onto the floor and then onto his arm. Paul says, ‘Oh no you don’t!’ quite angrily and asks her to sit down. She ignores him and picks up a chair, holding it over her head, looking at him in a challenging way. He gently takes the chair from her and she hits him again. He restrains her calmly so that she has her back up against him.” (Red Class, morning, July)

The next two examples illustrate disgust-inducing behaviours:

¹⁷ Members of the research team used to working with young offenders and teenagers sometimes ‘slipped’ and referred to the children as ‘young people’; this is significant in that much of the behaviour was reminiscent of ‘acting out’ in people a decade or so older, rather than in children mostly aged between six and twelve years old. Other behaviours, such as Louise’s with her juice, detailed on the next page, were reminiscent of infants or toddlers.

“Lucas drops his cracker butter side down on the inside leg of his trousers and wonders where it has gone. He then picks it off and eats it, leaving a smudge of butter high on his inside leg. The researcher suggests he wipes it off, but he points at her and says, ‘You and I rub it off!’ He then starts asking people if they like seafood. He asks the researcher, and she says, ‘Yes, I like seafood.’ So he opens his mouth so she can ‘see his food’.” (Blue Class, morning, September)

“Louise shakily fills up her beaker nearly to the top, spilling a little down the side, and then takes her breakfast bowl remnants and pours the brown milk and remaining coco pops into the juice so that it overflows over the table. She sips it cautiously. Jill (S), on the other side of her, says, ‘Careful hands, Louise.’ Louise stops slightly guiltily and Jill asks her gently, ‘Do you want that juice?’” (Sycamore House, morning, November)

In observations of Red Class (an intake class) and Sycamore House (the intake house), researchers noted and coded repeated use of the word ‘calm’ by staff. Staying calm, and modelling calm, involves attention to the adult’s own sympathetic nervous system, which is aroused in tandem with the highly aroused systems of the children as they show their manic, fearful or enraged inner states. Thus the staff task of steady down-regulation, as things get edgy, is internal and external:

“Paul (S) looks around the room and comments that it was nice to hear about people’s weekends and everyone has been listening and stayed nice and calm. In fact it has been lovely and calm in class all morning, particularly as people have just come back from their weekend and sometimes people can be a bit unsettled after that. It isn’t always calm in here, is it? Sometimes it can be a bit noisy or even, people can be running in and out and leaving class. That is not nice for everyone and in fact one of the things children say most to him is that it is too noisy in here. Sometimes what they mean by that is that other people are making too much noise. ‘And other times, what I think they mean is that THEY are the ones making the noise, and that is because there is a lot of noise in their heads and they are worried about something and perhaps they don’t know what it is.’” (Red Class, morning, September)

In Red Class in particular, the observational data recorded a great deal of modelling of ways of containing the children's emotional states, and addressing them; staff seemed to anticipate the likelihood of the children being constantly hyper-aroused. In the 'higher functioning' class, Blue Class, though there was a similar close monitoring of the children, using one-to-one or two-to-one support, there was less recording of the word, 'calm'. Instead, the task appeared to be more about emphasising the children's capacity to be able to manage their own emotional states, with adult support.

No retaliation or punishment – non-judgemental stance

The observational records showed that staff do not retaliate against, or punish children's highly challenging behaviour. This practice is consistent with the DFE Guide's recommendations. Staff are also making careful judgements about when children 'won't' behave, and when they 'can't' – with a recognition that the latter is more likely to be the case than ordinarily supposed. Staff remain calm and contained in a way that can seem counter-intuitive. The non-judgemental, non-punishing stance was recorded as puzzling some of the maintenance staff on occasion:

“Mikey had repeatedly trashed his room and Don [maintenance] was so good about it, he just kept putting it back together immediately, making things right again. Which was impressive given the work – and the estates staff might not always be the ones who were the most tolerant about the children's destructive behaviour. They might tend to take a different approach about how to deal with that kind of behaviour!” (Staff Induction, morning, February)

The non-punishing response could also puzzle staff new to the school, coming from other settings where clear reward-punishment frameworks were used to 'set boundaries and give consequences':

“I can remember when I was brand new and if a child did something I thought, God, they're not really being told off... you'll notice that the children aren't shouted at, they're not - the children, a lot of them, have been used to being shouted at. That's what they're waiting for. They're waiting to be hurt, they're waiting to be sworn at, and they push and they push and they do

things and they push and they push and they're waiting to see how you react.” (Michelle)

This quotation from Michelle’s interview conveys the understanding that much of the children’s behaviour might be described as ‘unconsciously intentional’; designed to elicit a judgemental response, which in some respects, keeps the child with the familiar, in a non-trusting, self-reliant, defended place. The research findings in relation to the staff’s consistently non-retaliatory responses suggest that in meeting violent behaviour with non-retaliation, staff were attempting to ‘head off’ or short-circuit an habitual reaching for the defence of toughness, and the ensuing habitual denial of the experience of shame and of pain in the self and in others.

The observations recorded how aggressive and provocative behaviour is addressed in the setting, but that initially, behaviour is contained and de-escalated. Later it is thought about, and sanctions are negotiated; there is no immediate punishment. Staff appear to accept that as part of their role there will be constant and repeated attacks by the children upon them, their colleagues and other children. Though these can be verbal the children’s early developmental levels and limited linguistic skills often mean outbreaks are very quickly verbally crudely abusive, or physically violent and aggressive with a concurrent psychic assault implicit in many of the outbreaks.

“John got upset and swore back at Ethan, asking him not to call him a nigger. Ethan retorted, ‘Well, you are one, you big fucking nigger shit cunt...’ John actually managed to restrain himself continuously during this period with Katherine (S) retaining eye contact and laying a hand on his arm. Katherine asked Jayne (S) quietly to see if she could find some stickers – some special sparkly ones – for not taking any notice when someone was trying to wind you up. Jayne did so and stuck two quietly on John.” (Red Class, morning, July)

“Some kind of argument breaks out with John, who picks up a shoe and throws it at the ceiling in front of the researcher, then another shoe (it lands on the table) and begins running around the room, grabbing and overturning a chair as he does so. Ross (S) and Paul (S) get up and catch him, one on each arm, and ask him to calm down. He is swearing and shouting. Ethan looks at him too and asks him to calm down, quite nicely. Ross and Paul walk John out

of sight to the classroom down the small corridor. Ross returns and engages Ethan again.” (Red Class, afternoon, June)

The observational data record staff working very hard to reduce and minimise very common outbursts like the ones above; staff do not get externally aroused in response in the moment of the incident. Staff are recorded showing aspects of anger or distress on occasion that are often real and of the moment; this has been interpreted by the researchers as intentional in order to give the child an experience of the other’s emotional state, in a mindful and contained manner. As noted above, internal and external containment appears particularly significant in providing the children with a very different response to their dis-regulated behaviours than they may have previously experienced. This is a response that is visible to others too, and might plausibly be supposed to act as a model of how to mediate such states, as with Ethan above. In this way the researchers concluded that the children are not potentially stuck in a cycle of acting out and punishment but are instead provided with a way to regulate and understand their distress, in order for it to be reworked into something new. Incidents were made sense of and processed for the child and the adults but not in the moment of disruption. Consequences were clearly structured and were focused on reparation, as recommended in the DFE Guide. Punishment was not observed and even mild telling off was rare.

Safety - physical holding, touch and the body

The observations recorded a consistent strategy of avoiding overloading children with feelings of shame - behaviour was not termed bad or naughty but ‘unsafe’. When children are held, it is within the narrative of ‘keeping them and others safe’. Within an environment which is often very volatile it is unusual that it actually feels unsafe though there have been times when it was observed to be very difficult to contain the behaviours of particular children or groupings for a period of time. In these cases, action is taken across the system. The staff work as a group or network in order to return to a safer equilibrium as soon as possible. This might include moving staff around to provide extra support, splitting up groups of children, or regular meetings and thinking spaces with a child. It is the understanding of the dynamic as well as its direct management which is considered important.

Both household and education settings appear to make constant use of holding and touch. Maintaining physical contact can be a very literal way in which children are reassured that they are still valued and are not being abandoned, helping to alleviate the potential for overwhelming feelings of shame. Researchers observed a continuum in holding, from the comforting and nurturing expressed in sitting on someone's lap or greeting them with a hug, through into the area of regulation, which could encompass a touch on the hand, through to hand holding, an arm around the shoulder, sitting on laps and a full, hug-like holding. These could then morph into holding or restraint or in some outbursts went directly into a child being held by one or two members of staff:

"The children then started to arrive. Marisette came in and stood in front of Coraline (S) whilst Coraline gently hugged her and stroked her arms and tummy and hair." (Blue Class, morning, September)

"Luis (S) was having to hold Harry's hand. It seemed to stop him acting out and he twisted and protested a little and Luis talked to him quietly." (Blue Class, morning, October)

"Marisette came out of the sports cupboard, running past Coraline (S) with a hockey stick. Coraline followed Marisette and asked for the stick back and then grasped part of it. Marisette didn't let go. Coraline continued to ask for it quietly and Marisette didn't respond but kept tight hold of it trying to pull it back from Coraline. This tussle got more heated and Coraline and Marisette ended up near a wall. Coraline was holding Marisette and removing the stick....Coraline then managed to remove the stick and pass it to Luke but needed to hold Marisette, who had become very angry. She tried to kick and struggle and Matheus came over and held Marisette by the other arm and she started to struggle and scream." (Blue Class, morning, September)

Holding as restraint at MBS follows the 'Team-Teach' system and is a last resort, only lasting long enough to take a child out of a situation and into a space where they can work through their distress without the need for continued direct physical holding.

'Team-Teach' is congruent with the MBS philosophy of understanding children's behaviour rather than simply repressing it:

"Yeah, so I've had training in Team-Teach and I didn't - I had it the week before half term, so it was nearly two weeks ago now. Which I've been here quite a while some people might think before having it. To me I quite - I was quite glad of that to be honest. Because once you have that you might feel like should I be using this immediately? But they say with physical intervention - it's 95 per cent of trying to deal with a situation and a difficult behaviour should be communication, talking or - and they teach - they talk about all that in Team-Teach." (Becky)

Many of the children in their interviews mentioned that they found the behaviour of other children annoying or distressing and intimidated both that they were different and also that the Mulberry Bush would be great were it not for the behaviour of other children:

"Facilitator: Okay. What about being in the classroom, what do you think about being in the classroom, how does...?"

Chaotic really.

Facilitator: Chaotic. Okay.

Normally it's fine but it's just best to stay out of things like fights and everything because it just makes it worse. Just lately someone said something about someone's mum or dad or something then someone throws a chair at someone else and it was all horrible." (Justin, July 2015)

In the interviews both the aggressive acting out by pupils and their holding by adults was therefore often experienced as a distressing aspect of the Mulberry Bush and the thing the children liked least.

"Because it's just - I don't like seeing people getting held onto in case they get hurt or the adult holding onto you gets hurt. Just a feeling I have watching them. I've never been held onto though. Okay. So that's good."

Facilitator: "Yes that's a good thing."

"Yeah."

Facilitator: "You don't like watching other people. Do - why do you think people get held onto sometimes?"

“To stop them hurting people and hurting themselves, it's just really for safety reasons...” (Thomas, afternoon, June)

Staff, however, maintained their stance that violent behaviour was never simply ‘wrong’, or just about expelling feelings and misusing others, but a communication about inner states that might be engaged with, and that this was the productive and humane way to relate to it:

“I think for some children, it's about, ‘I'm emotionally out of control, if I'm physically out of control, will you step in and rescue me’. For some children it's, ‘I feel crap, I need a hug, but I don't have the language to say, can I have a hug? My language is aggression and then I know that you will physically hug me, stop me, hold me’. I think a lot of our physical interventions become a hug for children. So I think the physical aggression, not for all of the children, but I think for some of the children think the physical aggression is a communication of, that I'm not feeling safe. So for example, our group of children who are leaving in July, we know that they're anxious, they don't know where they're going, they're losing relationships, they don't know where they're going to live or anything after three years. Their number of physical interventions increases. That is not surprising.” (Head of Training)

In conclusion to this section on the expression and regulation of feeling, the research team noted that MBS is prepared to take risks in the environment in order to work with the meaning of the children’s edgy, anti-social and violent behaviour. There are particular implications of this way of working for staff, discussed further in chapter seven. An emotional openness and an acceptance of what is behind the behaviour exposes those working in the organisation to real emotional toll. Researchers heard staff mention feeling tired and exhausted. There is also a physical risk and staff are at times genuinely hurt when they are assaulted. They are also open to allegations which are not infrequently made. Team-Teach has been alluded to as the safe framework staff are taught to use in order to restrain children; this also contains many strategies for non-violent management of behaviour and the organisation as a whole has a system for recording, reviewing and discussing harmful incidents. But an important dimension of the work is protection from secondary trauma and the risk

of burn-out. Chapter six looks further at how staff are protected in the organisation from the risks associated with working with violence in an open, less defended way.

Building the Capacity for Reflection

The argument emerging from the findings of the UEL Research Project is therefore that a second key specialist therapeutic provision that the MBS offers¹⁸ is the attempt to build children's capacity to reflect on their feelings, following experiences of bringing those feelings out into the open. However, the children are not allowed to simply 'act out'.

In order to understand that this is an explicitly therapeutic method practiced by all staff in the setting, it is necessary to further understand in depth what this method might achieve. To anticipate material explored in depth in chapter seven, interviews with senior staff revealed a very consistent narrative about the hopes that they had for the children when they left MBS. When asked directly about this, there were consistent responses about the belief that children should develop the capacity to reflect and think about their own feelings rather than simply acting on those feelings:

"I hope that they can be in touch with how they're feeling and have strategies to make sense of those feelings in a way that doesn't involve aggression or damage or exclusion. A part of that is that they allow themselves to have relationships. So for me, a successful placement is not necessarily a child that goes into mainstream school or whatever, it's about a child that can leave here with a sense of themselves and the ability to make relationships." (Head of Training)

There was a sense that the extent of the difficulties the children experienced meant that the school could not provide a magical cure, but could aim to help the children achieve sufficient mental capacity to be able to think and reflect on their own feelings. If they could be helped to do this, then they could begin to make healthier relationships with other people that were more ordinarily sensitive to their own

¹⁸ The first key therapeutic provision offered is psychological holding, to create a place of safety for the children where they can begin to experience a sense of basic trust in adults.

capacity to be hurt in relationships, or to hurt others. The next section in this chapter therefore looks at the themes elaborated in relation to the way the MBS therapeutic milieu developed children's capacity to experience, recognise and reflect on their feelings and behaviours, particularly feelings associated with shame and humiliation, and the attendant fear and anger. Four themes were noted:

- *Re-enactment and working through*
- *Boundaries and keeping on track*
- *Surfacing and containing shame*
- *Meaning-making, symbolizing, interpreting*

Re-enactment and working through

As noted, one of the core aspects of the MBS milieu is seeing behaviour as a communication. It was common for children to re-enact past events as a way of communicating states of mind. One example of this was suggested in the 'Day in the Life' vignette in chapter three on p. 44, where Anna's experience of working one-to-one with Marisette was noted, during a time when Marisette used her relationship with Anna to enact sexual experiences she had had with her father, her father's friends and 'boyfriends'. There can therefore be deliberate (if not often conscious) working through in outdoor and imaginative play, with the facilitation of staff. The staff will play and be part of the situation and although being mindful of meaning, will not interpret. Instead they 'hold' the behaviour in mind, and think about what has been communicated, to make better sense of the child. One of the researchers was encouraged to play with a child (in a closely supervised context) who had requested she play with her:

"Louise says that I (researcher) am the patient and I have to cough as if I am sick. I cough and Louise says, 'No – not like that, like this...' She coughs in a deep phlemy way and then pretends to vomit. She is not smiling but looking at me intently to check I do it. I do this a couple of times and she prompts, as an order, 'Again...like this...' When I am doing it 'right' she nods assent. Then she starts sawing at my wrist with a toy saw, without any introduction, looking into my face all the while to gauge my reaction. Initially she saws at random – quite hard – and I say, 'Oh dear! Am I having to have my arm sawn

off?’ She nods tersely and then saws at my hands more definitely, one after the other, saying ‘plop!’ as they ‘fall on the floor’. I say, ‘Gosh, that’s pretty serious’ quite lightly and she continues to gaze into my face expressionlessly. She switches in turn to my ankles and feet and then my neck. I say, ‘Gently.’ Tom (S) has been watching slightly amusedly and adds, ‘Gently, Louise.’ Louise adds, ‘You have a sore neck,’ and presses the hammer against my forehead. I remove it gently and tell her I will have a sore head if she keeps pressing that hard. Her intent rather blank expression doesn’t really change. She says we need to go into the play area to dress up in our doctor kit.”

(Sycamore House, evening, October)

Once this play episode was concluded, the researcher felt rather chilled and uncertain about the ‘horror’ the child had conveyed and the lack of humour and minimal verbal interaction. She was invited to reflect on what had happened and was told that this kind of play and this kind of sequence had been repeated with other members of staff. It was the subject of discussion in various staff reflective spaces.

Boundaries and keeping on track

Within a setting that could seem chaotic or even dangerous at times much is done to provide boundaries and help keep children on track. The researchers observed ‘light touch’ day-to-day reminders and suggestions as well as very clear direction and sanctions. Simple behaviour modification techniques are also evident, more prominently in the school settings. For example, an observer noted a ‘marble pot’ in Blue Class; children who reached educational targets got a marble; when the pot was full, the class received a reward such as a trip out. Children also work up a ‘levels’ system where they get more freedom and privileges the safer their behaviour is (see the example given by Marisette and friends in chapter four on page 66). However, reward-punishment systems are not the main mode of behaviour management. Reward-punishment schemes can be easily manipulated, and rewards can lead to outward conformity whilst reinforcing and encouraging manipulative behaviour. Punishment itself can reinforce a cycle of shame, more punishment and more acting out. Therefore, most boundaries are set and reinforced through the use of real relationships and the wish to keep everyone safe.

Surfacing and containing shame

In the extracts below, an observation in Yellow class is presented, followed by a record of a conversation with the class teacher:

“The class go to the gym to do some exercise and play games. At the end of the first game of ‘bulldog’ there is some tension and words had between two of the boys. One of these is Mikey, who has been causing quite a lot of anxiety with his violent behaviour. He had bitten the TA in the classroom the day before. The teacher immediately picks up on the altercation between the two boys and asks Mikey what was said. He refuses to say and is slightly rude back. The group sit down and the teacher comments how well the group had been doing but that now things have become difficult. Despite the tension, it is noted that it is Mikey’s turn to choose the next game. There is an exchange of glances, and the teacher comments for a moment, ‘Oh. That’s difficult.’ The possibility seems to be raised that Mikey will not be allowed to choose, given what has just happened. But then the teacher quickly dismisses this idea – ‘Of course it is your turn’, and Mikey chooses the next game of ‘manhunt’. At the end of this game, again things deteriorate between the two boys. They both go back to the classroom with the group, but now each of them is being held by the hand/arm, by the teacher and TA respectively.

Things become more challenging as the lesson progresses. Mikey starts writing obscenities in pencil on his book. Don from Green Class comes into the classroom and discusses Mikey with the teacher. This is clearly a conversation that is for Mikey’s benefit. They discuss how difficult Mikey can find things – they note that he had become very attention-seeking when a younger child came into the classroom. The class move to a corner of the room to read a story and it gets to the point where Mikey is demanding he be let go of – but the teacher still refuses to let go - J: ‘I can’t because I think that you need me to hold you’ . . .[after some time] ‘I will let go of your arm and will touch your back, because I think you still need me to show that I am here and thinking of you. . .’”

In the extract above, there is a decision made by the classroom staff (who were joined by Green Class staff at one point) to keep the boys together in the classroom. There are also some very charged feelings in the room. Mikey had attacked the TA the day before. It might have been very tempting to have calmed things down by getting Mikey out of the classroom. The teacher was interviewed soon after this difficult morning in the classroom and discussed what had happened; it became apparent that the actions of the staff had taken place within a context:

“Yesterday Mikey had a bit of a tricky incident in class when he bit - he bit Ross (S) quite badly on the arm and pulled the Deputy Head's hair. Three adults were holding onto him in here. Very tricky. When he does hurt adults he - he was also punching himself. The feeling he has, he really does hold onto that. I think a lot of this morning has been about him - he started to try and make things better for Ross, but he hasn't managed to. He will know that Ross is obviously still not very happy with him about what happened yesterday.”

The teacher then explained that holding was very deliberate strategy, to make it clear that Mikey was not being abandoned:

“Part of that for me was “I am here, I can help you and support you, I am thinking of you”, because I don't think he could have trusted that I could be thinking of him without being physically attached to him.”

This is one example amongst a number in the observations where staff are showing sensitivity to feelings of shame. Mikey is concerned with feelings of belonging and whether he is thought about and wanted. His aggressive behaviour the day before will have stirred up his feelings that he would be abandoned. As things again hot up the following day, the strategy was to allow the negative feelings to be expressed but to keep Mikey (and the other boy involved in this altercation) in the group. The physical contact – hand holding, arm holding, back touching - serve to directly make the point that Mikey is in connection with the staff. He is not being abandoned. As the teacher explains, Mikey has, in the past, been able to verbally and non-verbally articulate the feelings of shame he has about feeling that he will be abandoned. This helped her to think further about his anxieties about being left out, or abandoned:

“There was one day that I had scooped him aside and was saying, “No, I’m thinking about you and I can see you’re finding things difficult. You’ve got a face that’s looking very cross. I think you’re feeling angry or sad or worried.” We went and started there and he turned his back to me and said “I can’t say this while I look at you - while I’m looking at you,” or something, “But I’m worried about James moving in. I’m worried you’re going to forget me.” So, that was quite remarkable he was able to say that.”

Staff were sensitive to Mikey’s feelings and allowed these to surface; they then kept him and those feelings in the group. As noted above, it would have been very easy to have simply calmed things down and diffused the incident by removing Mikey from the classroom. Instead, Mikey was supported in staying with his feelings; he received physical reassurance about his connection to the staff, as well as a verbal commentary about his feelings. The organisation of the classroom spaces was also involved – the member of staff from Green Class had been keeping an eye on Yellow Class and had gone in to offer support to the teacher.

Meaning-making, symbolizing, interpreting

One of core aspects of the regime is that behaviour is seen in terms of communication. Observations record staff seeking the meaning of the communication in the moment, often drawing on a shared group ‘knowing’ of each child, so that individual incidents and the whole self can be known and understood in the round. Staff symbolise this meaning-making through their own behaviour, and in cross-talk, or through directly addressing what they believe is going on. Staff may discuss the child’s preoccupations or dilemmas in their presence and for their benefit, but not directly with them. This allows the child to listen and think without feeling pressured to respond and without feeling shamed by being the direct focus of concern. At other times, though, the meaning-making and interpretation can be done directly with the child. This last and longer extract looks at such a piece of work with Ethan, the child who racially abused John in the extract above on p. 78:

“Let go, you’re hurting me! Ow, ow, ow! Get off, you bastard!’ Paul (S) is holding Ethan from behind by hooking his arms underneath Ethan’s elbows, which are behind Ethan’s back. Ethan cannot really struggle or escape from this position without hurting himself but he has a go at kicking backwards

against Paul's shins. Paul moves his legs out of range and comments calmly, 'No, I'm not hurting you. But I'm not letting go until you stop hurting people and possibly hurting yourself.' 'Fuck off, you bastard! And you...[to the researcher, without looking at her]...you fucking get out of my classroom, you bitch!' [the researcher moves to the edge of the room.] Ethan pauses in the kicking and Paul relaxes his hold slightly. 'Why don't you calm down and we can sit down and talk about it?' There is silence and Paul slowly lets go. Ethan throws himself onto a chair at the table, keeping his back to Paul and burying his face in his arm. Paul sits alongside him slowly and quietly without making eye contact and says, 'Why don't you tell me what happened yesterday?' 'Nothing'. 'That's not what I heard. Why don't you tell me what happened to upset you so much?' Ethan sits up and makes eye contact with Paul. 'Cherize grabbed me round the neck like this...' Ethan shows him how she grabbed him. 'And nearly half strangled me. And said it was a JOKE!' 'Well, that's pretty horrible and it must have made you feel hurt and angry. But how did that lead to you punching Julia (S) several times in the face?' 'She got in the WAY!' Shouts Ethan angrily. 'She was trying to stop the fight between you and Cherize. She was trying to stop the hurting, she was trying to help, and she got punched in the face for trying to do that. How do you think that made her feel?' 'UPSET!' Shouts Ethan, and puts his face back in his arm. 'Upset...I think a bit more than upset. Try again.' There is a pause and Paul adds, 'I think you're quite good at saying sorry quite quickly when something like this happens but you don't really want to think much about people's feelings. How about hurt...and possibly sad...and probably, scared? Do you think she might have been scared? It sounds like quite a scary situation!' Ethan says, still with his face in his arm, 'Well, she shouldn't work here if she doesn't want to get hurt.' Paul says, 'People absolutely do not work here in order to get hurt. They work here because they want to help, they come to work every day wanting to help the children here not to be hurt or hurt others. Julia was trying to help and she got punched in the face, just for trying. Is that fair?' There is a long pause and Ethan says, 'No,' reluctantly but genuinely. Paul adds, 'I want you to think about how you can say you are sorry to Julia. And mean it.'

Later Ethan does make a thank you card for Julia quietly with only a small prompt. He gives it to her wordlessly and they have a silent, quite long hug. Julia looks genuinely pleased and there are smiles all round. Later Paul invites me to notice how expertly Ethan is washing up everyone's paint tray. I ask if the water is nice and hot and he says cheerfully, 'It's nice and warm!'"

In the extract above, Ethan is being restrained by Paul and they both have to find a way out of the deadlock. Paul takes responsibility for de-escalation and non-retaliation, as well as providing a measured verbal commentary which reflects his attempt to give Ethan a non-violent point of purchase on what is happening. Paul uses the incident to get Ethan to understand some of the consequences of his violent behaviour and this involves a certain amount of demanding 'reality confrontation' - one of Rapoport's four principles of a therapeutic community approach to treatment - (Rapoport, 1963). Paul supports Ethan to get past his disavowing and minimising strategies for avoiding responsibility for the violence (in psychoanalytic terms, his 'resistance'). One can imagine both strategies of restraint and reality confrontation going badly wrong in less skilled hands, so Paul's decision reflects an awareness of appropriate timing in when to take up the previous more serious violent event with Ethan, and timeliness in relation to when to push for a reconciliatory gesture from Ethan. Throughout the extract, Paul is feeling his way with Ethan, being very careful not to push him into further defensive violence, and not wanting to shame him. But steadily, he arrives at a different meaning and interpretation of the situation than the one Ethan wishes to promote and hold onto at the outset. In order for Paul to work this way with Ethan, he has to have a depth awareness of whether or not Ethan can stand this kind of testing re-interpretation of events, and so the extract illustrates the importance of weighing up, over time, individual children's strengths and difficulties, socially and emotionally, and judging when they are ready to. It is likely that there will have been many incidents previously where Paul has simply had to hold on to his knowledge of what may be behind Ethan's behaviour, and has had to resist the impulse to interpret it.

Conclusion

This chapter has considered MBS as an edgy place, again drawing upon evidence from the ethnographic observational records gathered by the UEL research team and supplementing these with extracts from the final year children's interviews. The opening sections of the chapter review two key codes emerging early in analysis of the observational data – *'looks simple, but'* and *'things have to go wrong'*. In relation to the first theme, *'looks simple, but'*, Becky, a new member of staff, was noted as saying, *"It's the way people can pick up on things that is...Like how did you get that? It's so right, it's so spot on, that's exactly why someone's done something"* (p. 72 above). Becky was uncertain about how staff might know what to pick up on, and how they know how to pick up on it. One argument in this chapter has been that *'picking up on things'* appropriately is a product of careful timing, knowledge of the child, context and the staff's individual trusting relationships with the children; the chapter has explored how staff *'pick up on things'* at MBS.

The second code, *'things have to go wrong'*, was then discussed in relation to research evidence describing the expression and regulation of children's feelings and behaviour, the argument being that MBS deliberately maintains a therapeutic milieu where states of mind and behaviour are kept *"bubbling not flat"* (Head of Group Living, p. 73 above). The overarching themes addressed in relation to down-regulating and simultaneously acknowledging these feelings and behaviours were: *'containing aggressive, provocative, defensive and intrusive behaviours'*, *'no retaliation or punishment: non-judgemental stance'* and *'safety - physical holding, touch and the body'*. The second part of the chapter looks at the process of acknowledging and addressing feelings in more depth, by considering research evidence documenting occasions where staff are building the capacity for reflection. The overarching themes addressed were: *'re-enactment and working through'*, *'boundaries and keeping on track'*, *'surfacing and containing shame'* and *'meaning-making, symbolizing, interpreting'*. The chapter has argued that a second key specialist therapeutic provision that the MBS offers – the first being psychological holding, discussed in chapter four - is the attempt to build children's capacity to reflect on their feelings, following experiences of bringing those feelings out into the open.

The literature review in chapter two highlighted the significance of ‘inauguratory shame’ (Schoore, 1994) as a key early emotion in the development of young children and noted it was a product of persistent dynamic mis-attunement between caregiver and toddler. Chapter two noted the way that ‘good enough’ parents of toddlers typically offer measured doses of ‘non-contingent’ responses to signal disapproval and trigger shame in the young child. The neurodevelopmental argument is that shame assists in the development of greater self-awareness in the young child, in the context of learning about what is and is not safe and acceptable. The same chapter also discussed the MBT therapist’s use of non-contingent responses and gentle probing to assist clients suffering from borderline states of mind in challenging their mind-sets and behaviours, but only once genuinely empathic, contingent responses have been offered and accepted by the client. Part of the reason why MBS feels so ‘edgy’ is because getting the offer of a non-contingent response ‘right’ can be a very close call. Traumatized children like those at MBS are hypervigilant in relation to any non-contingent responses and do not accept responsibility easily. They respond with violent defences if they feel that something ‘alien’ which is shaming or violent is being forced back into them (see p. 24 above).

An organisation might easily respond defensively to the manifestations of the children’s trauma described above, by managing the environment with more potentially repressive restrictions of the children’s freedom. This could be done whilst still remaining in line with requirements in the DFE’s Guide. There could be greater use of exclusion and medication, a lot more ongoing one-to-one educational and treatment work with ‘separate’ professionals of one sort or another, one-to-one withdrawal of children to particular areas and a very tight framework of rewards and sanctions, justified in the interests of keeping everyone calm and safe. This might well be a perfectly viable management strategy that could indeed be expected to ensure safety and produce a reduction in incidents, but at the expense of everyone in the setting attempting to learn from a more ‘empathic’ behaviour management strategy (Elliott, 2015, discussed on p. 22). Alternatively, one could envisage a situation where staff feel they are ‘walking on eggshells’ and find it hard to be robust enough with the children, perhaps becoming affected by the very fragility and hypervigilance that the children display. This is the risk of ‘over-involvement’ and burn-out that Diamond (2013) identified when he advocated moving towards a more

explicit model of group living and a horizontal axis in the 'emotional economy of relating' (see chapter two, p. 17 above). The aim was to avoid individual staff taking on sole responsibility for 'parenting' individual children through intimate key-working. The MBS strategy, which purposefully brings shame- and rage-filled feeling-states and attendant behaviours out into the open, in front of the community, might at first glance seem counter-intuitive. It is, however, planned and thought through in relation to solid therapeutic principles, where the aim is to make feelings of shame, rage, humiliation and fear safely visible, and so tolerable, survivable, and ultimately, able to be overcome and to be learned from. This is important, because, as Van der Kolk and colleagues noted on p. 28 above, suppression of the feeling of shame comes at the cost of suppression of awareness of the hurt inflicted on the self, or on others; and leads to an undermining of self-respect, of the sense that one can 'count on oneself' (Van der Kolk et al, 1999, p. 15).

At the beginning of the research process, researchers became fairly immediately aware of how hard the organisation was working to maintain order and to provide a relatively normal school and home-like environment for children who were clearly carrying very high levels of distress. The deeper therapeutic rationale for much of this work was partly known academically, but it has taken time in the research process to understand how theoretical insights accumulated over the near-seventy year history of MBS have themselves been developed from practice – from reflection on the emotional experience of relating to a particular child population. The reasons for working via group living in a very public, visible and multiply-relationship-based way have become much clearer. This chapter has attempted to show why the staff need to work in the way they do. It has related the work to a more contemporary neuro-developmentally grounded discussion in the 'Mentalization-Based Therapy' literature, of the significance of 'empathic contingent responses' and 'measured non-contingent responses' in treating borderline states of mind therapeutically, and in being mindful of the toxicity of excessive shame.

The next chapter considers what provision needs to be made for staff in order for them to carry out their therapeutic community work effectively and without too great a personal cost.

Concluding Summary of Chapter Five

This chapter has:

- Described some of the very difficult behaviours that threaten to get out of hand and noted how staff harness these positively so that they can be actively worked with in the moment ('things have to go wrong')
- Concluded that the edginess in the milieu is partly because getting a non-contingent response right for the children can be a very close call
- Documented the non-retaliatory, non-judgemental, containing approach used by staff to 'down-regulate' children's feeling-states and behaviours, as well as the use of non-verbal methods such as touch and holding
- Identified a key dimension of the MBS approach in the therapeutic milieu as the attempt to build children's capacity to reflect on their feelings, following an experience of bringing feelings out into the open
- Highlighted staff's sensitivity to the experience of shame in individual children
- Noted the theme of, 'looks simple, but', where staff expertise in managing the children therapeutically is hard to pin down, because it is context-, knowledge- and relationship- dependent

Chapter Six: The Staff Milieu - A Safe Place to Develop One's Work

Introduction

As suggested in the introduction to chapter five, and on p. 40 of chapter three, it is easy to idealise staff, and organisations like MBS, who work with traumatized, violent children, vis. 'The staff are just wonderful people...I don't know how they do that job' - *Carer 4* on p 4 of the introductory chapter. This is similar to the way that nurses or emergency staff can be idealised, and the approach can slide into a kind of 'naturalization' of the work ('I think you have to be a special kind of person to do it') – an attitude that implies it comes 'naturally' to some people. This can belittle the effort put into training and developing therapeutic care workers and teaching staff, and the work those individuals do on themselves. Although this is not the intention in Martin Narey's (2016) report, his suggestion that professional qualifications at higher education level are unnecessary for such workers could exacerbate this tendency. It then becomes easy to turn a blind eye to the labour and to over-load such workers in the belief they have some sort of inner resource others do not, and a 'calling' or 'love' that magically sustains them.

In fact, when frontline staff at MBS were asked about their previous work, individuals came from a range of backgrounds and only some of them had worked directly or in a therapeutic context with children with backgrounds of trauma (although a number had worked with children and young people with disabilities, or who were particularly socially disadvantaged). This chapter looks at the support, supervision and training that is given across the organisation in order to 'hold' staff and contain their anxieties about the difficulty of the work. Such 'holding' is important in enabling staff to feel safe enough, even when they are threatened with (and indeed, experience) physical or verbal assault. The chapter also considers other aspects of the setting and structure that contribute to providing a 'therapeutic milieu' for staff. It also documents what staff have learnt and know, in terms of expertise, about what needs to be in place for them organisationally, so that they can be enabled to work well with this child population.

As can be seen from the preceding chapter, staff work extremely hard in role, and because of the difficulty of the work, and the complexity of it, their need for supervision, training and support is high. The organisation as a whole also needs a high level of ‘conductivity’ – teams need to be connected up and information needs to flow appropriately and continuously between individuals and teams. As noted in chapter one, ‘to work collaboratively in order to create a high quality treatment environment’ is a core principle of the MBS approach (p. 2 above). One could add that collaborative working ought in principle to create a high quality working environment for staff. Without the right kind of individual and group support for staff in place, there is a very real risk of staff colluding with or being caught up in cycles of violence with the children (‘empathy failure’, Elliott, 2015), or becoming numbed to the impact of the children’s extreme behaviours, or suffering secondary trauma and burn-out.

The Therapeutic or ‘Holding’ Frame for Staff

Chapter four considered the ‘therapeutic frame’ in the children’s therapeutic milieu at MBS. This had the function of providing the children with a clear and predictable structure within which to situate the therapeutic work the school was asking the children to do on themselves, in order to change. As has been suggested above, the staff also need such a structure. In what particular sense does this need to be ‘therapeutic’?

In order to remain authoritative, open-minded, kind and empathic, it is felt at MBS that the staff need to be open to developing personally. This involves confronting and working with aspects of themselves and their personal histories that would normally be considered private and part of one’s personal, not working, life.

Both John Diamond, CEO, and John Turberville, Director, pointed towards parallels between the work individuals have to do on themselves at MBS, and the work individuals do in therapy¹⁹:

¹⁹ And each of them alluded to their own therapy in interview.

“If you don't learn about yourself here well therefore there's no point in being here, this is - it's not just a job it's a learned journey, there's a vocational element which is a learning journey or there's a professional task...The first year is a bit like the child's first year immersing themselves in the culture and ethos and getting in touch with the raw pain of the children...I think it's always tough because you do have to start facing yourself.” (John Diamond, CEO)

“It is about reflective practice...This isn't therapy for staff but it's certainly therapeutic. It's getting the balance between the therapeutic and the management bit of it, if you like, that helps people find their way through.” (John Turberville, Director)

This section looks at therapeutic and management structures in place at MBS that provide a ‘holding’ therapeutic frame for individual staff, and groups of staff, so that they can grow and develop in role and best support the children. The research analysis has identified six themes that address dimensions of the ‘therapeutic frame’ that holds and supports individual staff and teams at MBS:

- *Employing the right people*
- *Clearly designated roles and tasks*
- *Reflective practices: supervision and reflective space*
- *Meetings as ‘contact’ across boundaries and networks*
- *The Foundation Degree Award (FDA)*
- *Hierarchy and promotion*

Employing the right people

Members of the senior management team spoke about the need to employ individuals who were open to working on themselves, but also, resilient – as noted in Narey’s report, they needed ‘resilience and moral strength’ (Narey, 2016: 60). The Head of Group Living noted that if they themselves had experienced difficult backgrounds, they needed to have done sufficient work on themselves to be in a resilient place internally when faced with the children’s boundary-testing and

potential misuse of relationships. Several members of the senior management teams stressed that on application, candidates also needed to be appropriately cautious about what they would be facing, and open to trying to understand the children's behaviour:

"I think someone who can make relationships and who can understand the impact of the work. So before interview, people are asked to come and spend a day here, or a couple of days here. I think the first interview question is, what happened on your visit day and how were you left feeling? I think there's a big difference between people who say, oh you know, I loved it, it was great, it's really exciting, and people who say, actually, I felt really vulnerable, I felt a bit intimidated." (MBOX Teaching School Lead)

MBS therefore puts a careful selection process in place for staff, including involving the children in the interviewing process. When asked about the application process, frontline staff noted the difference between the MBS process and other job application processes they had been through:

"It felt like instead of them ticking things off a list, it felt like they were trying to get to know me and my reasons for wanting to work here... I also found it quite impressive and interesting the way that before I had an interview I spent a whole day with the children. Then the people that I was with that day and the children were asked what they thought of me...you can have an interview or you might be able to convince someone that you're perfect. Then given the employment, you come in and it just doesn't work and it's more difficult. So it was different but I appreciated it." (Becky)

It was also clear that the visit day, and the manner in which the candidates approached the selection process was at least as important, if not more so, than their CV or answers in interview:

"It said something like 'emotionally troubled children', and I think in my mind that meant children would be emotional in the sense of tearful and very sensitive... I was thinking well I don't want to get a job with these traumatised children having had no experience. I was really worried. They were like oh don't worry about that, you absolutely will. It was quite - the day I visited was quite - it was like a traumatic day in class. When I got the job they said oh

some people don't even turn up to the interview after they've visited and I was like wow, okay, I can see why. So yeah just by chance, well sort of by chance but sort of I did want to work with vulnerable children. I think the back of my mind I did want to but I didn't know how.” (Michelle)

MBS senior staff noted that it had taken time to develop the right selection process for staff. The selection process aimed to signal to candidates that they too should be thinking about the selection, making an informed choice about whether or not this was the right ‘fit’ for them. Thus, the impetus to self-reflect began even before one was formally in post.

Clearly designated roles and tasks

Understanding one’s role, and staying within the boundaries of it, are important elements of professionalism. This theme points towards the contrasting roles of house, educational and senior staff. However, it is also important to note that when individuals spoke about their specific professional identity as a therapeutic care worker or educator or manager within the organisation, they also spoke seamlessly about the therapeutic dimensions of their role. Whether in the ‘houses’ or in the ‘school’ or at management level, therefore, individuals were making a shared contribution to the therapeutic milieu. Staff therefore evidence a clear understanding of what their particular task is from a professional point of view, and also, from the point of view of needing to link up that professional identity with an identity as a ‘therapeutic’ provider.

As well as articulating their role in terms of their job title and practical activities such as physically caring for the children and playing with them, or encouraging them to help with small tasks, therapeutic care staff spoke about the need to form relationships with the children, so as to build trust in order to find out where individual children and the child group were ‘at’ emotionally, both at the current time and in relation to their traumatic pasts:

“The therapeutic care I guess means to try and have a sense of how they’re feeling and why. Building relationships with the children. Because I wouldn’t open up to a complete stranger if they asked me how I was feeling.” (Becky)

People spoke about the need to hold an understanding about feelings in mind in an ongoing way in order to do the work well. Nearly all the staff interviewed drew consistently and spontaneously on the idea of 'behaviour as communication', central to one of the three principles informing work at MBS²⁰, 'a psychodynamic approach':

"It's important to remember that behaviour's communication...Ethan, his father horribly physically abused him...I am an authority male figure. The children know who's in charge of a classroom and then he wants to please me, but at the same time, that becomes very, very difficult. He will then feed into me those feelings. So if you were to just, without knowing about or thinking about the communication, you would just have a child who would be as sweet as pie one minute and then be trying to break your nose...without any apparent reason for it." (Paul, Class Teacher)

Paul, one of the class teachers, discussed the discrete task of education of the children. He saw this as firstly being about stabilising the child within the classroom, then moving to help them to recover their learning self and to recall material they have in fact learnt in the past, then finally beginning to close the gap in attainment that has opened up for them. The Head Teacher (at the time of interview) was also very clear about the significance of high educational standards at MBS and the need to maintain classrooms as primarily teaching and learning spaces. The clear specification of the educational task and of educational roles within MBS was again something that had been worked at over time²¹:

"When I first came the school was very muddled in terms of everybody was Jack of all trades. So, teachers would be involved in the care side, care staff would be in the classrooms. There was no real structure around the curriculum or the quality of teaching...we did a sort of a very separate piece of work to separate people out...We maintained the structure and the standards around how we do that within the education area. The care staff have done the same. It was a parallel process really...We don't make adaptations to the

²⁰ The other two being a reflective culture and collaborative working, as noted in the introductory chapter on p. 2.

²¹ As noted in the introduction, MBS received excellent OFSTED educational (and care) reports; academic excellence is not something that has historically been associated with special educational provision, so this is a specific achievement.

curriculum based on the therapeutic needs of the children. So, I think our practice is what I would expect to see in any good school.” (Head Teacher)

Paul did not see a conflict between formal educational teaching and learning, and the therapeutic provision in the school. Rather he stressed that everybody, including teaching staff, was working with “therapeutic intent” and that education had a distinctive part to play in this:

“Because education, it’s got such concrete successes to it that – emotional behaviour’s very difficult to measure. But educational success can be a lot easier. You get a row of ticks, you get your, ‘I can’ statement, highlighted in green. That’s lovely, that’s wonderful, a real sense of achievement.” (Paul)

Researchers observed that educational activities, like play activities, had the potential to draw heat away from the intensity of one-to-one relating, and could therefore provide a ‘third object’ for a child and an adult, or a child and a child, to share and gain pleasure through. However, there was immense potential for shame and failure in the classroom and researchers observed more violent incidents and restraint, and more examples of children having to be removed from the room, than in the houses. This was also partly a function of the need to maintain a non-disruptive teaching and learning space for the other children, not something that had to be born in mind so centrally in the houses.

Staff were very alive to the potential for experiencing shame in the classroom and made great use of ‘jazz hands’ and explicit praise and positivity in relation to every achievement. In Red Class, the intake class, special stickers, photographing of work, triple ticks and smiley faces as well as simple reward systems were employed. Paul talked about bearing in mind children’s past experience of the educational system, where they will have been rejected or isolated from the rest of the class and taught one-to-one, which he saw as boring. He also highlighted the hatred the children would have been on the receiving end of, as a result of not fitting into a system not geared for their needs; and the ‘horror’ of this and of carrying a sense of stupidity. Therefore, stabilising the children in the classroom meant attempting to get past these expectations of a shaming experience and convincing them of their own intelligence. They then needed to begin to recover their sense of being able to learn -

“...they’ll start to go, oh my goodness, I can re-engage in it, I can re-engage in learning.” Once this had been established Paul described the aim as then being to work through to a position where the child could move to the final stage classroom. This was for pupils who could consistently take responsibility for their own learning and engage in it, although they might still evince behaviour difficulties. Children from the final stage classroom also became members of the School Council and achieved a measure of independence over and above that given to the others. This ‘promotion’ was not connected to level of achievement within the National Curriculum, but personal progress.

Thus the school had the very explicit and well-worked out dual aim of recruiting education to the therapeutic task, and introducing children to expectations and a curriculum that dovetailed with the mainstream. It seemed to us that this was quite demanding, and the Forest School and PAWS work an important complement to the efforts to maintain standards in the classroom.

Reflective practices: supervision and reflective space

As maintaining a reflective culture is one of the three key principles at MBS, and as it has its roots in the therapeutic community tradition, researchers expected to find examples of reflective groups acting as the means through which staff were supported and given supervision. All the staff talked about formal support being offered through reflective spaces. The number and intensity of these, on top of a range of daily and weekly meetings, was relatively high, more than would ordinarily be offered in residential childcare settings. Staff described the following opportunities for reflective discussion of their work:

- Individual supervision (usually half-termly; fortnightly, initially)
- Group supervision (three-weekly, interchanging on Wednesdays with Reflective Space and ‘choosing’ – a third of the staff would relieve the others by running activities for the children)
- Reflective space (three-weekly)
- FDA reflective space
- Appraisal (termly)

Members of the central management team attended and facilitated these groups and on top of a range of other meetings, attended half-termly review meetings, with a reflective space facilitated by external consultants. Additionally, John Diamond and John Turberville had joint supervision with an external consultant every six weeks.

Individual Supervision

Frontline staff explained that there was a clear separation between the task of supervision and appraisal, although staff noted that personal targets were derived from individual supervision, and a recent decision meant that a record was kept of the supervisory meeting. This was accessible to individuals above the grade they themselves were appointed on, and some people felt uncertain about this (might they therefore find themselves keeping back information that might show them in an unfavourable light to senior staff?). Others, however, expressed trust in senior management derived from good feedback about their performance and their value to the organisation. Supervision was seen as an important space where individuals could talk about the personal impact of the work:

“To be able to sit with somebody and just tell them the bits that you don’t necessarily want to tell the rest of the team.” (Joanne)

The supervisory space was described not simply as a space to off-load emotionally, but was provided in order to make sense of one’s own positioning within an emotionally dynamic field, either in relation to individual children, or the child group, or other individual staff, or the staff group. This was considered important if staff were not to become caught up in relationships that were actually unhelpful. All the reflective spaces at MBS were seen as helping with this to some extent, but Tracey outlined the usefulness of one-to-one supervision in particular for this purpose:

“There is something about the organisation having a real grasp of understanding that we are here to support staff but we are not here to parent staff. Those two things quite often especially in the supervision process can sit very closely together...our own external world and internal world can impact on each other. Without providing therapy there’s enough space for people to begin to understand that and to use that to begin to understand what it was that brought us here...Otherwise I think the risk is what happens is that

people fall into the trap of being here and becoming totally self-indulgent and it's all about meeting my need.” (Tracey)

Group supervision

Group supervision was with one's own work team and was described as valuable in order to share one's experience of the work, both with individual children and the child group, and with one's colleagues and the team. It was facilitated by the line manager of the more senior staff (for example, the house manager). It was described as a space in which to work through team dynamics, both incidents with another team member that had niggled and ways in which staff might be being unhelpfully deployed by the children and by other staff. The meetings were also described as useful for linking members of the team who might not regularly be on shift together, and for thinking through where individual children and the group of children were at, emotionally, although this latter process was also described as occurring in a range of other spaces. Finally, it was a place where, given sufficient trust in the staff team, some members of staff felt they could let go of pent up feelings:

“I think yeah, so the team dynamics...So some dynamics which were explored...was some competitiveness between me and Shalina...Some of the [staff] had noticed it and saying there's a lot more emails going around. When Joanne sends an email then so and so will send an email. It feels like everybody's trying to get their voice heard. Again that's important. Because if that's how the grown-ups are feeling, how are the children experiencing how we're working together?” (Joanne)

“...if you've fallen out with an adult and you have to work together that can be really hard and group supervision is quite a good place to bring that, and say it really annoyed me when you did this. Then it allows you to talk about it without it just becoming a screaming match and then it clears the air.” (Anna)

“I'm just flashing back to last time where I broke down in tears and was just a mess sort of in the corner. It – yeah, it can be a very hard place to be both emotionally and mentally. ..Because it's not until you actually stop that the

traffic catches up with you...Its quite funny that I will open up more in my group supervision space...than I will at home.” (Justin)

Reflective Space

Reflective space was distinguished from other kinds of meetings in containing a mix of staff from across the organisation, meaning in particular that staff from group living and staff from the classes could come together in a meeting space that was agenda-free. Some staff members found this space the most helpful for letting go of feelings they had had to manage. Others saw the value of the space more as a place for linking Education and Group Living in particular, and closing potential splits maintained by children, by finding out in more depth how the other ‘half’ of the milieu was experiencing the child. Four staff commented that it took time to learn how to use the reflective space at MBS. On the one hand, it was a space where your own team and line manager were not present, so it could be more freeing. On the other, it was with people whom one did not know as well:

“...when I get distressed or when I get sad they help me in the reflective spaces. I take my time out, have a cup of tea, cup of coffee, then come back, breathe...I’m more relaxed.” (Luis)

“You can just let it out. It can be a really big relief if it’s something that you’ve been holding in...It’s quite a private space. A psychotherapist facilitates it....it’s to think about and to talk about the impact of the work on you. So it’s not to sit and talk about a particular child and turn it into a treatment team meeting...it’s a safe space; it’s okay to say it, you’re not going to go off and talk about it, it’s just within the group...Sometimes you’re like what is Georgia (psychotherapist) talking about and then you’re like oh yeah, she’s spot on.” (Michelle)

“It’s slightly different. A slightly different feel...that can sometimes be a more child based conversation...actually we are feeling the same as you are about that child in Education or what have you...We can talk about a child that is just driving everybody mad at the moment with frustration.” (Justin)

"I think a lot of people when they're new they find those spaces really awkward and difficult and what's the point. Oh it's all a bit airy fairy. I remember feeling like that at the beginning. I think when you've been here a little bit longer and you learn how to use those spaces really effectively you can feel why they're really invaluable." (Joanne)

The other supportive space consistently mentioned was the Foundation Degree Award (FDA) reflective space, and this was discussed in the context of the support offered by the FDA more widely.

Members of the senior management team also spoke at length about the value of reflective spaces of one sort or another. They saw these as crucial for developing staff in role, and ensuring staff stayed safe around the children and avoided inappropriate relationships with them, or damaging acting out of their own with them, or with other team members. Senior staff also showed considerable empathy towards frontline staff and were at pains to explain their understanding of the intensity and strain of the work, the depth of the confusion and exhaustion it could generate. All of them had worked 'frontline' as teachers, therapeutic care workers or CAMHS workers for a considerable length of time.

"If those sort of spaces aren't available to staff, my experience is that some staff just get burnt out. You just get full up of all the negative projections and stuff...So even our maintenance team, but I think they're once every four weeks or something. So it's recognising, actually the children have an impact on every part of the organisation. So whether it's because you put them to bed and you went home feeling exhausted and rubbish and terrible or you're feeling frustrated because you just cooked lunch and they threw it on the floor, or whatever. But actually there's an impact on every member of the community." (MBOX Teaching School Lead)

"I think the reflective spaces is where if you can get somebody to say - someone who's brave enough to start talking about those kinds of things. Generally, if we've got a child who is really violent it will come into a reflective space...for staff to look out for each other. In a way, if it can be done in their same level, it feels less punitive or hostile or threatening or that they think it's

going to be a discipline issue. Particularly if they've really shouted at a child or been a bit rough - or not too rough, that kind of - if they want to say actually, I really wanted to slam their head into the ground or whatever the feeling might be that they've got. I think if staff on the same level can talk to each other about it, it takes away that..." (Head of Therapies and Networks)

It is tempting to suggest that the missing word here might well be, 'shame'. One can see a direct parallel here with the children – feelings that threaten to boil over in uncontrollable ways, exposing the self; and the experience of having to work through a 'shame barrier' by admitting these feelings in public – and then hopefully finding that others have them too, it is 'normal' and it is also survivable and not the whole picture. In a group discussion with the research team, John Diamond suggested that the experience of 'shame' might well be one that staff also carry in their personal histories to a significant degree, bringing them to the work. If this is the case, then as with the children, if staff can be helped to bring these experiences over time, heartened by having witnessed others do so, the reflective spaces provide a very important place for therapeutic working through, the development of a sense of compassion towards the self and individual personal growth. In his interview, John Diamond spoke about his own personal experience of self-reflection, in the spirit of attempting to explain why remaining in touch with feelings was core to the work of MBS:

I think even on an ordinary day here I very carefully on a regular basis throughout the day engage with my own feeling state. I think even at my level in the organisation a sense of being irrelevant, useless is at times with me during the day. I reflect on those feelings. I think some of those feelings do belong to me. I think some are passed on down the line from the trauma of the children, something about being - some quite existential feelings about what is the purpose of all this, why am I here, what am I doing, am I really relevant...? I sit with those and what I'm pretty good at I think is really staring at my own limitations and my own emptiness. I think the more - the older I get the more I do that. The more I think by knowing my own anxieties, existential angst, limitations, my emptiness and being in touch with that, the more I feel the school is contained actually. That's a weird oppositional leadership role if you like... It's not about knowing and I read a lot of stuff by

CEOs which is about power and knowing and very much driven by financial concerns these days. For me it's more about the feeling states, what are the feeling states telling me about (a) myself (b) the organisation and what's the linkage, what really belongs to me, what's put into me and what that boundary is. That's always a culture of enquiry because of course you never know because the two are intertwined. (John Diamond, CEO)

This longer extract conveys that reflection is therapeutic work, rather than musing; that it is the work of the CEO to lead in doing it – reflection is not something supervisory that those lower down should do – and that paradoxically, staying with difficult feelings provides a source of knowledge and information that is of a different kind and at least as useful as more obvious sources of authority, personal efficacy and leadership.

Meetings as 'contact' across boundaries and networks

As well as the supervisory and reflective spaces, staff also attended a great many meetings in their various roles, and these routinely included working within their professional area and also working in cross-disciplinary teams. These meetings therefore reflected the principle of 'collaborative working' and included:

- Team Teach three-weekly training workshops
- Weekly Integrated Treatment Team meetings
- Life story work reflective spaces
- Co-Ordinators' meetings
- Team start-of-day meetings
- House-class cross-team meetings on travel days
- Formal weekly individual class meetings and formal weekly individual house meetings

Amongst others, more senior staff also regularly attended a weekly Monday morning CMG meeting, referral meetings on Thursdays, School Co-Ordination meetings and monthly business meetings. Once the range of meetings held with the children is also factored in, there are a great many meetings. In fact, without being flippant, one could say that staff spend their time playing with the children, teaching or caring for

them directly, and in reflective spaces or meetings. Records are kept in the most economical fashion consistent with conveying what is necessary. The researchers' impression was that there is email communication, but most communication is face-to-face. Again, as with the children, the priority with the staff seems to be about building and maintaining relationships. There is an unusual amount of direct contact time of one sort or another; again, indicative of a very reflective, collaborative way of working, congruent with the therapeutic task and paralleling the 'observational' and witnessing stance staff take up towards the children.

Staff also described a range of informal linking networks that were sustained by conversations that took place in a less timetabled and agenda-determined manner. Individuals also noted an 'open door' policy in relation to speaking with the senior management group. What became clear over the course of the interviews was that consultation, collaboration and reflection were integral to the staff's way of working, and were demanding, but much valued, personally and professionally.

Of course many organisations have a lot of meetings, and the research team did not attend many meetings. Those that were attended seemed very focussed on conveying key bits of information people really needed to know in order to work well with a child or a child's network. They were productive, because everyone wanted them to 'work' so as to assist with supporting the children better (and enabling or sustaining progress). They were also testament to the commitment to keep everyone 'in the loop' so as to avoid 'splits' in the organisation, or between the organisation and the children's networks outside it. They were also testament to the levels of planning and review that took place behind the scenes in order to support the children in an individually-tailored and effective way.

The Foundation Degree Award (FDA)

The FDA is a psycho-dynamically oriented award offered by the University of the West of England. It is delivered part-time *in situ* by senior members of the MBS staff in the MBOX Teaching School, and is mandatory (and free) for all staff working directly with the children. The FDA, and the support group that is attached to it, were described as important for giving staff a concrete measure of how the

institution valued them, for providing ideas that made sense of a child's behaviour, particularly when the going was very tough; for increasing self-awareness and for providing a supportive group who made sense of the task of learning and producing assignments together:

"They've given me a qualification. It's called an FDA. I'm gutted they don't do the third year and it's a proper job. But at two years, that's good going...so cheers, Mulberry. You know what I mean?" (Frank)

"The FDA – I really enjoyed the FDA, I was quite sad when it stopped...I don't think you could ask any more from the training. I don't know anywhere else that would offer and pay for the level of training that we get." (Joanne)

"...when you have more high profile children that are very difficult after weeks and weeks and weeks and weeks, you can get to a point where you just think, oh, you're just horrible...You have to hold on to the fact that actually this is because your brain works in a different way and you're reacting to things in a different way...so I think the FDA really kept me on track with the therapeutic side of the work." (Anna)

"...our group became – you became almost like a support group to each other...there's a lot of reflective practice and you kind of think oh – you start to think well why do I work here, well why do I do that, why do I present in that way and what do the children get from me." (Michelle)

When discussing the FDA, the MBOX Teaching School Lead, who is the Programme Leader, observed that there could be a split between those more 'academic' members of staff who could get hold of theoretical ideas quite easily but might not always be able to apply them in practice on the ground and those who struggled to write assignments and to remember the labels and details of the theoretical concepts, but who might be more able to actually use the ideas in practice. He was of the opinion that the latter was more important.

"I'm aware that when I'm teaching or working with groups of staff, I'm not fussed about the language. So if people don't know, can't define projection, I don't really care. What I want to know is, can they make sense of why they're

feeling like they are and whose feelings are they? I'm not really too fussed if they can't tell me the definition of ambivalent, anxious, avoid, those sorts of things. But I think in a nutshell, I think our theory base helps us understand whose feelings are these, where have they come from and what's the impact of these feelings. That, I think, is vital." (MBOX Teaching School Lead)

In other words, the FDA was of more value as a training than a qualification. The Head of Therapies and Networks also noted, however, that staff feel a real sense of loss when the degree ends and have asked for further training, to be able to carry on the work and studying that they have begun. There are therefore now post-FDA study groups, where staff meet to carry on thinking about the theories and ideas learnt on the FDA, and apply them to help them try to understand particular children or group dynamics. It is of course quite common for individuals in organisations to be 'doing a course', but now a lot less common for this to be funded directly and with day-release by their organisation. It is extremely unusual for whole cohorts of staff to be studying on the same programme together. There was evidence to suggest that the studying created a powerful bonding effect, and increased trust between staff, particularly as many of the assignments they were discussing together centred around self-reflexive journals or experiential learning. It is interesting, and another parallel with the children, that high expectations around education and the task of focussing on a 'third thing' are boosting confidence and lessening the anxiety inherent in the work.

Hierarchy and promotion

The research team did not ask the frontline staff explicitly about the hierarchy in the organisation, but it did come up indirectly when staff were asked about what was distinctive about the MBS way of working. The theme of 'openness' came up in the majority of interviews, and Paul, a Class Teacher, in common with some other members of staff, linked openness with the children to an openness between staff, including a climate that could stand criticism and change:

"So it's thinking, being able to take criticism and being able to give criticism to superiors without feeling that the sky's going to fall on your head for it. I think that would be quite distinctive about this place." (Paul)

“I like the fact that although there is a hierarchy, which I personally quite like because that makes me feel safe...it never feels like you can’t approach someone who is senior to you and ask questions...” (Anna)

“I would say our resilience is amazing. As an organisation and individually...I think it initially comes from the top. I hate that [laughs]. But I think the people – Carol Day, for example, she really leads – she’s not just, she doesn’t just sit in an office and tell us what to do...she’ll come and help and she’s one of you. I think everybody really leads by example.” (Joanne)

“...the ability we have to challenge each other.” (Tracey)

Staff also mentioned appreciating the fact that senior staff would ‘shield’ them from their own anxieties, and that information about staff was thought about quite carefully and was not automatically cascaded up or down a hierarchy. Hierarchy also came up in relation to frontline staff feeling a certain degree of frustration in relation to the absence of opportunities for promotion. However, there was a recognition that staff who had been in post for longer were valued, and efforts were made to extend or refresh their roles by giving them authority and encouragement to suggest and take on new initiatives and projects.

Senior staff were asked about hierarchy, seniority and longevity in the organisation. One theme that emerged in the interviews was the central importance of delegation. John Turberville, the Director, mentioned a colleague at a similar organisation who had identified the capacity to delegate as distinctive about the MBS and instrumental in its capacity to adapt and survive:

“He thinks one of the things that’s different about the Mulberry Bush is the level of delegation of real authority and real responsibility to front-line staff. That in most organisations managers or seniors, whatever you want to call them, take on the parental function and then front-line staff become the older siblings...He thinks in this organisation, somehow front-line staff are the parents, if you like. We really authorise them somehow to really feel able to

have real authority and responsibility with the children.” (John Turberville, Director)

This was echoed by John Diamond, the CEO:

“I feel that delegation, line management delegation is really important. John is the director of the school, I ask him to keep me informed, I will support his decision-making but I won't interfere in his decisions which are then passed on to the departments and down through - and actually that's very much a collective decision-making by the CMG anyway.” (John Diamond, CEO)

This stance, of passing decision-making down as far as possible, is of course consistent with the democratic principles informing the therapeutic community tradition, and does empower staff to generate new ideas, also important in an organisation where there is a low staff turnover and the people in the senior management group have been there for a very long time.

John Diamond also articulated the reasons why, nevertheless, a clear hierarchy needed to be in place for the children. This needed to be ‘flattened’ in the sense that frontline staff needed to be authorized in the children’s eyes, to prevent them ‘going over’ their day-to-day carers’ heads and undermining them by appealing to the ‘Head’; and to prevent the ‘Head’ being positioned as the only person who could really exercise disciplinary authority. Additionally, John Diamond noted that a community run along democratic therapeutic traditions would not be appropriate for the MBS child population:

“Here I think the children do need a sense of there are adults in charge. I'm never complacent about that, we are adults, we are here in loco parentis therefore we need to enact in a very concrete way at times, the containment that adults will keep you safe and that's our responsibility, that's important...They'd create their own hierarchy, their own sub cultural hierarchy through power and violence in the same way as you see enacted in prisons and gangs, that would emerge in its own way here. That's another reason why adult authority, adult hierarchy to create a culture of safety and openness, is really important.” (John Diamond, CEO)

The theme of a flattened hierarchy came up again in relation to 'management' staff, when a number of members of the central management team explained the way in which over the last two decades, responsibility for frontline management had been passed to their 'Deputies', who one way or another began taking day to day management responsibility for core areas of the MBS work. This occurred with the sideways move of John Diamond in the organisation, to create a CEO role sitting on the edge of the organisation 'facing out', and the move up of John Turberville into the 'Director' role, 'facing in'. This facilitated the subsequent creation of the Head of Group Living role, to manage the residential staff. The same process occurred in the Therapies and Network Team, where Caryn Onions has handed over authority for direct running of the team to her deputy, freeing her own role up to be one concerned with strategizing and developing potentially new areas of extension for MBS (into family support work and training). Currently, this has occurred with the move of Andy Lole into a more strategic role as an OFSTED Inspector and Head of the Teaching School Network; the exact job description of the more direct role of Head Teacher had not been finalised at the time of writing of this report.

Therefore we see another example of a mirroring process, where senior staff extend the same principles of delegation to frontline managers as are being extended if possible, to frontline staff. This leaves senior staff free to strategize, to use their considerable expertise to extend the reach of MBS into MBO, for example, and to continue to attempt to refresh the MBS model with reference to theory and practice outside it.

The Therapeutic Relationship – building trust

In the preceding chapters, the very public nature of the milieu at MBS and the observant stance of the staff was discussed. Clearly, this observational stance extended to self-observation and observation of each other in role. As noted in relation to the 'surveillance' of the children, in another environment the highly visible nature of one's work and the emphasis on scrutiny of this could easily have become intrusive and could have felt quite persecutory. Again, this was not the impression given in staff interviews, and the reason for this was the emphasis on openness and on building trust through sharing experiences and feelings. Individual

interviewees talked about the importance of building trust with the children; and the equal importance of building trust with fellow staff members. It was also partly because the work was so public, so potentially exposing, that people felt closer to each other – people had witnessed each other in very vulnerable positions and people had also traversed very difficult situations together.

This section looks briefly at the three theme identified in relation to building working relationships that could be trusted and relied upon:

- *Emotional support for each other*
- *Bonding*
- *Humour*

Emotional support for each other

One of the most important and basic ways in which staff could build trust with the children was to just be there day in, day out, in an ongoing way, showing the children that it was possible for the other person to survive their attacks, and still be emotionally intact. Many of the children had experienced the breakdown of foster or adoptive placements and were coping with feelings of being unlovable or of being extremely dangerous to others.

“I think it was Mike Staines said, one of the most therapeutic things you can do is just turning up for work, it's just coming back and showing them that you're still here, you still care...” (Anna)

Visibly surviving therefore sent an important message. However, it also seemed to the researchers that staff surviving for each other, and turning up again (not going under) was also important and affirming. Given how hard the work was, staff showed awareness of each other’s vulnerabilities and supported each other, which again created a culture where people did not want to let each other down:

“Yesterday someone was ill and everyone really rallied round and put in extra and to - to make them feel that they just needed to take their own space, their own time. Here where it seems that time is [laughs] isn't there...She didn't want to go home because she felt bad about it. But everyone just - just go home. Don't be ridiculous, you need to look after yourself. It was nice, it

felt really supportive... I think there is something that sort of joins everyone who works here together.” (Becky)

The discussion above has noted the formal structures for reflection and discussion, but all staff also without exception mentioned that there was always someone to talk to *informally* about the work:

“It can be draining and it can be – I think the biggest support for me was just the people around me that I worked with saying, you will survive this, it will be okay...when you’ve got your cup of tea and you’re just chatting, it’s amazing how much you can get off your chest and how better you feel.”
(Ashley)

“Everybody loves to talk...there’s a lot of time before school where we’re talking about the previous day or we’re talking about that day...We’re talking all the time and getting ready for the day, lunchtime, after school...people don’t disperse” (Michelle)

Bonding

Many staff went beyond describing their colleagues as supportive, to suggest that there was something special about the colleagues they were working with and this was a reason why it was hard to leave. They attributed this ‘bond’ (a word used by four of the interviewees) to the kind of people drawn to the work, and also, the nature of the connection created as a result of having all been on the receiving end of behaviour and communications that could catch one on the raw and were potentially traumatising.

“I think if you ask a lot of people, I think it’s the people you work with that keep us here...sure, any big establishment you get gossiping and other bits and pieces and there’s a little bit of back-stabbing [but] that unitedness, of actually we’ve just witnessed and dealt with something really horrible...”
(Justin)

“When I think about my colleagues, they’re not just work colleagues because – because of the nature of the work and sometimes the incidents you have

with the children, actually you're quite vulnerable...people see you at a time when you're hurt, when you're really drained, when you're upset. I think that is quite powerful really.” (Michelle)

Humour

Finally, chapter four noted the importance of humour and joking as diffusing tension and creating liking and friendliness with the children, and this was also true for the staff:

“There's a sort of - if you like a sense of humour that you will joke your way through or out of a situation that is - people have nervous laughs. Or they'll say something witty to break up a tense situation. I think the like-mindedness of that sort of - just that look of [intake of breath]...” (Justin)

Conclusion

This chapter has drawn attention to the parallels between the therapeutic milieu provided for the children, and that provided for the staff. It is informed by interviews with frontline and senior staff, rather than observational records, and considers how the organisation makes working at the Mulberry Bush safe enough and supportive enough for staff to feel they can do meaningful and fulfilling work. Parallels drawn between the therapeutic task for the children, and the therapeutic task for the staff, include the requirement and opportunity to engage with learning and education and the need to develop one's capacity for self-reflection, as well as the demand to withstand and understand potentially shaming experiences in a very public milieu. Spaces for self-reflection, requiring a degree of self-exposure, are seen as very important for staff, although they take time to use effectively and constitute hard work, rather than an indulgence.

It is therefore important not to idealise staff working with highly traumatised children, as this effectively turns a blind eye to the work they do as individuals and collaboratively in order to become mentally robust enough to 'hold' the children psychologically in the setting. The account above suggests that the 'moral strength and resilience' Martin Narey recommended for residential childcare workers

(chapter one, p. 10) is not some pre-given, unchanging quality that staff arrive with, but a potential they have, that needs to be developed further and continuously sustained. In particular, there is a requirement for the staff to develop high levels of self-reflexivity, and to be able to work on their personal growth and development. John Diamond, the CEO, has been quoted above as saying, *"It's not just a job it's a learned journey"*, and the Director, John Turberville, is also quoted above saying, *"It is about reflective practice... This isn't therapy for staff but it's certainly therapeutic"* (p. 97).

The researchers identified six areas constituting the therapeutic or 'holding' frame for staff, supporting them in their 'learned journey', and these are: *employing the right people; clearly designated roles and tasks; reflective practices: supervision and reflective space; meetings as 'contact' across boundaries and networks; the Foundation Degree Award (FDA) and hierarchy and promotion.*

In relation to the importance of building trust in the milieu, three themes seemed particularly pertinent: *emotional support for each other; bonding; and humour.* Through these more informal dimensions of the milieu, staff learned about a culture and a way of seeing that had been handed down fairly consistently for nearly seventy years. The community could be said to provide them with a similar 'emotional economy of relating' (Diamond, 2003: 8) as that provided for the children.

Concluding Summary of Chapter Six

This chapter has:

- Noted the parallels between the children's therapeutic milieu and a therapeutic milieu for the staff, and argued that there are some key elements held in common, such as the need to commit to ongoing learning, to become self-reflexive about feeling-states, and to tolerate the experience of shame
- Recalled Martin Narey's suggestion that staff need 'moral strength and resilience' and that this capacity is something that needs to be sustained over time
- Suggested therefore that also staff need to be held psychologically, as well as the children, and that there are key organisational dimension to MBS performing this function
- Described the importance of building trust between staff, and noted some themes emerging in staff interviews describing the informal ways that staff sustain trust – through supporting each other, bonding over the extremity and complexity of the work, and their own shared experiences of vulnerability, and using a particular kind of humour

Chapter Seven: The Staff Milieu -

Working at the Edge

Introduction

This chapter describes elements of the staff milieu that parallel the earlier description of the children's therapeutic milieu: as edgy, as a place where things threaten to get out of hand, and as a place where states of mind, feelings and behaviour are kept "*bubbling not flat*" (Head of Group Living, p. 73 above). Chapter five, which discussed the edginess of the children's therapeutic milieu, noted the theme of, 'looks simple, but', where staff expertise in managing the children therapeutically was described as hard to pin down, because it is context-, knowledge- and relationship- dependent. This chapter looks at how the staff manage their own feelings and behaviour in the service of supporting the children with theirs.

The chapter therefore looks firstly at the expression and regulation of feelings and behaviour from the staff's point of view, considering the stance they took up in relation to the children's life experiences, and the way they used the 'three principles' that inform therapeutic practice at MBS. The chapter then goes on to look in more depth at feelings stirred up in the staff by the work – in particular, feelings of hate, love, and in the case of some senior staff interviews, hope. Staff were not explicitly asked in individual interviews about the emotion of shame, and this is discussed further in the conclusion to this chapter.

The Expression and Regulation of Feelings and Behaviour

As has been seen in chapter five, the children bring and stir up hugely powerful feelings. As well as consistently turning up for work, the staff have to consistently turn up in a frame of mind ready to encounter and manage these feelings. As has been discussed, there is a particular 'observing' frame of mind, and a particular empathic attitude, that staff are encouraged to develop in order to be able to support the children in expressing their feelings, regulating them and making sense

of them. Three themes were identified that 'spoke' to the significance of the expression, regulation and understanding of feelings, from the point of view of the staff; and to the importance of maintaining a therapeutic milieu in which the staff were able to think and function:

- *The children's stories – holding in mind*
- *Using the 'three principles'*
- *Managing too much?*

The children's stories – holding in mind

A significant set of feelings staff have to process at MBS are their reactions to what they learn of the children's histories, past and present. Applicants gain an impression of the kinds of histories children come with from the website and from documentary footage. Some details are conveyed in an anonymous way. Snapshots or powerful (composite or disguised) vignettes are usually enough to begin to set applicants thinking and the MBS observes how individuals react. The appropriate attitude is to be disturbed and humbled by the children's experience and to wonder if one is equal to containing it:

"I looked up the Mulberry Bush, really quite intimidating because of the descriptions of some of the suffering the children had gone through. I think its things like being forced to eat out of a dog bowl, raised in a brothel and abused....I thought, oh, I'm not sure I want to do this. [The agency said], oh go for the interview anyway, it's actually a very good school, they do good work. Okay, I'll do that." (Paul)

"You don't actually realise these children really exist." (Justin)

Nearly all the interviewees had considered what it was about themselves as individuals that had led to them wanting to work with these children, and were considering what they could draw on personally to help them cope with the work. They conveyed a sense they had committed to the work, and this question of 'why' was something subject to ongoing reflection:

“I think that I just noticed something different in me from my colleagues. When...we had anti-social behaviour and things. I felt like that they might take it quite personally and would feel very angry at the children and stuff... But it - when - but it just seemed to be like with a happy child it doesn't do things like that. I know children - I know lots of children and a happy child just doesn't do - they don't really have the need for it... So I just didn't – I just felt a bit different...Which made me think that perhaps...?” (Becky)

“My childhood experience was complicated to say the least. Going into adulthood certainly I was aware of it having had an impact of shaping who I was and where I was at and in being the driving force behind some of the not so wise decisions I have taken in my early adulthood. [The job] was an opportunity to do something meaningful and something that wasn't just meaningful to me but something that carried some meaning in society.” (Tracey)

Senior staff were careful of how much of the history of the children was given to staff immediately, 'all in one go'. The information was modulated so that frontline staff were given a general outline of the kinds of experiences generating particular behaviours, and were also given details of the risk factors to be alert to (in relation to the risk of harm the children posed to themselves and others, including adults). But several staff explained that learning more could lead to presumptions about the meaning of the children's behaviour that were too 'quick' and did not come from processes of repeat observation and reflection. The 'file' could interfere with the process of getting to know the child for themselves²². Staff could learn more, particularly where they had link or key responsibility for a child, or were working with them more intensively; however, senior staff continued to modulate this process too and think about the impact of the children's past abuse in relation to typical dynamics that could play between staff and children as a result:

“A lot of the children we have here are - have witnessed domestic abuse in some form and there is some re-creation of that in relationships, especially

²² This is similar to the way in which some class teachers in the mainstream work, not wanting to know everything about a child in their class so as to avoid pigeonholing them, or allowing preconceptions to limit their openness to what the child will manage or what their potential is.

with young women...it does tend to be something that happens in re-creating those relationships with aggressive boys. We've got 20, 21-year-old women here that - yes, do tend to get into that a little bit so we have to be really careful around that.” (Head of Group Living)

The Head of Group Living was obviously not saying that domestic abuse goes on at MBS, but that the ingredients for re-creating a past situation were there in the ‘fit’ between characteristics in staff and children. Such fits are present all the time in groups, and sometimes exploited to contain behaviour, for example, the Deputy Head in many primary schools is a ‘strong’ man who ‘holds’ a disciplinary function in the school. What was distinctive about MBS was its consciousness of those dynamics and reflection on them. In discussing a member of staff who had ‘lifted a fist’ to a child, and was therefore on a risk assessment procedure, the Head of Group Living commented:

“He had been hurt and threatened and the member of staff raised his fist back. Obviously the child complained and other people observed this... [at the end of the safeguarding process] we would do restorative work with that child but also then working with that adult about why he ended up in that position...This guy, he's a - the kid is a big kid and a lot of people shy away from challenging him. He felt that the team were leaving him to do it a lot, so the team that he was working with on shift were leaving him to do the challenging...so he then needed to take that back into the team.” (Head of Group Living)

This theme of ‘taking it back to the team’ was a recurrent one in thinking about how individual staff members could maintain equilibrium and the right frame of mind in order to be receptive to the children without being pulled out of position by a combination of their own and the children’s ‘stuff’. The Referrals and Partnerships Manager referred to this work of maintaining equilibrium as like ‘holding course’ on a line:

“Therapeutic work is about you're going to do this therapeutic work and then you're just going to walk down this line. The children are going to hold your hand. The foster carers are going to hold your hand. You're going to walk down this line together. But actually you're never on that line or very rarely.

You're zigzagging across that line. For me, the therapeutic work is, oh, okay, well, the line's there and I'm way over here. How did that happen? The therapeutic work is what you do to get back to that line, but then you're only on that - it's like - an old cliché, you're spinning plates [unclear] it's just like - they very rarely spin perfectly for long. The work here is - the work is maintaining it." (Referrals and Partnerships Manager)

Therefore, as has been stated previously, central in the ability to do this work was the individual and team use of the three principles of understanding behaviour as communication (taking a psychodynamic approach); reflective practice, and working collaboratively.

Using the 'three principles'

Although these three principles (a psychodynamic way of working, reflective practice, collaborative working) were evident throughout the discussion with the staff, and with the senior staff in particular, they necessarily involved a high level of complexity which is not evidenced by the descriptors themselves. This echoes the theme in chapter four, 'looks simple, but' (p. 72). Frontline staff were most likely to talk about the psychodynamic principle of 'behaviour as communication'. As noted previously, over half of the staff spontaneously and explicitly introduced the idea that the children's behaviour – individual and group behaviour - was a form of communication about how the children were feeling. There was an implicit assumption that understanding how they were feeling was important. Thus the idea of relationships being therapeutic was introduced in a specifically psychodynamic way:

"It's important to remember that behaviour's communication...Ethan, his father horribly physically abused him...I am an authority male figure. The children know who's in charge of a classroom and then he wants to please me, but at the same time, that becomes very, very difficult. He will then feed into me those feelings. So if you were to just, without knowing about or thinking about the communication, you would just have a child who would be as sweet as pie one minute and then be trying to break your nose...without any apparent reason for it." (Paul)

When staff were asked what they understood about the MBS method of working with the children, and whether there was anything particular or useful about it, the most common answer was to return to the theme of 'behaviour as communication', or to introduce this for the first time if it had not come up before. Staff explained the 'behaviour is communication' idea in quite distinctive ways, although it was clear there was a common understanding. On one occasion, a new member of staff appeared to be explaining it even as she reiterated that she did not yet know what made MBS distinctive – except she knew that it was. Staff also felt that this principle was important in enabling them to survive the pressures of the work – viewing the children's behaviour as a form of communication meant they did not have to take the behaviour personally, and this enabled people to respond in a non-retaliatory way with some authenticity.

"The Ecuadorian gap students did a presentation on the earthquake in Ecuador. There was a line that said how many people had lost their homes. At that point one of the children started struggling and making a massive ruckus...I literally sat and watched that and [thought]...that could have been any reason...Then I was talking to someone in one of our inductions. He said oh perhaps it was because that child probably doesn't have a home. It's just the fact that people can see that is a different - it's just a different wavelength to – in another school that would have been just the child being naughty."
(Becky)

"...what I worry about is working somewhere else where the focus isn't about understanding the behaviour...Because if you just see the children as naughty and punish them for their behaviour you're not actually doing anything really. You're putting in boundaries but you're not developing them...I think if you didn't understand that [behaviour is communication] then it would be a horrible place to work because they're not very nice a lot of the time." (Anna)

Some members of staff noted that there might be other settings which were sensitive to the idea that anti-social behaviours were a form of communication, but perhaps the MBS was distinctive in the way it followed through on this understanding. Tracey unpacked this further by linking it to the MBS's capacity to

deepen the work with the child. She suggested this was through staff around the child linking together, sharing information all the time and working holistically over time with the child to make a difference:

“There’s something about the idea and concept of behaviours as communication. I think lots of places get it and begin to do it...You can understand that what they’re communicating is anger...it’s not necessarily about you so you don’t need to take it personally...The amount of knowledge and information that we hold for all of the children and that we generally share, relatively well, means that we can use the relationships and the knowledge to really support the child to think about what is the communication.” (Tracey)

The theme of coming together in the service of developing understanding about behaviour as communication was also linked to openness. This was connected to a climate of communication in which thoughts, feelings and behaviours that wouldn’t usually be named could in fact be brought out into the open:

“I think it’s our openness, openness with the child...So how was T’Sian’s morning? Well T’Sian struggled. Yeah, I read a bit of that, he was off-site and that’s a very big thing and we’ve just said it. Whereas in polite society, I suppose it wouldn’t be okay to discuss that sort of thing...I don’t view myself as a therapist now. But I do engage in therapy for children by naming their problems and talking about uncomfortable things...Not in front of other children. Not the reason the child’s here...[But] it’s okay to say, look, you’ve been through things...” (Paul)

Paul, in common with some other members of staff, linked this openness with the children to an openness between staff, including a climate that could stand criticism and change.

Some staff were placed at mid-level in the organisation. One member of staff, ‘acting up’ to a more senior role, stressed that they were intermediaries in the organisation. As part of their role, they were also thinking about team dynamics, about where individual staff and the staff group were at emotionally and in terms of their experience and development. They were therefore ‘holding’ thoughts about their specific role, individuals, the child group, *and* the adult group, who were an interacting dynamic in parallel. They were accounting for child and staff group

dynamics in their planning; for example, in relation to allocating duties such as to who was to work 1-1 with which child:

“The staff that you’re working with in your team, you’ve got to have an awareness of where they’re at. So they may be physically unable or be on a risk assessment. So they can’t physically manage a child, you need to have that...So if there’s somebody going off to do something you need to know that you’ve sent the right adult off with the right children. ..Just to have a preoccupation of everything that goes on throughout that day.” (Justin)

Senior staff also consciously managed their own emotional state in the service of supporting their staff:

“As a senior I think you do have to filter [worries and anxieties] a little bit when you’re in front of everybody. So that your anxiety doesn’t spill into the rest of the team. So that in a way is also supportive. So the people above me, again they wouldn’t spill all of their anxieties into me and the other seniors.” (Joanne)

Without really being conscious of this, heads of teams in mainstream schools or in residential care might take account of who is good at handling what. But the degree of reflection about this at MBS appeared to go beyond a more ordinarily intuitive way of working. The research team concluded that this was because of the use of systematic and repeated cycles of reflection undertaken with staff individually and in groups, in order to ‘surface’ these individual and group dynamics and qualities, and to try to learn from them.

Further up in the organisation, at CEO level, the commitment to these principles was maintained:

“I think psychodynamically; I think in terms of the inner world and how that influences individual group and community relationships. I hold that as an internal template I think. Reflective practice, I try and model reflective practice where I’m at a trade fair giving out brochures it’s about relationships and listening to people, talking to people with some depth I hope. I like to think that.

Then collaborative working, without collaborative working, without the sense of holding in mind the community groups, individuals, this place wouldn’t

work and I don't think our core values and principles or the primary task could be taken out and delivered to other people either.” (John Diamond, CEO)

The Director of the MBS saw the three principles as being highly integrated, and as blending in personally in relation to his own journey as a therapeutic care worker who had completed a psychodynamic postgraduate training in therapeutic childcare and a training in systemic family therapy. He was also informed by his experience of drawing upon the therapeutic community model, where democratic principles and a ‘culture of enquiry’ are seen as essential. John Turberville is the Chair of the Advisory Group for the Community of [Therapeutic] Communities²³, therefore he is part of a network of approved therapeutic communities for children and young people who all share good practice with each other.

In the central management group as a whole, the understanding and use of psychodynamic theory appeared intrinsic to the individuals concerned as people and as senior staff members. Psychoanalytic conceptualisations were being deployed emotionally, socially and intellectually. In response to the question about the significance of psychodynamic practice and its importance to his work, the MBOX Teaching School Lead noted:

“Within the school, [it’s] very [important]. So all of our training looks at behaviour as communication. It should all be underpinned by, what’s the child communicating? There might be a need - we need to stop that child because they’re on a roof or whatever, but at the same time there should be, what are they communicating, why, what’s this all about?” (MBOX Teaching School Lead)

He argued that it was the understanding of feelings that was more important than the knowledge of theory. Andy Lole, at that time, overall Head of the Teaching School, saw the principles operating in how school staff understood the children and what their behaviour communicated. He suggested that there was a huge amount of confusion in the children’s inner lives because of the trauma they had suffered.

²³The Community of Communities (C of C) is a division of the College Centre for Quality Improvement (CCQI), which is part of the Royal College of Psychiatrists and is a quality improvement and accreditation programme for Therapeutic Communities (TCs) in the UK and overseas. It works in partnership with The Consortium of Therapeutic Communities (TCTC) and the Planned Environment Therapy Trust (PETT).

Because of this, the children would 'project out' their very powerful feelings and experiences, exposing the staff to their impact. If the staff were not prepared for this, and supported in it, by understanding the meaning of the behaviours, then they could easily be wrong-footed. This understanding that the principles could protect and encourage staff was also one that occurred in frontline staff interviews. It was deemed easier not to take the children's behaviour personally if one had a good understanding of 'where it was coming from'.

The second principle related to the importance of a reflective culture. In analysing the data, researchers noted that the Director seemed to offer the most frequent, coherent and embedded sense of reflection as a central tenant of the organisation and it could be postulated that enabling this is a central facet of his role.

"The thing that I always remember I said when I was interviewed for a team leader post, and then the head of residential therapy was to provide spaces to think. I still think that that's central to my role... I think ultimately, it is about providing spaces to think for that team and for the organisation. Particularly at times of high anxiety. So when I talk to other people about what it is, I usually say, oh it's about providing spaces to think and about exuding calm."

(Director)

However, this term did also arise in most of senior interviews as an important aspect of the MBS model.

Collaborative working is the third of the core principles that are said to shape the organisation's thinking and practice. As a therapeutic community this has always been central to practice but it could be seen to have become more central due to changes in therapeutic emphasis over the last twenty years. The organisation has moved from a dyadic approach focusing on the attachment between one worker and a child to a more collaborative approach based on team working.

"We really talk about team and how you are a team - you're a team member and it's the team contribution. That doesn't diminish the importance of each individual relationship, but it recognises that the team - the team's responsibility is to be saying to each other, hang on a minute, that doesn't feel quite right or seems like you're getting a bit drawn into that. That can be love or hate really. It can work both ways." (Head of Teaching School)

This collaborative approach appeared to consist of several different facets. Both the CEO and the Director described the overall 'containment' of the organisation as central to their role as well as this being a function of the whole senior team. John Diamond located himself as sitting on the boundary between the organisation and the external world, facing out; and located John Turberville as sitting in the same place, facing in.

"I think I have a peripheral but important role in something to do with the containment or the emotional health of the organisation" (CEO)

So there are times when I'm utterly preoccupied with the place - although I think less so than I used to be - but utterly preoccupied and sleep it, dream it, work all day at it. So it continues. But I think part of - I see that as part of the job now really and I think that's one of the things that contains the place."

(Director)

The three principles, particularly 'behaviour is communication', are all consistent with the theoretical premises of Winnicott, as it was a basic tenet of Winnicott's belief about the significance of the residential management of delinquent children that it was important the children were able to 'get under the skin' of the warden:

'It might be asked why the wardens should let themselves get emotionally involved. The answer is that these children, who are seeking a primary home experience, do not get anywhere unless someone does, in fact, get emotionally involved with them. To get under someone's skin is the first thing these children do, when they begin to get hope" (Winnicott, 1970c, p. 72)

Managing too much?

In relation to whether or not there were particular children with whom the MBS worked well, and others with whom they worked less well, staff gave fairly straightforward and consistent answers. Children for whom MBS was thought to work well were children with a background of neglect, physical or sexual abuse, and early developmental trauma or difficulty with their attachment relationships as a consequence. The earlier these children arrived, the easier they were seen to be to work with. Children for whom MBS was thought to work less well were children with

autism (although children presenting with some autistic traits were considered possible candidates for the school), children with more severe learning disabilities or physical disabilities, and children whose difficulties were so pronounced that they could not, over time, begin to be able to live and learn in a group. The most lengthy and in depth answers were given in relation to this latter group, who were hard to spot in advance and who had a huge impact upon the community, sometimes to the extent of people feeling that they were being asked to manage too much and keep trying for too long with very 'high profile' children, particularly when they were physically big and needing a lot of restraint:

"There are certain children I can think of like John for example, was a child who was a high profile child because he couldn't function in the group...I think had he stayed it could have worked but only if he's the only high profile child we had...I don't think we have the resources...if you've only got three adults working in a house that's all your grown-ups working with him and then you've got six other children who are traumatised..." (Anna)

"I can think of one little boy we worked with and we fought for a long time to keep trying to get it right and actually we had to say no, we're not the right place...We work with children in groups...and I think his individual learning - he needed to be an individual that was taught on his own and learned on his own." (Ashley)

However, Tracey drew attention to the fact that the network around the child, both the staff network inside MBS and the network outside the MBS, were a very important factor in determining the success of a placement:

"I don't necessarily know whether it's about the children or whether it's about the network..." (Tracey)

She thought that the network could in fact be the determining factor, although it could be the child who appeared as the presenting problem. She came at this in two ways. Firstly, she noticed the significance of staff anxiety:

"I think any child who massively increases the anxiety levels in the staff group is always going to be a very challenging placement to contain and manage." (Tracey)

She identified this as anxiety about not being able to contain the child – being directly at risk from their aggressive behaviours – and anxiety about protecting other children, for example, from sexualised behaviour. Secondly, she stressed the degree of uncertainty actually attendant upon what it was that was determining the success or otherwise of a placement. She showed an awareness of the extent to which the children were presenting in the way they were, because of their place in a network.

“There have been some children who have come whom on the face of it in terms of their behaviour and their communications are children just like many others who have had successful placements here and yet their placements ride on the edge of potentially breaking down. That’s not because of the child’s behaviour or the child’s engagement, that is to do with what the network feeds into them or us.” (Tracey)

Reflecting on Feelings Stirred up by the Work

Winnicott (1949) spoke about the ubiquity of hatred in the mother-baby relationship. He attributed this hatred not just to the baby, when it was experiencing frustration, but to the mother, in the normal course of parenting, because of the feeling of being ruthlessly used and exploited by the unaware baby. As the children at MBS do exhibit extreme anti-social behaviours, often with little regard or concern for the effects, hatred of them, and other complex, negative feelings towards them, might well be expected. However, arguably, what appears most obvious and ubiquitous in the mother-baby relationship – love - is an equally important dimension of relationships, particularly when adults are in caring and protecting roles in relation to children. The DFE ‘Guide’ speaks of ‘love’ as an ordinary part of the provision of residential children’s care (see p. 8 in chapter one). Did staff at MBS think about ‘love’ as a part of their care for the children, and how did they speak about it? In relation to senior staff, one of the interviewers also found himself asking about ‘hope’, and the hopes staff had on behalf of the children. This elicited some thought-provoking responses about the children’s futures.

Hate

Staff were asked about how they coped with their own reactions to some of the children's more extreme behaviours. In response to this question staff mentioned intense feelings of hatred, disgust and fear. Several staff spoke about the importance of support from other staff, and of acknowledging the hatred evoked, and of dissolving the intensity of the negative feelings somehow, through humour, or through finding something to like in the child. Nearly everyone commented that there was no easy answer as to how to cope with this darkest side of life at MBS, and in fact several people responded initially by saying, 'I don't know.' A number of people stressed that responses would be very individual.

"For me the children that get under my skin...are children that make me anxious...I mean really anxious in terms of like a sick feeling... I think I need to be able to trust that I'm supported...one example...I came into work – even before coming into work I was just dreading the entire evening...actually I went into work and just said to Aphra, I really don't want to settle him this evening...She said, well I will do the settling and you can be in support...immediately then I was able to relax..." (Anna)

"...there are times when you've got to live through it...A lot of that will be for me not necessarily having to live through it but for the child to actually not get what they're trying to achieve...There was a child who was trying to – just saying the most disgusting – wanting me to have – basically have sex with her...it's, do you need to swap? No, it's okay, I'll see this one – I'll see this to the end. To actually be the bad object, live through the bad bit and then also be the person that makes it better at the end." (Justin)

"Well actually what I've learned over time is actually no that isn't okay and it's taken me a long time...When I was new I'd just be hurt, the child would say sorry, I was okay, lovely, great, let's move on...But that's not really very normal...the children can start to display patterns of behaviour and then it's almost like they've become the perpetrator...it's being brave – there's been experiences of people saying well actually I'm not really ready to accept your apology and then being hurt even worse." (Michelle)

Given the histories of the children, the most prominent feelings that the children are communicating are those that will be highly provocative and will invoke negative feelings and even hatred. The problem of how staff can be helped to manage feelings of hatred was acknowledged across the institution. As has been seen in the preceding chapter, a great deal of thought went into the creation and maintenance of reflective structures that could assist in managing the destructive feelings that emerge from work with the children. John Diamond referred directly back to Winnicott in making the point about why it was so important that staff need to be encouraged to reflect on and acknowledge their negative feelings:

“Yeah and I think Hate and the Counter-Transference I read that early on in my career and that was a really important paper acknowledging that actually to be in touch with your hatred and acknowledge it is really important otherwise you will end up killing a child out of pure frustration and revenge. You really have to manage your hateful, violent feelings because they'll be put into you and you will react to them if you don't understand them.” (CEO)

The UEL team concluded that staff are largely prevented from acting out their feelings by being able to express and discuss them in the various self-reflective spaces available. It will be seen from the previous conversations that the issue of hatred or strong negative emotions came up frequently and was much discussed and theorised, and considered central in terms of a state of mind that had to be worked with, and contained, in practice.

Love

There was less spontaneous discussion of the positive aspects of the work and evidence of a less simple and coherent story when the research interviewers asked about managing loving feelings. This might partly have been due to the contemporary societal preoccupation with child protection and how loving feelings may be construed in such an environment; and also due to the tendency toward re-enactment in such a setting necessitating the careful monitoring of relational boundaries. Balanced with this is, however, the warmth and care which is encouraged as central to the therapeutic task. It could be argued – and has been

argued, by John Diamond (Diamond, 2008) that the capacity and intention to bear and stick with difficult and painful experiences and feelings is an act of love in itself. However, senior staff tended to view 'love' as potentially as difficult an emotion as hate, to manage in the work, because of the tendency to be drawn into fantasies of rescue or dynamics of over-involvement with the children. Such dynamics were seen as at least as potentially damaging as difficulties with managing and processing hatred, because staff were less 'armed' against their experiences of loving the children:

"We've had children here in the past, particularly the littlest children I think, when they come and they're five, they have the real, aww, factor. Very often staff can feel terribly worried about them and concerned about, they're too little to be here. We've had kids here before, we end up carrying them around and picking them up and babying them. Then we find a few months down the line they're chewing us up and spitting us out. People feel really destroyed by the experience. So I think what we've learnt over time is to try and identify when that's happening and to step back from the relationship a bit and provide a different distance. I think very often with those children, it's been an experience of probably sadomasochistic love, whether that's physical violence or sex. Children have drawn us into those sorts of relationships before and it can - that is a particularly punishing experience for staff, I think... So a more neutral approach can help at those times. It's about the team coming together to offer care, concern, nurture, support." (Director)

In the main, then, when asked about love for the children, frontline staff responded by diluting the word and speaking about affection or fondness or liking, which was seen as admissible and important, even necessary, in making the relationship real and authentic. Several staff were keen to stress that although they might privately feel more affectionate towards some children than others, they would not show this in any aspect of the relationship in a way that would be detectable as favouritism. Staff also suggested that to love was not their place – they were not the children's parents, - and loving the children might be cause for concern:

“But I think feelings of that sort of loving feeling whether that’s maternal or whatever that is again it is important to recognise because it may change your dynamic with the child. It could turn into something not healthy.” (Anna)

“I’ve never – I don’t think I’ve ever got too close to a child...I am able to say no, that’s – you’re too close, it’s too much. I’m – you don’t know me well enough to be that close to me or hugging me all the time or hanging on to me all the time. It feels a bit mean sometimes but there is a reality, like you said, that we’re not their parents.” (Joanne)

However, two members of staff, Tracey and Ashley, did begin to explore love as a possible missing dimension at MBS, and the sadness of this, even though the dimension of parental love had necessarily to be absent:

“I think it’s a lot of the things that you naturally give your child and you think well these children are missing out on this. As much as you try to replicate it, it’s not genuine...I guess for some children they will know that because they’ve had – they might have had a positive experience with it, they might have been with foster carers that – and then there might be some children that have never had that so they don’t know the difference.” (Ashley)

“Oh, it makes me feel really sad now because I’m thinking oh God that’s such a void for them...Thinking about my children and making – and just having a whole oh God what would it be like for my girls if they grew up and existed with everything they had from me and their dad and all else remaining completely the same but if there was no love in the relationship. It would somehow have a clinical feel to it even though there would be the affection, there would be the hugs, there’d be what would it be like without the love. That just made me feel like oh my God actually that is for some of these children that is what their experience has been.” (Tracey)

We see a depth awareness in Tracey’s response of what it is that many of the children at the MBS have lost. The work with the children therefore potentially gains added impetus in relation to trying to give the children some kind of reparative and healing experience that will be vital and life-affirming for them, even if it is not

parental love. Whilst it is not immediately obvious in the anti-social and violent behaviour of the very angry children present at MBS, or very present in interactions, staff can carry intense feelings of sadness and mourning on behalf of the children which give weight to the commitment to do something restorative. What happened in the children's families of origin, and in their schools and subsequent placements, leading to them being placed at MBS, is something the school is trying to get beyond, and also, something that has to be accepted.

Hope

This leads to the question of what staff imagine will happen to the children in the future. As noted above, an unplanned question about what people hoped for the children when they left drew remarkably consistent responses about the belief that children should develop the capacity to reflect and think about their own feelings rather than simply acting on those feelings. This capacity would enable the young people to begin to engage better with education and build healthier relationships with others. A number of the senior staff then suggested that this would potentially interrupt the inter-generational cycle of transmission of abuse that was a feature of the children's histories. In holding this hope for the children, staff were also holding out hope and a belief that the children would be able to form intimate relationships, and not pass on the damage inflicted on them, to their own children. Thus, there was a hope somewhere that even though the children had been deprived of parental love, they might find a good-enough familial love in the future, with their own families.

"I hope that they can be in touch with how they're feeling and have strategies to make sense of those feelings in a way that doesn't involve aggression or damage or exclusion. A part of that is that they allow themselves to have relationships. So for me, a successful placement is not necessarily a child that goes into mainstream school or whatever, it's about a child that can leave here with a sense of themselves and the ability to make relationships."

(MBOX Teaching School Lead)

"I think in the end, [the hope] that they - the children that they bring into the world won't be abused...I think trying to stop the cycle really, I think that for

me is that something - that they will have something that they - a period of time in their life that they can hook on to where they had something good. Because I think they go from us at 12, that's a difficult time, they're going to have a difficult few years ahead of them aren't they?" (Head of Group Living)

Conclusion

In conclusion, then, the MBS staff carry a very clear awareness that MBS is not going to provide a magical cure. What the school is doing is helping the child achieve sufficient mental capacity to be able to think and reflect on their own feelings. If they can do this then they can begin to make relationships with other people that are not based on projections of fear and mistrust, and the acting out of feelings, but are based instead on mutual communication that can allow for healthier and enduring relationships to develop. Staff cannot help the children to develop this capacity unless they are properly supported themselves, and have developed an enlarged capacity for reflecting on and processing feeling in a therapeutic way.

This chapter has looked at the more 'edgy' feelings that staff have to manage. These include feelings of hate, fear and anger in relation to the children's behavior and modes of relating. These are negative feelings that the school has developed an understanding of, where the importance of accepting and working through such feelings is acknowledged. An additional negative emotion is shame, and the research interviewers did not ask about the emotion of shame in the interviews. This was partly because the significance of shame as an emotional presence in the children's milieu took time to emerge and to make sense of, analytically, for the researchers. Additionally, we suspect, it was a difficult emotion for us as researchers to 'see' in relation to the staff, and therefore to raise with them. However, the theme of shame was raised and discussed at length when the research team fed back their emergent conclusions to a general staff meeting²⁴. In that forum, 'shame' resonated very powerfully with staff, who generated a number of examples of the significance of shame, failure, humiliation and fear of rejection for the children – and for them as staff too. This discussion prompted John Diamond to suggest that the experience of

²⁴ September 2016.

'shame' might well be one that staff also carry in their personal histories to a significant degree, bringing them to the work.

As noted above (on p. 134), interviewees initially responded less certainly to questions about the more positive emotions of love and hope, but in fact had very interesting, if more emergent, ideas about the significance of these emotions in the setting. It was noted above that there were concerns about feeling 'love' for the children, because of the possibility of over-involvement and the potential for re-enactment of 'unhealthy' relationships. Staff felt the necessity for monitoring relational boundaries very carefully. However, imagining the absence of parental love in the lives of the children caused one staff member to get in touch with very powerful feelings in relation to what the children might have missed.

MBS has evolved a very complex, thoughtful staff therapeutic milieu to support the work with children, although this exists in some respects 'below the surface' and importantly, is not obvious or accessible at first sight or from the outside. There is a risk, therefore, that the subtlety of the work of the organization in supporting staff (and similarly, the subtlety of the work of the staff in supporting the children) will not be properly appreciated or transmitted to outside interested stakeholders.

Concluding Summary of Chapter Seven

This chapter has:

- Looked at staff responses concerning 'what helps' in relation to managing their own complex feelings and behaviour in the service of supporting the children with theirs
- Considered how staff respond in relation to children's past stories and their understanding of the dangers of being caught up in dynamics with the children that relate to the children's pasts
- Noted the importance accorded to 'taking it back to the team' in order to make sense of a dynamic between a child and an adult, or between two children, or between staff members themselves
- Discussed staff responses to the use of the three principles, in particular, the concept of 'behaviour as communication'; the MBS approach was seen as distinctive because of the way staff would link up together for a sustained period of time to deepen their understanding of the 'present emotions and past experiences' being expressed through the children's behaviour
- Noted that some very 'high profile' children could be experienced as 'too much' for staff to manage
- Considered staff responses to questions about the significance of feelings of hate, love and hope in relation to the children
- Noted the absence of discussion about the emotion of shame with individual interviewees, but also noted a discussion of shame in a staff feedback session in relation to the research, where the significance of shame was acknowledged and evoked responses concerning both the children's and the staff's potential valency for feeling shame

Chapter Eight: External Relations - Situating MBS and MBO

Introduction

This chapter considers relationships between MBO and external agencies and how these interactions are negotiated and managed. Two points of contact are discussed - referrals to MBS by local authority commissioners, and the use of the MBO approach by other Oxfordshire primary schools. As noted in chapter three on p. 35, semi-structured interviews with seven external agencies were conducted. Three were interviews with primary school head teachers, one was with a director of a teaching partnership and three were with local authority commissioners. All interviewees were sent an outline interview schedule in advance of the interview and most of them had taken the opportunity to think through their responses before discussing these with the researcher.

The chapter contains a brief note about the current political context in which residential child care and educational provision are being commissioned and provided. It then moves on to review the interview responses of the commissioners, under the heading, 'Commissioning of MBS as a Provider of Residential Child Care', and analyses these in relation to 3 themes:

- *Referrals to MBS*
- *Reasons for choosing MBS*
- *Reasons for not choosing MBS*

The chapter concludes this section by discussing some of implications of the commissioners' responses overall. It then turns to the interview responses of the education professionals. These are discussed under the heading, 'The Use of the MBO Approach by Mainstream Primary Schools' and are reviewed in relation to 5 themes:

- *Finding out about MBO and MBOX as a service provider*
- *Deciding when to use MBOX*
- *Experiences of contacting and working with MBOX*
- *When and how the MBO approach works well*
- *When the approach does not work so well*

Two case studies are presented in order to illustrate how the MBO approach works well in schools. Towards the end of the chapter, there is a discussion of further themes introduced in interview by both commissioners and educational providers. There is then a discussion of MBO's positioning in the market place of commissioning. It is perhaps too obvious to state that the survival of MBO is reliant on agencies making referrals to the school and purchasing its training and consultancy services. For this reason the research findings are pertinent to thinking about how, as a small charitable organisation, MBO may survive and thrive, and its position and influence within the sector.

The Political Context for Local Authority Commissioning and Educational Services

The changing economic and social context across the UK could be expected to increase demand for places at MBS and requests for guidance and training from the MBOX team, both in relation to residential provision for looked after children and in relation to the education of children with severe emotional and behavioural needs. In the UK in 2016 the NSPCC noted an increase of 26% in police recorded child cruelty and neglect offences between the periods 2010-11 and 2014-15; police recorded child sexual offences have seen an 80% rise in England over the same period (Bentley et al, 2016). The same report notes a record number of children being taken into care over the same period, with a 16% rise in children looked after in England and Wales. Quoting appropriate research evidence, the NSPCC report makes explicit links between child abuse, underachievement, child mental health problems and future mental health disorders. For those who hold beliefs that, as a society, we should be morally responsible guardians for children who have been neglected, abused and exploited it is arguable that there has never been a greater

societal need for services provided by organisations like MBO, and that demand for these services can be expected to increase for the foreseeable future.

In 2010 the UK Coalition government accelerated existing programmes of marketization of welfare and educational provision at a time when severe public sector service cuts were being introduced. Marketization aimed to encourage new private profit-based providers into education and social care to drive up standards. Martin Narey's (2016) report concluded that private providers of residential child care were not making substantial profits from this area of the social care sector but he noted that they dominate the market. Whilst OFSTED reports of their standards are high, Narey recommended that more voluntary agencies and charitable and not-for-profit social enterprises become involved in the sector. Narey's report did flag up concerns about profit-driven motives interfering with standards in private fostering agencies for looked after children.

A programme of austerity has however led to the withdrawal of significant amounts of state funding alongside the expectation that standards of care and attainment for looked after children will rise. In the educational context, devolved education budgets have, on the one hand, offered MBO more opportunities to work with primary schools, specialist schools and to offer teacher training, whilst on the other, budgets have been reduced. In Oxfordshire a collaborative initiative between schools and the Oxfordshire Teaching Schools Alliance (OTSA) is in its early stages of development. At the time of the research, partnership negotiations about possible associations between MBO and OTSA seemed to be dependent on personal and informal relationships, and the offer of a highly acclaimed peer review programme for head teachers set up by the MBS head. A complex set of pros- and cons- around their relationship as co-operative and/or the possibility of MBO being a competitor trainer of teachers, of MBO delivering some services to schools 'alone' and at other times under the OTSA umbrella, were being negotiated. Emerging issues include the implications of working with different systems of accountability, of data sharing, financial arrangements, and formalising partnership arrangements yet retaining informality and flexibility. With competitors 'waiting in the wings' it is not clear how much power MBO has to negotiate and 'flex their muscles' or to shape OTSA as a

new institution, yet MBO's bargaining tool is their distinctive and highly acclaimed approach, respect accorded to their staff, and their Oxfordshire location.

Commissioning of MBS as a Provider of Residential Child Care

Referrals to MBS

From the perspective of local authority commissioners seeking residential child care placements, and who have made referrals and placed children at MBS, there were several key understandings and experiences identified as integral to their decision-making processes. Firstly, MBS was perceived as a solution to particular problems. According to commissioners, social workers, and school teachers, children in their care who have multiple placement breakdowns, have been excluded from nursery and school including from special schools, and who have an escalation of poor behaviour, including inappropriate sexual behaviour, are: resource intensive at a time when they are under increasing financial pressure and have no option but to reduce their costs; a burden when they have large workloads and feel stressed; and, they find it difficult emotionally and professionally to keep repeatedly responding to crisis situations caused by the same child.

Commissioners perceive these crisis provoking behaviours as evidence of poor attachment. They understand that attachment disorder arises from early childhood traumas and for girls, they expect that this usually includes sexual abuse, and perceive that there are no 'quick fixes'. From their perspective, the therapeutic approach adopted by MBS addresses attachment issues that explain a child's unruly and uncontrollable behaviour, making MBS an attractive and credible provider.

Reasons for choosing MBS

Two key reasons commissioners make referrals to MBS, as a therapeutically-informed school, are:

Rigorous implementation of attachment theories

Commissioners are reassured that MBO is considered to be a leading national expert in attachment disorder and has a long and distinguished track record in understanding the issues, as demonstrated by its provision:

- as a community in a beautiful area that replicates ‘families’
- a safe and consistent environment for children
- its emphasis on the importance of social and emotional development and relationship building
- a strong and knowledgeable staff team who have good systems of communication within the organisation, are child-centred and ‘really try to get to know a child’
- regular ‘outstanding’ classifications by Ofsted inspectors for its education provision

Relationships with MBO staff

There is a shared understanding between commissioners and MBO staff that being responsible for the care of these children is challenging and anxiety-provoking.

Working with MBO staff works well for commissioners, and according to commissioners, for social workers and foster carers as well. MBO staff are valued for the following reasons:

- the use of a joint problem-solving and non-judgemental approach that searches for alternative solutions when making decisions about a child
- MBO staff are persistent and do not give up easily on a child (commissioners and social workers are most anxious about placements breaking down)
- MBO staff are well-informed and practitioners who actually work with very disturbed children, and for this they are respected
- MBO staff are approachable and commissioners feel able to ask them for guidance and value their judgement; they are honest and realistic about their expectations for a child and are supportive and understanding.

Reasons for not choosing MBS

Several interviewees commented that they would prefer to make many more referrals to MBS but that:

- MBS is costly, and it is time-consuming and challenging to arrange a placement; since the offer is not a 52 week provision they have to find foster care or children's home provision for school holidays and weekends for at least 3 years. A shortage of foster carers/adoptive parents, particularly those who are willing and suitable to offer care and support for disruptive children reduces the attractiveness of selecting MBS and paying for attendance at MBS and a care placement is expensive.
- It is easier to choose a provision, including a therapeutically-informed provision that has a child 24/7 for an agreed time period.
- Sometimes anxieties about continuing breakdown in foster care arrangements are so strong that a children's home or secure unit is selected.

In addition, some reservations remain about sending young children to a residential setting and feel that it is better to 'struggle on' with placements in families until they are older.

Implications of the Commissioners' Responses

Drawing on findings from this small and particular sample of interviewees, decisions to refer to MBS therefore include:

- A belief in the significance of attachment theories to explain disruptive behaviour and a commitment to improving 'attachment' as a mechanism for improving behaviour
- A commitment to improving a child's life chances by paying attention to emotional and social aspects of their development which precedes a child's ability to learn and which is preferable to constraining and restraining a child
- Adherence to a preventive perspective by proactively nurturing a child over time rather than reactively responding to a 'crisis' when it arises and making short-term plans for a child
- A loyalty to MBS, its approach, and to the staff many of whom they know; both the commissioning groups and MBO have well-established staff teams some of whom have known each other for at least 20 years.

- Placing a child at MBS makes their life – and that of social workers and foster carers – easier. MBS staff take the ‘heat’ out of the situation and the placement is unlikely to breakdown
- An outcome of the placement is that commissioners, social workers and foster carers are ‘better able to understand the child’ and this knowledge is very helpful for making decisions about a child’s future

Should any of these supporting beliefs and commitments alter, it is suggested that relationships may change and referrals to MBS might decline. For example, future commissioners might not come from a social work background and value attachment theories and they may be more comfortable placing children in organisations that reactively restrain and control disturbed children.

The use of the MBO approach by mainstream primary schools

One ‘test’ of the broader relevance of the MBO approach is its effectiveness in other settings and one example is in mainstream primary schools. The schools in this study were situated on the outskirts of villages with playing fields and overlooking farmland. Some had nurseries and one had a children’s centre as well. Sharing sites facilitated joint working with families with young children and babies and those with challenging behaviour had a continuity of support from an early age. The overwhelming majority of children were, however, well-behaved and able to learn. Overall, researchers found that the schools used at least some of the MBO approach to assist them respond to pupils with challenging behaviours. Its use in practice can be explained by:

- The collaborative and collegiate style of communication used by MBOX staff
- The use of an approach that made sense ‘in theory’ and is compatible with the values of school staff and the school ethos
- Support and training that gave staff confidence to try the approach in practice
- Favourable results that gave the Head and all staff a confidence that the MBO approach ‘works’ and embedded the approach into the school ethos and every day practices.

The following findings describe in more detail how the MBO approach is adopted.

Finding out about MBO and MBOX as a service provider

Even though MBS has been in the same Oxfordshire village for many years and is a specialist school with a national reputation, some interviewees did not know about MBS until they started to attend professional 'network' meetings where MBS was talked about informally. During these informal conversations the work at MBS was held in high esteem and this praise from credible sources opened up the possibility of contacting MBOX and influenced their decisions to engage MBOX rather than another provider.

Deciding when to use MBOX

This was often a difficult decision for budget holders and depended on factors such as: if they had already allocated their limited and over-stretched budget to other activities; the extent to which behavioural problems were interrupting teaching and learning; and, the level of staff anxieties and the effect of the child(ren)'s behaviour on staff morale.

Experiences of contacting and working with MBOX

By the time they contacted MBOX, Heads perceived that they had a real problem and appreciated a quick response, telephone conversations which were 'non-blaming', respectful, and without any hint that MBO staff were experts and would tell the Head and staff what to do or make them feel inadequate or incompetent. The time from the initial enquiry to visiting the school was prompt and arranged at a time that suited the school. These positive beginnings created goodwill and set the context for the work that followed.

When and how the MBO approach works well

In thinking about the circumstances and situations where the MBO approach enables staff to improve the behaviour of a child, processes of change can be identified.²⁵ Following work with MBOX staff, school staff found their explanations of disruptive

²⁵ It should be noted that the sample size is extremely small and that all the children with challenging behaviour are White boys.

behaviour as an expression of underlying problems plausible; staff altered their understandings of disruptive children, and changed their responses and the case studies below illustrate how the approach works. They give a sense of how the problem-solving approach can be applied flexibly to remain child-centred. The examples are taken from different schools.

Case study A

The following extracts from an interview with a head teacher provide some insights into how the MBO approach works in practice.

We had never seen anything like it in the school before. We have got nice children who do - good, behaved well - which is lovely. Which is fantastic, it's a testament to what the staff do and the parents that we have. But this little boy came - really challenging, throwing stuff around, kicking. All sorts of stuff which the staff hadn't seen before. .. It was putting a massive stress on members of staff. Because they didn't know what to do with this child. They were frightened to a degree of the child.

So I got MBOX involved. George [not his real name] came over and did a free consultation and observation of the child. From there we started to put things in place and a safe room for him to go to and tents and stuff like that and he can hide himself away in... I spent an awful lot of money but of real value... we had training by MBOX specifically on behaviour as a communication method ... I wanted to do it as a whole staff and not just the teacher.

George came in and said right, what is the behaviour we're seeing? What is it that that's telling us about the needs of that child? ... It also gave a forum to voice that it was alright to say I want to pull that child's head off. Not that you're going to do it but actually it - that supervision element of saying that's what's going through your head and that's not wrong.

People opened up and staff were going 'oh he made me feel really awful that day'. 'I hated that moment that he did that' ... It was a real, strong team building exercise. [What] the teachers reported back to me and it was very telling... they came back to me and they said ... he didn't come back with a list of things. He came back with some questions and [said] try this and try that. The teachers felt that the information they were being given was a more holistic thing that they could build into to support these children. [The teachers no longer felt that they were] off the wall and ... 'failing to do my job'. Actually there is a real thing here ... [they felt that] these are possible strategies I could use... that teacher then felt empowered to then do that and be able to talk to the parents with real conviction.

But also in the staffroom I hear the language that we're talking - 'I wonder why he did that?' Not he did that. 'I wonder why he did that?' 'Oh I noticed that, well, he was tired yesterday, I wonder if there's a pattern?'

So staff tag team an awful lot now. So he'll be - if he kicks off he goes into Rainbow Room. I was in there on Monday with another member of staff. Another member of staff comes by right, okay let me relieve you. You go and do that, now it's my turn to be in here just for 20 minutes to look after each other.

When we look back ... he was kicking off every three days, it was violent, physical and it took an hour and a half for him to come out of crisis ... I would constantly be going on to him. He'd be talking and I'd be responding... and actually now we find that that was just antagonistic, that kept him in crisis for longer... now we probably have one instance or two instances a week ... there's less physicality about it. He comes down within about 20 minutes. There's been a massive improvement.

We're starting to look at his behaviour before he hits crisis... they're observing before he's getting to crisis and being able to put into place what we've been taught... When he's in crisis he can't hear us. Therefore we just maybe need to be a bit quieter... Over a period you can just feel his energy go...

Staff still have that mind set ... how's he doing educationally? How's he doing? ... We think we've got a stable environment for him. We've got an environment where he understands and we've made as much provision as I think we can. We now need to start to push on to the academic and keep balancing.

Case study B

The following extracts from a head teacher explain how they have changed their understandings of challenging behaviour and how they have altered their practices.

What I find is Mulberry Bush's real strength is really focusing on 'so what is the child trying to communicate through the behaviour?' I think certainly the work they've done, workshops with at least three different class groupings now across our school... previously there was a lot of labelling, if you like, of it's just bad behaviour, we've got naughty children oh they can't behave... Mulberry Bush has helped us to turn that around and go well actually there's a reason why the child is behaving in a different way then we need to try and understand what that child is trying to communicate.

What I like about the Mulberry Bush approach is that it's very much about enabling professionals. It's not just we'll come in, we're the experts, we'll tell you what you're doing wrong, do it our way. It's much more opening a professional dialogue and engaging my teaching professionals... that joint working to let's find a solution and putting some suggestions forward, have you thought about rearranging this or trying this or how might that work differently. It's that much more enabling staff to take ownership of that situation rather than somebody just telling them what to do and then it not working and then them feeling disheartened.

I think support staff as well because they've been included in that part of that professional dialogue I think it's empowered them actually to say I know what I'm doing and actually I've got some strategies that actually work.

... when you get into crisis and you've got children flailing or we're doing restraints and that kind of situation and as well because everybody then is understanding there's that sort of team support. You've had to be [through] restraint, you've had a rough morning. Over lunchtime people will help each other debrief, shake it off, that kind of thing which I think's really important that it's seen as a team not just you're dealing with that child because they're in your class.

I think a lot of it comes down to staff understanding, wanting to understand why the child is behaving like that rather than just labelling... I think where we see children who do present challenging behaviour relationship is absolutely fundamental. If they can find a member of staff who they just really can build a trusting relationship with we've found that makes a huge amount of difference.

An example of a change in roles made in response to using the Mulberry Bush approach

... there is one of our TAs who - these kind of children just gravitate towards her. I think she must exude something that just makes these children want to go, do you know what I like being with you, I know you understand me, I know you like me and I can be me with you... We've developed her role, seeing this come out; we've developed her role much more as our sort of nurture lead. I do think children who present challenging behaviour need to know they're liked...

An example of an outcome

We now are much more inclusive. Our TAs feel empowered that they can work and if they're one-to-one with children that's it's a positive experience. The children are much more integrated. There's, like I say, I think it's just that coming at it from trying to understand and get to grips with what the children are needing and why they're then behaving like that. Yes it's a very different, very different ethos to the school that I took on, yeah.

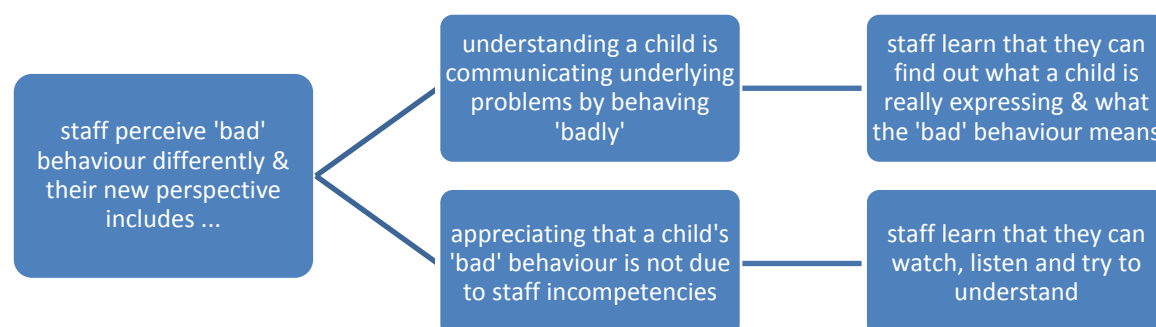
When the approach does not work so well:

There are times when children are removed from mainstream school and placed in a specialist school even though MBO staff have worked with the child and the school. A head teacher, who had referred pupils to a specialist provision, was unclear if this situation was an indication of an inadequate MBO approach or if it is more realistic to recognise that some children have such complex emotional problems that the best solution for them is to receive daily intensive one-to-one support, not the task of a mainstream primary school, even with additional support from MBO staff.

Transferring the MBO approach to mainstream primary schools

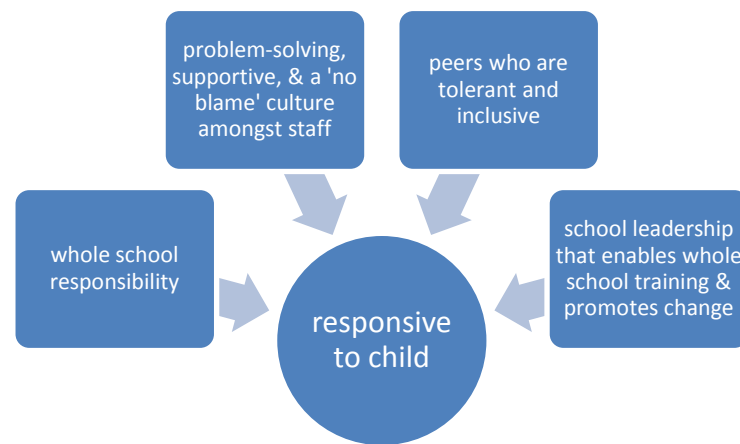
Practice principles and the context within which they actively contribute to positive changes can be extrapolated from the above findings. Additional findings from interviews with MBO staff who have experience of working with many additional primary schools also enhances an understanding of how the MBO works and under what circumstances. In essence the research findings presented in this study show that strong theories underpin the MBO approach and where presumptions integral to these theories are put into practice, then, in schools with a particular ethos, a reduction in challenging behaviours and improved learning is a likely outcome for the whole primary school. Figure 7.1 below depicts how staff reconceptualised disruptive behaviours and adapted their response to children. When these changes in perceptions and understandings occur then it is likely that the MBO approach will be successfully implemented.

Figure 7.1 How school staff reconceptualise disruptive behaviour



Data from the interviews suggest that several contextual factors facilitate the implementation of the MBO approach in a school and lead to better outcomes, and these are shown in figure 7.2 below.

Figure 7.2 Implementing the MBO approach; facilitating contextual factors



Finally, it is worth emphasising that the MBO provides staff with an approach, rather than a check list of instructions about what to do and this enables staff to adapt and respond to a variety of underlying issues that are sensitive to a particular child's situation and relevant to the school's situation. However, the success of transferring the MBO model often depends on the perspective of the head teacher, as these reflections by a member of MBO staff emphasizes:

"I think ultimately what we're looking at is whether the leadership of the school are focused more on the emotional wellbeing of pupils and staff or on the results. Our rationale is that healthy, emotional wellbeing will ultimately lead to better results. But if you want to jump straight to the results and focus on teaching, learning, outcomes, progress then we're not going to be able to work in that culture."

Further observations made by commissioners and educational providers

In the context of their interviews, a number of the commissioners spoke about the pressure placed upon them in role by marketization in the provision of children's services. A lack of understanding, that 'the market does not suit these children', was cited, and the presumption that underpins markets, that 'competition is good for the

consumer' was seen as overlooking a key difference, namely that commissioners have a statutory responsibility to act in the best interests of a child; they are an intermediary. This relationship was described as being distorted by 'the market', making it increasingly difficult to act in the best interests of a child. Some commissioners perceived that the profit motive of new providers meant that a child-centred approach had already been usurped. Relationships between commissioners and providers were characterised increasingly being about financial costings rather than the emotional and social welfare of children. For example, interviewees said that private providers were more likely to telephone them to negotiate claiming for the costs of additional taxi rides whilst traditional providers telephoned them to discuss a child's changing emotional needs during puberty, their increased sexualised behaviour and how best to coordinate a consistent response to keep the child safe. An increase in providers funded by venture capitalists was perceived to have introduced uncertainties for commissioners about how to assess the appropriateness and quality of provision. The 'hype' about 'being therapeutic' on websites was seen as introducing a sense of distrust into the therapeutic provider sector. For example, interviewees mentioned how 'therapeutic' claims could simply amount to hiring a sessional psychologist for one-to-one counselling, which they did not consider to be therapeutic. Interviewees described how working in the child's best interests depends on an honest exchange of information and creating trusted relationships with those responsible for their care. This was seen as potentially compromised with organisations who were accountable to shareholders and venture capitalists.

Concern was expressed about an increasing lack of recognition given to preventive work and how investing in a child's early years would lead to societal cost savings in the longer term. Interviewees unanimously believed that only a preventive strategy and strong preventive practices would reduce demands on health services, psychiatric hospitals and use of prisons by these disturbed children over their life course. They perceived that the emphasis on reacting to the here-and-now and letting the 'market decide' was one reason why voluntary sector providers, who were often committed to better outcomes in the longer term, were withdrawing their services for these children. Interviewees expected that the current shortage of providers would attract more private companies and possibility social enterprises.

The marketization agenda was also seen as affecting the provision of education - UK government policy has devolved budgets to schools and virtually ceased to fund local educational authorities.

Positioning MBO in the market

By way of summarising, there were some explicit and implicit concerns expressed during interviews that have implications for the future of MBO:

- How best to respond to a rapidly shrinking local state provision that provided free support services for schools with pupils with challenging behaviour, a reluctance by schools to pay for such services even though they have their own budget, and the growth of new partnership arrangements, most notably OTSA?
- As a nationally recognised teacher team training provider MBOX is expected to work within the nationally prescribed and regulated training programmes. Yet, can MBOX retain its 'different approach to training' for which it is held in high esteem and a strong reason why they are commissioned?
- With a government policy of marketization for teacher training, additional support for schools, and encouraging private organisations to become providers for looking after children with challenging behaviour, old well-established and trusted networks are dissipating, knowledge about providers is increasingly imperfect, and considerations of cost and cost reduction given greater prominence. Further, values such loyalty, respect for experiential knowledge, and placing the welfare of a child at the centre of services may come under threat if (possibly legitimate) perceptions of a profit motive and accountabilities to shareholders enter the picture. How can a necessarily expensive quality provision underpinned by a different set of values attract referrals in this changing situation?

- In a context where early years provision is, at best, ambivalent towards preventive work and if a new breed of commissioners and providers become indifferent to ‘attachment’ theories then the existence of MBO is likely to become precarious. But to what extent can a small and minority provider influence, and have the resources to protect, its underlying philosophy and ‘secure’ its future, by ‘lobbying’ politicians and national policymakers?

Conclusion

The data collected for this study enables the UEL researchers to assess how MBO may position itself in the market, albeit partially, and inadequately. Different research questions and the inclusion of other providers and policymakers in a study would give a better evidence-based response to this issue. From the data the study can, however, make the following observations that can contribute to a discussion.

Firstly, amongst the sample of external interviewees there was a perception that the work of MBO is informed by attachment theory. But in practice the MBO approach is underpinned by several theories about how to bring about change that extend beyond attachment theory. In interviews with MBO staff they emphasized how engaging with feelings is core to making a difference and from this perspective the type of questions that follow include, for example, ‘What is the feeling that has generated that behaviour?’ or ‘How do you feel working with this child?’ These questions signify a different approach to responding to challenging behaviour, captured in the following scenario described by an MBO staff member:

“So when staff say, I feel really anxious when I have that class because that child always runs out, you've got something to work with. Rather than, how are we going to stop this child running out?”

Secondly, MBO offers an approach attending to the emotional impact of the work and how people are feeling, that is not included in formal educational qualifications, for example, ‘Team Teach’; and offers ‘alternative’ schemes as part of their remit as a teaching school, for example, non-punitive Peer Review amongst primary school heads. These distinctive practices arise from the logic of the MBO approach and a more holistic presentation of underpinning theories and their implications for

practice may open up possibilities for working in different institutional settings, for example, with Pupil Referral Units or health professionals.

Thirdly, in interviews MBO staff were careful about how they described children and their behaviour and talked about 'children with emotional difficulties', children being a 'danger to themselves' and discussed their behaviour in terms of understanding '... the dynamics and the relationships around the child' and they stressed the importance of learning:

“... **how** to understand why the child's behaving like that rather than how to stop it. Because if you stop that behaviour, it'll come out elsewhere. You'll end up plugging all the holes but you won't actually be addressing what the problem is.”

[Emphasis added]

This approach contrasts with practices of other providers who respond punitively to violence and misdemeanours and use language such as 'criminal', 'anti-social', and 'bad' to describe children's behaviour (Berridge et al 2012; Howard League 2016). By not using these expressions MBO staff characterise the use of a therapeutic approach and in doing so, delineate a therapeutic response to children from reactive and punitive practices.

Fourthly, how the 'marketplace' is defined may be open to debate and arguably includes central government, policymakers, and organisations and professional bodies that influence government policies or are in a position to create a credible counter-narrative to the benefits of the 'free market', and punitive responses to traumatised children. In this context, findings from independent research studies, Ofsted ratings, and its excellent reputation enable MBO to influence and shape 'the market'.

Concluding Summary of Chapter Eight:

This chapter has:

- Looked at the changing political context for local authority commissioners and schools and the marketization of services in the education and social care sectors
- Considered the decision-making process of commissioners in choosing MBS and making a referral, or deciding against MBS
- Discussed the use of the MBO approach by mainstream primary schools
- Noted when and how the approach works well, including two case studies to illustrate this, and noted when the approach works less well
- Introduced models of practice principles and the context in which they can actively contribute to positive changes
- Reflected on concerns expressed by commissioners and educational providers about marketization in children's services
- Reviewed MBO's position in the current market for residential childcare and outreach services

Chapter Nine:

Conclusion and Recommendations of the UEL Research Study

Overview

In February 2015, researchers from the University of East London were commissioned by the Mulberry Bush School to conduct an independent piece of research into how the therapeutic principles practiced at the Mulberry Bush made a difference to the immediate, everyday lives of pupils, and to their ongoing development. This report, just over two years later, has presented our findings. The UEL study was commissioned as a complement to the UCL Institute of Education research study at MBS, a longitudinal quantitative outcome-based study running from 2009-2015. The IOE study reported positive findings on a range of measures in relation to the progress made by children at MBS, and is reviewed on pp. 5-6 above in chapter one.

The IOE study, the Warwick Study presented on pp. 3-5, and two recent outstanding OFSTED reports show that the school achieves very good educational and care outcomes for the children. The UEL report was commissioned to look at *how* those outcomes are achieved. What is it that the Mulberry Bush School does, that works? And are there things working less well?

The UEL qualitative study aimed to identify and track processes that link to positive experiences for the children and to their potential for change. In the introduction to this report, processes in the therapeutic milieu have been conceptualised as a 'black box' situated between 'inputs' and 'outputs' at the Mulberry Bush. The report has attempted to make this box 'clear' (Astbury and Leeuw, 2010: 364).

UEL researchers observed 'what happens' at the school in fine detail and the ethnographic design for the study has been described in chapter three. We have interviewed twenty-one members of staff from across the organisation, eleven final year children, three commissioners and four primary school head teachers working with the Mulberry Bush's outreach service. A total of thirty observations and thirty-

nine interviews have therefore been analysed. There has also been an analysis of publications by the school and by researchers in the fields of applied attachment theory and neurodevelopmental theory, and applied psychodynamic thought.

The UEL Project has seen the research task as having two dimensions. The first part of the task was to provide independent evidence of the success (or otherwise) of the therapeutic milieu. The second part of the task was to explain how the processes at work in the school are effective, by considering how they are therapeutic.

This latter point is important because after an initial two day visit to the school in April 2015, the researchers concluded that when the school has visitors, they may not understand *how* MBS is doing what it does, although people can see that the school is doing something well. The environment is homely and well-kept, people are very kind and patient, and the atmosphere is lively and playful as well as calm. Disruptive and disturbing events occur all the time, but do not get out of hand. This is reassuring to visiting commissioners or other service providers or foster, adoptive and birth families, who will probably attribute the success to a well-trained, well-resourced and well-run organisation, and who will trust the school's reputation and their own judgement and possibly look no further.

But the MBS has some notable differences that distinguish it from many other well-run children's homes also claiming to provide therapeutic residential child care. In our view, it has been appropriate and timely to commission an independent report contributing to the efforts to validate and explain this distinctiveness, and to comment on its transferability to other settings.

In order to think about how MBS works therapeutically, we need to know what problem it is addressing. Chapter two of this report has therefore outlined the research explaining the immediate and long term effects of neurodevelopmental trauma in childhood. Children who have been severely traumatised engage in violent externalization of their distress. The MBS children have been 'high profile' at home and school and have elicited well-founded fear in their siblings and fellow pupils and foster carers as a result of doing this. The children have been subject to intimate violence, either directly, or as witnesses; or sexually violated, or badly neglected, or

all of these. As a result of their traumatic experiences, they have not learnt to manage or make sense of their own feelings, and have been deprived of experiencing a caring other who will manage and make sense of their feelings on their behalf. Instead, the children present by turns as overwhelmed by their feelings or highly defended against them. Their defences are warranted and were protective in the abusive environment. This does mean, however, that when such children are placed in care they can't use the developmental opportunity this affords. Additionally, most ordinary good enough carers find the children's feeling states and their defensive enactments against these very frightening, destructive of ordinary family life and ultimately, intolerable.

The UEL research findings show that the Mulberry Bush School's approach is distinctive because it trains its staff to stay close to feeling states in the children, and to be in touch with, and reflect upon, their own feelings in relation to the work. The analyses presented in chapters four to seven show that feelings are the touchstones staff are using in the setting, through reading 'behaviour as communication' and thinking about what emotions the children's behaviour expresses and covers over. Staff at the Mulberry Bush are exceptionally attentive and empathic to the children's emotional states without being either indulgent or sentimental about them. The purpose of this attentiveness is to make sense of the children's inner lives and to use this knowledge to gradually help the children to be less frightened of their own feelings and behaviour and more able to reflect on them and exercise self-restraint.

Conclusion 1:

- **The Mulberry Bush School's therapeutic approach is distinctive because it trains its staff to stay close to the children's feeling states, and to use reflection on feelings (their own and the children's) as a touchstone to help them make sense of the children's inner lives and their behaviour**

This is the approach that is described in detail in chapters four and five, which explain respectively how the therapeutic milieu creates a safe place for the children and how it provides a place where edgy feelings and behaviour can be borne. As most ordinary carers have not been able to stay close to the children and their feelings, or manage their behaviour, it is important to ask how the Mulberry Bush staff are able to do so.

Analyses of data presented in chapters six and seven show that staff at MBS are trained professionally in the reflective 'use of self' in order to work empathically with the children. They are also encouraged to understand the particular personal impact the work is likely to have on them. They are helped to make sense of how the children 'get under their skin' in personally upsetting and distressing ways, and they are supported in seeing that they do not need to 'take this personally'. These chapters show how developing 'moral strength and resilience' (Narey, 2016, p. 60, cited on p. 10) takes time, practice, reflection, training, courage and the support of fellow workers, both formally and informally.

The research findings are that the Mulberry Bush School provides these ingredients through a 'staff therapeutic milieu' which parallels the therapeutic milieu provided for the children. Our conclusion is that without a safe therapeutic milieu for the staff, which acts as a place that accepts and assists with their own edgy and extreme feelings, staff would probably not be able to do the work effectively. They might suffer burn-out and secondary trauma. Importantly, they might withdraw from genuine engagement with the children, simply managing their behaviour instead; or they might become drawn into engaging in harmful behaviour in relation to them. As one Chief Executive quoted by Narey noted, "...at the wrong time, many people if not most, are capable of offending." (p. 61, cited on p.10).

Conclusion 2:

- **The Mulberry Bush School is distinctive in recognising that staff need a 'therapeutic milieu' of their own that provides a safe place for the expression of their feelings and equips them with a robust training in the reflective 'use of self'**

Recommendation 1:

- **The Mulberry Bush may wish to be even more explicit about the specialist training provided for its staff, and to contribute to policy debate about whether or not the level 3 Diploma in Residential Child Care is adequate for staff working in residential child care settings**

It is possible to represent the work of MBS diagrammatically – this representation is included in Appendix 4. The diagram shows the way in which the staff therapeutic milieu sits alongside the children’s therapeutic milieu in order to support therapeutic provision across the organisation.

The Model of Therapeutic Provision: Steps in the Process

The UEL research report has situated the MBS model of therapeutic provision²⁶ in relation to one contemporary therapeutic approach used with patients with borderline and anti-social personality disorders – ‘mentalization-based therapy’ or ‘MBT’ (Fonagy and Bateman, 2006, 2016). BPD and ASPD are mental health difficulties that, it is argued, have precursors in childhood in conduct and attachment disorders - in other words, the mental health difficulties the MBS children commonly have. As explained in chapter two, the MBS approach is congruent with Fonagy and Bateman’s (2006, 2016) work, which is manualized (and evidence-based, through the use of randomized control trials)²⁷. The congruence is unsurprising because similarly to MBS, MBT has its roots in the Independent psychoanalytic tradition to which Winnicott made the most substantial contribution, and in the developmental perspective of Anna Freud²⁸. Additionally, as Fonagy and Bateman acknowledge,

²⁶ The MBS model of therapeutic provision could be situated in relation to other therapeutic approaches as well, and indeed, the Mulberry Bush itself situates its provision within the ‘therapeutic community’ tradition. The UEL Report has chosen ‘mentalization-based therapy’ because the focus of our research has been upon ‘therapy’ within MBS. The MBT model is both congruent with the MBS model *and* well-articulated in relation to ‘what works’ for populations with the mental health difficulties that the MBS children present with.

²⁷ See <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-016-1000-9>

²⁸ See <http://www.annafreud.org/training-research/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/multi-family-groups-in-schools/>

most of the principles of MBT are not new and have been practised elsewhere, if not formalised.

MBT uses a 'sessional intervention trajectory': firstly, empathising in a genuine, contingent way with the experience the patient recounts, and validating that experience; then clarifying and gently challenging the patient's reading of events; finally, attempting to expand, alongside the patient, a capacity to 'mentalize' – to identify and make sense of mental states outside awareness.

This therapeutic intervention trajectory is the one present in the therapeutic milieu at the Mulberry Bush School. The cycle can be seen 'at work' on many occasions in the material presented in chapters four and five. It is a four-step cycle: of mirroring and empathy, of a gentle, probing 'non-contingent' response, of reflective thought and of an attempt to make sense of experience. One example of this is the work with Mikey described on pp. 86-87 in chapter five. Mikey had bitten a Teaching Assistant the previous day, was involved in an altercation with another pupil in the gym, and afterwards, he had had to be restrained in class. Staff assisted each other in supporting Mikey (a member of Green Class 'arrived' and engaged in 'cross-talk' with the teacher about 'the problem'; staff did not punish or reprimand Mikey; instead, he was allowed his turn in the game, and subsequent physical restraint was explained in terms of 'holding in mind').²⁹ The teacher explained to the researcher what she was bearing in mind for Mikey:

“There was one day that I had scooped him aside and was saying, ‘No, I'm thinking about you and I can see you're finding things difficult. You've got a face that's looking very cross. I think you're feeling angry or sad or worried.’ We went and started there and he turned his back to me and said ‘I can't say this while I look at you - while I'm looking at you,’ or something, ‘But I'm worried about James moving in. I'm worried you're going to forget me.’”
(quoted on p. 87 above)

This quotation describes the beginnings of the process of acquiring a capacity to mentalize in Mikey. The four step process is the means by which the Mulberry Bush

²⁹ “Mikey is demanding he be let go of – but the teacher still refuses to let go - J: ‘I can't because I think that you need me to hold you’ . . . [after some time] ‘I will let go of your arm and will touch your back, because I think you still need me to show that I am here and thinking of you. . .’” (p. 87 above).

makes a difference to the immediate, everyday lives of pupils, and to their ongoing development, because over time, the children take in and use the model in relation to their own emotional experience.

Conclusion 3:

- **The therapeutic model at the Mulberry Bush School works similarly to Mentalization-Based Therapy**
- **There is a four-step cycle: of mirroring and empathy, of gentle, probing ‘non-contingent’ responses, of reflective thought and of an attempt to make sense of experience**
- **Over time, the children can take in and use the model in relation to their own emotional experience**

Recommendation 2:

- **The Mulberry Bush may wish to consider making an explicit link in staff training and in material about the school with the ‘mentalization-based treatment’ approach**

Whilst the MBT approach is manualized and neatly sequenced for largely one-to-one sessional work, in the children’s therapeutic milieu, the work is not conducted in such a clearly manualized, sequenced and ‘neat’ fashion. It may occur at a micro-level in a sequence of interactions or may be part of a broader macro-level process of change in work with an individual child; it may also move backwards and forwards in the sequence of steps, or work in a different order with them, but overall, the trajectory or expected sequence of movement is the same. It is also appropriate that the work on the ground is paced by the staff, who exercise their professional judgement as individuals in the moment, and as part of a treatment team and staff group working with the child over time. The work is context-, knowledge- and relationship- dependent, as noted in chapter five on p.94. The staff are also conducting the ‘therapy’ within everyday trusting relationships and an everyday busy living environment. In this environment lots of other work is taking place (the work of play, of school-based learning, of social pedagogic learning outdoors and in extra-curricular activities, and the work of building peer and community relationships).

This 'other' work is very compatible with the therapeutic provision, and 'therapy' take place through it, in 'in between' moments, where judged appropriate.

Another difference in relation to the MBT model is that staff may need to stay in the initial, empathic part of the cycle for longer periods of time because they are working with children. The children need to be observed, empathised with and thought about a great deal, prior to any attempt being made to communicate with them directly about their feelings. Staff may have to 'carry' insights about a child and 'carry' emotional experiences on their behalf for a long period before this can be fed back to the child. This work of tolerating communications from the child, and tolerating an emotional response to their experience, can be seen in the support Anna provided for Marisette, where Anna was required to tolerate the difficult feelings stirred up by being assigned the 'child' and 'boyfriend' roles in role plays relating to Marisette's sexual abuse (see the example in the 'Day in the Life' vignette in chapter three on p. 44). It can also be seen in the experience Justin describes tolerating, on p. 133 in chapter seven.

Importantly, staff support each other 'in the round' in their therapeutic work, often in very public processes of reflection, as when the Green class member of staff joins the teacher to reflect on Mikey's experience 'over his head' (p. 163 above). 'Public reflection' in the milieu is as important as private reflection, for reasons that will be discussed in the next sections.

According Significance to Experiences of Shame

The UEL Research Study has noted the MBS staff emphasis on staying close to the children's feeling states, and on using reflection on feelings (their own and the children's) as a touchstone to help them make sense of the children's inner lives and their behaviour. The researchers explicitly asked staff about feelings of hate, love and hope as experienced in relation to the children. Chapter two, however, has highlighted the significance of the emotion of *shame* in children's early development, and the developmental consequences of an overdose of shame in traumatised children. Too much shame leads to the child becoming hyper-vigilant in relation to experiencing it; the children do not want to be 'burnt twice' (p. 24).

Additionally, they are prone to use violence and ‘toughness’ as a way of arming themselves against the experience of humiliation and potential abandonment. But tolerance of shame in manageable doses is implicated in the development of self-respect and is important for moral development – for learning to understand the possibility that one can hurt or harm oneself and other people. Acknowledging it can actually enhance self-respect. As Allan Schore has noted, “...acknowledged shame allows for experiencing, dissipating and transitioning out of the negative state, while bypassing shame avoids this state” (Schore, 1994, p. 362, quoted above in chapter two, p. 26).

Chapter five has also used observational material of the children specifically to foreground the significance of shame at MBS. It was observed by the UEL Research Project to be particularly present and significant in its impact in the MBS therapeutic milieu – for example, one can see its impact in the example of ‘Mikey’ discussed in this chapter (on p. 162 above). As shame is closely associated with failure, making mistakes and being blamed, and signals a fear of abandonment or exclusion from the group, it is particularly pertinent to consider. It will be an experience shared by children *and* staff. It has considerable potential to ricochet around the organisational systems within a therapeutic milieu. In chapter two (p. 27), a clinical example was given (from a case study presented by Margaret Rustin, 2016) of the therapist’s experience of shame. Rustin extends her discussion by considering the shame experienced by her client (a formerly looked after child) in relation to his awareness that his birth parent failed as a parent:

“I think he had to struggle both with his shame about his inadequate parental objects and his shame that he could not evoke enough love and protectiveness in them.” (Rustin, 2016: 8)

Staff are already struggling productively with how they position themselves internally in relation to the children’s need for, and rejection of, love. This is not a struggle unique to the MBS staff, but experienced by any subsequent carer of a looked after child, particularly where the caring is complicated by the expectation that the placement will not be permanent. The experience of shame (and guilt) is certain to enter into affective dynamics in the setting, particularly as the children are likely to ensure that on many occasions, staff’s carefully-offered ‘contingent’ and ‘non-contingent’ responses to them are seen to fail, and fail very publicly.

Conclusion 4:

- **The UEL Research Project's identification of *shame* and its management is an important contribution of our project to thinking at MBS**
- **The UEL Project identifies shame as a key, multi-layered dynamic within the affective field at MBS**

In this context it is pertinent to ask why the UEL research team did not ask staff about the emotion of shame. Our conclusion, discussed in chapter seven, is that we suspect it was a difficult emotion for us as researchers to 'see' in relation to the staff, and a difficult emotion to raise with them. This might suggest it is particularly difficult to address, and could usefully be thought about more in staff self-reflective spaces at MBS.

Recommendation 3:

- **MBS could usefully explore the impact of the emotion of shame more explicitly in its self-reflective spaces**
- **MBS could discuss the significance of shame for children and staff more prominently in its published outputs**

'It takes a whole village to raise a child'³⁰: group living in a 'family-like' community

As noted in chapter one on pp. 3 and 11, and in chapter two on p. 19, the children taken at the MBS are 'high profile' children whose foster or adoptive placements have not been able to withstand the impact of their behaviour, and whose educational placements have also broken down. Research into social work teams and in relation to fostering and adoptive placement disruption indicates that the levels of child to parent violence, and prior birth parent violence and abuse, overwhelm and terrorise social services (Munro, 2011) and fostering and adoptive parents and carers (Selwyn and Meakings, 2015). This can very easily lead to 'borderline' ways of relating to the problem (Cooper and Lousada, 2005). The term, 'borderline' relates here to a form of defensive self and organisational protection

³⁰ John Diamond quotes this saying on p. 6 of his paper, Diamond, J. (2008) *'The Mulberry Bush School as a therapeutic community: bringing love and hate together'*

from the impact of the children, so that they and their problems are managed, but not engaged with emotionally in a way that would lead to understanding or insight for the teams working with them, or the children and families themselves. In Harris, Paul and Barlow's research, the major reaction experienced by parents and carers when their child secured a place at the Mulberry Bush School was relief:

"I thought I would probably wake up – or not wake up as the case may be – with a knife in me." *Carer1* (Harris, Paul and Barlow, 2006: 21)

"My overwhelming memory is one of huge relief...here is somebody who finally knows what they're talking about." *Carer2* (Harris, Paul and Barlow, 2006: 21)

The school was seen as a lifeline at a point of breakdown and psychic death. Something that was not thought of as survivable in the child's network has been handed over. It is therefore naïve to think that MBS can simply step in and provide the children with the family home they have never had. Yet paradoxically, as Winnicott noted, unless the children are exceptionally perverse or emptied of hope, they are looking for a 'primary home' experience:

'It might be asked why the wardens should let themselves get emotionally involved. The answer is that these children, who are seeking a primary home experience, do not get anywhere unless someone does, in fact, get emotionally involved with them. To get under someone's skin is the first thing these children do, when they begin to get hope Winnicott (*Residential Management of Difficult Children*: 72, and also quoted on p. 130 above)

The UEL research team concludes that the Mulberry Bush School has understood the need to strike a balance between providing the opportunity for warm, loving relationships³¹and providing the objectivity and distance from which to be able to understand that the children really *struggle* to form ordinary, appropriate relationships. As noted on p. 8 in chapter one, the Department of Education's 2015 'Guide to Children's Homes Regulations, including the Quality Standards' states that

³¹ And as noted on p. 8 in chapter one, the Department of Education's 2015 'Guide to Children's Homes Regulations, including the Quality Standards' states that "children in residential child care should be loved" (DFE 2015: 7)

“children in residential child care should be loved” (DoE 2015: 7). However, having observed the children at MBS extensively, we conclude, in agreement with the school, that the model of how to provide such love might need to be different for these particular children. MBS are not the children’s long term family, or home, and the aim is to provide sufficient therapeutic input for them to be able to re-engage with their foster and adoptive families (and birth families) so as to remain in their (stabilised) family placements in the future.

The UEL research project noted how staff understood, particularly when discussing ‘love’, that the model the MBS has devised necessarily seeks to diffuse the intensity and privacy of the intimate attachment bond that would be formed in an ordinary nuclear family (see chapter seven pp. 134-137ff). For the majority of the children referred to MBS, privacy and intensity in the original family home have been inimical to their development. The open, public group nature of life at MBS is a protection for all concerned, and again, paradoxically, within this very public milieu, where relationships are shared and no one is ‘special’, intimate moments one-to-one can be more safely found. The Mulberry Bush, in giving evidence to Sir Martin Narey’s inquiry, noted,

““We increasingly have children referred who are not able to sustain the intensity of living in a small family unit. The larger institution seems to reduce the intensity of the relationships and provides an opportunity to develop the social and emotional skills to live alongside others without spreading overwhelming anxiety into others.” (Narey, 2016, p. 28)

The UEL researchers observed that the staff at MBS were very committed to the children in their care and worked very hard to empathise with them. The researchers observed first-hand – and have reported here – the affection, warmth and care with which the staff relate to the children. This is encouraged as central to the therapeutic task. It could be argued – and has been argued, by John Diamond (Diamond, 2008) - that the capacity and intention to bear and stick with difficult and painful experiences and feelings is an act of love in itself. The UEL research team would note that it is a different form of love from that traditionally associated with the nuclear family, and arguably it provides the MBS children with the quality they need most in order to develop.

Conclusion 5:

- **MBS has devised a model of group living where there is a diffusion of the intensity and privacy of the intimate attachment bond that would be formed in an ordinary nuclear family**
- **As privacy and emotional intensity in the family home are experienced as potentially threatening for the children, the open, public group nature of life at MBS is a protection for all concerned**
- **When relationships are shared and relating is very ‘public’, paradoxically, intimate moments one-to-one can be more safely found**

Therefore, the children are not ‘loved’ in the sense implied in the Guide, where the spirit of the statement would seem to be that children in residential care are entitled to the same kind of love as ‘other’ (non-‘looked after’) children in a family home. Although the MBS children have their own foster or adoptive (or birth family) placements, in reflecting on this, at least two members of staff suggested that the MBS children were missing out on something. They had lost an experience that the staff members felt was a birth right for their own children (chapter seven, pp. 136-7).

Recommendation 4:

- **Whilst the UEL research study notes that MBS provides love (in a different form of love from that traditionally associated with the nuclear family), the School might wish to reflect more on the nature of love in the therapeutic milieu and the losses the children have sustained with regard to ordinary family love**
- **This is particularly pertinent in the context of MBS’s move towards 52 week provision**

Sir Martin Narey argued in his report that the contribution residential child care can make as a placement needs to be accorded much more recognition (chapter one, p. 10). Our research findings suggest that MBS provides a warm, loving and caring milieu that can effect real changes in children’s capacities to engage appropriately in intimate relationships. The Mulberry Bush School has a contribution to make to debates about whether to place primary-aged children in specialist therapeutic

residential care. Group residential care as provided at the Mulberry Bush School deserves to be repositioned as a model of first choice for some primary-aged children, and as in their best interests, particularly with respect to their mental health needs. They are unlikely to obtain the level and intensity of therapeutic input they need in foster or adoptive placements.

The UEL research team note that it seems mistaken to view residential care of the kind available at MBS as ‘second best’ or ‘last resort’ simply because it is not a ‘nuclear family’ placement. It is a genuine placement of first choice for a particular sub-group who need a particular kind of love and protection and care in a milieu that is constructed on a different model from that of the nuclear family.

Recommendation 5:

- **MBS should continue to seek to influence policy and commissioning practices in relation to the promotion of a therapeutic, community-based model of care for the (possibly substantial) sub-group of children who find the intensity and privacy of family life unmanageable**

External Relations

Societal indicators and trends suggest demand for services for highly disturbed children and young people will continue to increase. Amongst commissioners surveyed by the UEL research project, there was a certain amount of frustration about the inappropriateness of the introduction of a ‘market’ in social care for this particular cohort of children. Commissioners also commented on what were felt to be misuses of the term ‘therapeutic’ by newer providers. The UEL Study found that MBS has an excellent reputation and the judgements of MBO staff are trusted by commissioners and educational providers. MBO is known and applauded for implementing ‘attachment’-based approaches, and for maintaining child-centred values. The UEL team also found that MBS was recognized as achieving outcomes that were considered unlikely elsewhere. Local mainstream primary schools were similarly positive in their responses and particularly praised the non-judgemental and collaborative way in which MBO staff provided advice and support. The

educational providers consulted have found that using the MBO approach in their schools is highly successful. We therefore conclude that the MBO approach is transferrable to other educational contexts. However, it must be noted that this was a small sample and the participants were recruited by the school.

Conclusion 6:

- **The UEL Study found that MBS has an excellent reputation as a provider of residential child care and outreach services and the judgements of MBO staff are trusted by commissioners and educational providers**
- **The UEL research study concludes that the school's approach is transferrable to other educational contexts**

Are there things working less well?

The 'problem' of idealisation' has been discussed at various points in this report (in chapter three on p. 40 and in chapter six on pp. 95 and 117). The tendency of the UEL researchers to repeat this process has been noted. So far, the report presented here has not highlighted any shortcomings of the MBS at any point and this itself may be considered a limitation, as discussed in chapter three. However, we maintain that this report reflects a true and accurate picture of the work of the school³². Our assessment is that the school put its 'best foot forward' when we visited. That they were able to do this consistently in front of five researchers whom, between them, visited on over more than fifty occasions, usually for a whole day at a time, suggests that what we observed was genuine and not 'stage management'. We were not excluded from quite frequent discussions heard *en passant* about struggles in the work for individual staff. Chapter six on p. 123 notes one example of how struggles over appropriate boundary-setting and safeguarding are managed; in this instance, a staff member 'raised his fist' to a child. We also heard about struggles the whole organisation was managing – during our time researching, one particular house was going through a lot of turmoil with a particular cluster of difficult children, and new

³² Debating what constitutes 'true and accurate' representation in a psychoanalytically-informed ethnographic research project would take us into some very interesting philosophical and methodological debates current in qualitative research in the social sciences (see, for example, Holmes, Finlay, Berger, Hoggett)

staff. As the approach of the school is not simply to manage the children and their behaviour, our very strong sense was that overall, the children themselves were not concerned to 'put their best foot forward' in front of us. They were well-used to visitors and we also worked hard to become familiar.

Nevertheless, one area where the 'problem of idealisation' may be seen principally to impact is in what the UEL team selected to observe. After the commencement of the project, for good reasons, we chose to make more observations of the children towards the start and end of their journey at MBS. Beginnings and endings of journeys are very revealing of the strengths and vulnerabilities of both the children and the organisation and the focus was warranted; in particular, in the summer term of 2015 we observed a relatively new team dealing with a cohort of particularly difficult children in what was then the only foundation classroom. However, we became increasingly aware that the 'middle' part of the journey could become bumpy too in particular ways, and that there were some real challenges the organisation was facing in one house we were not observing. We did not shift our focus to capture this although the school was not refusing us entry to any aspect of the provision. Additionally, at the commencement of the project our focus was the 'children's milieu' and we retained this focus even as our awareness of the significance of the 'staff milieu' emerged. This too was warranted; there was a question of prioritising resources, and also, the task we were charged with, and our primary focus, was the therapeutic provision for the children. However, the staff milieu is, as we have argued, essential to the work of the school and it is where the feelings of the staff about the work are processed. It is interesting that we did not seek further access to the staff's reflective spaces and consultation processes although it had not been denied.

It is within the staff milieu that a range of organisational tensions are being worked out and we gained a clear impression from staff interviews that MBS was working fairly explicitly and consciously with these.

Between education and group living

There are inevitably going to be 'splits' emerging across teams, and the MBS seemed particularly good at linking teams so that they could understand each other's work

and particular contribution. In relation to education as compared with group living, one tension observed by the research project was between the desire to provide education that links to achievement (particularly in relation to maintaining academic standards as benchmarked against National Curriculum progress), and the desire to provide education that starts from the baseline abilities and interests of the child. This educational tension between 'child-centred' education and 'attainment focussed' education is not MBS's alone.

Between longevity and low staff promotion prospects

There were many positive outcomes associated with having the MBS's particular longstanding senior staff team, including their familiarity with working well with one another, their expertise, their ability to move sideways into strategic positions within the organisation so as to allow movement up from 'below' or outside, and their extensive networks and reputations for success and competence. There was evidence of continuous refreshment and renewal of the task and an organisation committed to change at the macro and micro levels (MBOX, MBO, the National Alliance; internal change processes such as building an extra residential house for 52 week living, and changing the dining room and 'Green Class' spaces; the creation of two intake classes, the appointment of an 'outside' Head of Group Living and the re-configuring of self-reflective groupings, all in the 12 month period whilst we were directly visiting). However, questions of succession are inevitably of particular importance when the senior management team will be approaching retirement as a group, and some staff interviewees reported dissatisfaction with the lack of promotion prospects.

Between MBS and foster parent ways of working

There is potential for MBS to contribute to the training and support of foster and adoptive parents but we understand that this work is only at an initial, scoping phase. We were informed of staff research well under way focussing on the organisation's interface with families, and reaching some interesting conclusions about the need for improvement. As this interface was not a focus of our research, we cannot comment in depth. Elements of the procedures for linking the school with the children's foster, adoptive and birth parents were caught routinely in our observations and mentioned in interviews with members of the Families and

Networks team, and seemed well established and working smoothly. However, at a deeper level, an integration of the work of the school with that of the foster, adoptive and birth families, and the school's philosophy and approach to this, seemed less well articulated. Again, such work across boundaries is very challenging and MBS is hardly unique in experiencing it. However, we would suggest that it is particularly well-placed to take this challenge on. MBS understands that feelings are the touchstones in reading 'behaviour as communication' and thinking about what emotions the children's behaviour expresses and covers over. This then leads directly to the importance of working with carers' feelings, as both Elliott and Bazalgette et al have noted (Elliott, 2015, pp. 21-25, p. 92 and p. 96 above; Bazalgette et al, 2015, p. 19).

Directions for Future Research

The UEL research project has observed that MBS is a learning organisation with a live culture of enquiry and research of its own (p. 32, p. 108 and p. 128 above). There are several directions for future research. These include research into the interface between MBS and the children's families; research into how best to support foster and adoptive families, and whether one can transfer elements of the MBS model to these contexts; and researching the experience of pupils who have left MBS.

One explanation for why the UEL team did not ask straightforwardly for access to staff reflective spaces is that the team may have felt this would have been intrusive, because of the possibility of staff experiencing a sense of exposure or shame. Sir Martin Narey noted that an independent review into the operation of foster care in this country was well overdue (Narey, 2016, p. 24) and although there are probably many reasons for this, one reason might be a fear of what risks being exposed. The dynamics of shame are potentially at play in the whole arrangement for each party involved in the 'foster' or 'adoptive' triangle: birth family, the child in care, and the new placement.

'Shame' is therefore important to bear in mind if research with carers continues. The theme of shame could also be considered in future research in relation to the children's therapeutic milieu, where children's sensitivities to shame could be

thought about. There may be a different patterning of experience for different children, depending upon age, gender, particular experiences of trauma and family backgrounds. Shame could also be considered in relation to the staff therapeutic milieu, where the individual life histories of staff, and their positioning in the organisation, may be significant. Regardless of the focus, provision for support within a 'staff therapeutic milieu' as a dimension of training for specialist staff in residential child care is certainly worthy of further research, and MBS staff would be well placed to carry this out as practitioner researchers.

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Appendix 1 – Ethical Consent

Sample letters of information and consent forms for carers and children



Independent UEL Research Evaluation of the Mulberry Bush School Parents' / Carers' consent for child participants at the school

The funding for this research project is supplied by the Mulberry Bush School

Information for Consent

Project Description

This evaluation aims to find out what your child thinks about how the Mulberry Bush School might or might not be helping them. It is also looking at what therapeutic processes are at work in classrooms and other spaces that might or might not be helping your child's development.

The researchers are interested in the children's thoughts about 'what goes on' at the Mulberry Bush School, what their everyday experience of the school is like and how they might experience the Mulberry Bush as different from past forms of support they have had.

Your child will have a researcher visiting their classroom fortnightly for a fifteen month period, to observe what goes on there and to help alongside staff. Over time, the researcher may lead some activity sessions with children designed to explore the children's experience of 'what goes on at the Mulberry Bush'. Over time, researchers will also have access to some residential areas. Researchers will not be left alone with children - there will always be experienced and qualified staff present. Informed consent will be sought from all pupils and a copy of the information sheet and consent/assent form for children is attached.

The evaluators will make notes about their time with the children after each session. They will look at the notes to see what children say about the school and what processes have been observed. This information will be used in providing a final evaluation report for the benefit of the school, and in other academic publications and presentations about successfully helping troubled children.

The researchers involved in this project have all passed appropriate Disclosure and Barring Service checks.

If you say "Yes" to your child participating now, you can later change your mind at any point. If you change your mind you can phone or email Heather Price, the project leader and one of the researchers working with the children, or Jane Herd, the other researcher working with the children. Both are based at the School of Social Sciences at UEL for the duration of the project:

Heather Price	020 8223 2777	h.s.price@uel.ac.uk
Jane Herd	020 7340 7111	jherd@tavi-port.nhs.uk

Confidentiality of the Data

The field notes from observations of the children will be stored in a locked file and in password protected documents on a secure server at the University of East London. Only the evaluators will have access. Every care will be taken to anonymise personal information but because the Mulberry Bush is a small school, there are limitations on how much anonymity can be afforded.

Data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.

Your child does not have to take part in this project, and you are free to withdraw them, and to withdraw material previously gathered about them, at any time. Should you choose to withdraw your child you may do so without disadvantage to yourself or them, and without any obligation to give a reason. You can withdraw by contacting the evaluators at UEL or the Director, John Turberville, at the Mulberry Bush School.

This research project has received formal approval from the University of East London Research Ethics Committee.

If you have any concerns about any aspects of the conduct of this research, you can contact a representative at the University:

Catherine Fieulleateau | Research Integrity and Ethics Manager | Graduate School UEL University of East London, Docklands Campus, London, E16 2RD

Phone +44 (0)20 8223 6683 Email: researchethics@uel.ac.uk



**Independent UEL Research Evaluation of the Mulberry Bush School
Parents' / Guardians' consent for child participants at the school**
The funding for this research project is supplied by the Mulberry Bush School
Project Lead and researcher with children: Dr Heather Price
Additional Researcher with children: Dr Jane Herd

Parental Consent for Child's Participation in the Research Evaluation

I have read the information sheet relating to the Mulberry Bush School Research Evaluation, in which my child has been invited to participate. I have been given a copy to keep.

The purpose of the research evaluation has been explained to me and I have had the opportunity to discuss it and ask questions. I understand what is being proposed and that observations of my child at the school will be undertaken, and field notes written about them and the processes they are involved in. I understand that quotations from field notes about my child, with their identity anonymized, may be used in the final report for the Mulberry Bush, and in academic publications and presentations. I appreciate that although every effort will be made to provide for anonymity, this may be limited because of the relatively small size of the Mulberry Bush School.

I understand that my child's involvement in this research evaluation, and the information obtained about them, will remain confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the evaluation has been completed.

I consent to my child's participation in the evaluation. I understand that I have the right to withdraw them, or material gathered about them, at any time without disadvantage and without being obliged to give a reason.

Name and
date.....Signature.....
..

Researcher name and date.....

Signature.....

What happens at the Mulberry Bush? About our project

Our names are Jane Herd and Heather Price
We are from the University of East London

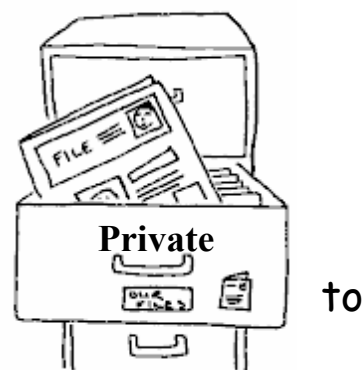
We want to know what it is like for you at the
Mulberry Bush and what goes on here. We want to know
what life is like day-to-day for the children.



We will come into class and into the houses to try to
understand what happens at the Mulberry Bush. We
may write things down. (Your teachers and carers will
always be there too). We will write a report for
Mulberry Bush.

Everything will be kept locked and private!

If you say something that we want put in our report we will ask if that's OK. You can say no.



Would you like to be one of the people?

If you would, the Mulberry Bush will also ask your carer at home for permission.



We will be at the Mulberry Bush once a fortnight for about a year.

If you don't feel like you want us to be watching in your class or house, you can tell us and we will go out.

Once we have got to know you we may do some stuff with you in class! Your teachers will always be there for this too. If you don't want to take part in this you don't have to.

Do you have any questions?

If you want to ask anything at any time you can ask your teachers or you can ask one of us.

Child's Consent / Assent

What happens at the Mulberry Bush?

Consent Form For: (name).....



Heather and Jane have explained their project to me and I know I can change my mind and say "No" whenever I like.

I can just tell someone at the Mulberry Bush.

I know that it is OK to say "No"



I know that everything will be kept private

I know that my name will never be used in their report



Yes I want to take part in the project

Please ask one of your teachers or carers to watch you sign the form.

Signed

Name of person watching

Signed by person watching

Date

Please give this form back to Heather or Jane.

Appendix 2

Interview Schedule for frontline staff

1. Can you describe your journey up to the point of joining MBS including why you applied to work here?
2. How would you describe your role, responsibilities and purpose at MBS?
3. What has MBS provided in order to prepare you for and sustain you in your role?
4. Please tell us what you understand about the MBS method of working with children? Is there anything which you think is particularly useful or distinctive?
5. Are there sorts of children or their background which you believe are particularly suited to the MBS approach? Are there any children you think it works less well for?
6. What do you believe is the purpose and focus of relationships between adults and children at MBS?
7. How does the MBS, its structures, staff and input facilitate your work here?
8. What are the particular challenges and pressures of working in this environment and what impact do they have? (Prompt: feelings of hatred; feelings of love?)
9. Is there anything you would like to be different or to be able to change? If you did want to change things how might you go about it?
10. Anything else you think hasn't been covered and you believe is important or significant?

Interview Schedule for senior staff

1. What's your role in the organisation? What's your primary task?
2. You have three core principles underpinning the therapeutic work here. How do you see a psychodynamic approach informing the work?
3. [Note to self – expect discussion of communication of difficult states of mind, including hating ones...if not raised, then raise it, see next.]
4. Some of the incidents we've observed must prompt hatred and violent feelings. This seems to get to the essence of the work. Can you say more about that? How did you learn to cope?
5. How do you help staff to cope? How do you think they cope?[Note to self – How not to take it home...? Ask about different kinds of training and supervisory support – prompt about the meaning of 'reflective culture' and 'collaborative working' if it doesn't come up.]
6. Can you explain the staff hierarchy in the teams you manage? Is it the case that more senior staff have been here longer? What is the staff turnover like? Why are you leaving, what keeps you here?
7. Children need to be loved. Yet this is not their home. What is it that MBS can offer to help the children feel loved and secure? How do you think individual staff manage their loving feelings?
8. Is there anything else you would like to say?

Appendix 3

