

**Changing perceptions of the child psychotherapists' role: tensions and dilemmas
amongst child psychotherapists consulting to the professional network around looked
after children**

Abstract

Background: Consultation with the network around a child is a core aspect of a child psychotherapist's role, however little has been written about this aspect of their work with looked after children . Aims: To gain an understanding of child psychotherapists' work with the network around looked after children, in particular, how they understand this work, and what they see as specific to the psychoanalytic approach. Methods: Nine participants with expertise in working with foster carers and looked after children's professionals, participated in in-depth interviews. Results: Thematic analysis identified three themes concerned with the tensions child psychotherapists hold within themselves whilst consulting to the network around looked after children. The first theme encapsulates participants' sense of dilemma between what they felt was demanded of them versus what they felt they could offer. The second theme describes participants' sense of tensions around the way the system is organised versus what they felt may be in the best interests of the child and network. The third theme captures participants' views about whether their consultant role fits a generic model of reflective practice similar to what is offered by professionals from other disciplines, or whether the psychoanalytic approach brings something distinctive to this model of consultation. Links to existing theory and implications for practice are discussed.

Keywords: *child psychoanalytic psychotherapy, looked after children, professional networks, foster carers, consultation, reflective practice*

1. Introduction

The importance of reflective practice in social work is increasingly recognised, whereby professionals engage in a process of reflecting on aspects of their work and ultimately aim to improve their practice (Askeland & Fook, 2009). In the UK, the Laming report (Laming, 2009), following the death of Peter Connelly, in particular advocated the importance of robust supervision and opportunities for peer discussion. Reflective practice may be particularly imperative for social workers working with looked after children with traumatic histories. The National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for Excellence's (SCIE) guidance on improving the health and wellbeing of looked after children recommended that professionals and foster carers should have access to specialist consultation to support professional collaboration in complex cases, delivered by in-house advisors, external consultants, or members of Child and Adolescent Mental Health Services (CAMHS) (NICE/SCIE, 2010). When this is not available, the guidance suggested that consequences may be felt not only in the care of the child, but also the wellbeing of social workers themselves. Social work is a profession commonly at risk of stress and burnout (Lloyd, King, & Chenoweth, 2002). Contributing factors include a perceived lack of autonomy, organisational constraints, and role ambiguity; in turn potentially leading to emotional distress, lowered job satisfaction and staff turnover (Lloyd et al., 2002). Protective factors, in the form of social and emotional support, can help social workers to manage the demands of the role, for example the support of team members or supervision (Lloyd et al., 2002). Identifying suitable sources and models of support, both for the wellbeing of social workers themselves, but also to ensure that looked after children and their carers are given the necessary help they need, is clearly a priority in this field.

Several models of reflective practice in social work currently exist. These include Schon's (1991) model of reflection-in-action/reflection-on-action, the critical reflection model (Fook

& Gardner, 2007), the systemic unit or “Reclaiming Social Work” model (RSW; e.g. Cross, Hubbard, & Munro, 2010), and action learning sets (see Abbott & Taylor, 2013). Schon’s (1991) model distinguishes between reflecting on an incident at the time it occurs (reflection-in-action), and reflecting *on* action after an event, thinking about how practice can be changed. The critical reflection model draws on Schon’s (1991) work, postmodernism, and critical social theory, by ‘unsettling’ implicit assumptions that impact on practice, and including reflexivity to understand how assumptions are shaped by professionals’ own experiences. The RSW model is informed by systemic theory; a key concept is viewing families as systems, considering multiple perspectives, and thinking reflexively to promote change. Action learning sets are small groups who together reflect on a situation they want to change, with the aim of then taking action. Although sharing similar aims of increasing reflective skills and practice, the models discussed above are underpinned by different theoretical frameworks, and often offered by professionals from different disciplines.

One theoretical perspective adopted by some practitioners is the psychoanalytic approach, including the relationship-based model of reflection (Ruch, 2007) and work discussion groups (Rustin & Bradley, 2008). These draw on ideas including Bion’s (1962) concept of containment and Bick’s (1964) method of child observation. Groups start with a practitioner presenting one of their cases; in Ruch’s (2007) model, group members then engage in discussion focused not on problem solving, but on promoting curiosity, tolerating uncertainty, and containing emotions. Work discussion groups follow a similar format, with a focus on gaining a deeper understanding of unconscious communications underlying behaviour, and the impact of the work on the practitioner. More recently, Ferguson (2018) has argued for reflective practice in social work to be underpinned by psychoanalytic concepts.

This paper focuses on one approach to reflective practice and consultation with professionals working with looked after children, offered in the UK by psychoanalytic child

psychotherapists. Although child psychotherapists are sometimes perceived to primarily offer long-term, individual therapy, a recent national survey of the work of child psychotherapists related to looked after and adopted children suggested that consultation to professionals forms a substantial component of their work (Robinson, Luyten, & Midgley, 2017). In the survey, work with foster carers/adoptive parents (80.9%, n=174), and consultations with professionals (76.7%, n=165) were conducted by almost as many child psychotherapists as individual child therapy (82.3%, n=177) (Robinson et al., 2017). Yet despite being a major aspect of a child psychotherapists' role with looked after children, literature around this topic is sparse. Several child psychotherapists have suggested that consultation can be used not only to access advice about cases, but also to discuss network functioning, particularly conflict amongst professionals (Cregeen, 2008; Emanuel, 2002; Rocco-Briggs, 2008; Sprince, 2000; Wilson, 2009). Hunter (2001), Emanuel (2002), and Sprince (2002) argue that professionals working in pressurised environments can re-enact aspects of the child's traumatic experiences. Emanuel (2002)'s concept of 'triple deprivation' highlights the perceived deprivation that networks can put onto these children – the first source of deprivation is external and beyond the child's control, the second from internal sources as the child develops defences preventing them from accessing external support (i.e. Henry's (1974) concept of 'double deprivation'), and the third occurs when professionals, facing the barrage of the child's projections, end up repeating the child's defences against anxiety.

In terms of child psychotherapists' consultancy work with foster carers, Ironside (2004, 2009, 2012) adapted the psychoanalytic infant observation method for use with foster carer groups, finding that it helped carers to recognise and separate their own feelings from instances when children were projecting emotions into them, and how to respond to their behaviour. More recently, Onions (2018) has written about the embedding of a reflective practice culture with

foster carers at the residential Mulberry Bush School, finding that after 12 months' support the carers reported feeling less overwhelmed and that their child was easier to parent.

Ultimately, although the existing literature gives some indication of the child psychotherapists' role as consultant to foster carers and professionals working with looked after children, further research is needed to elucidate the nature of this work. This is particularly pertinent given the argument that those responsible for meeting the needs of looked after children need high quality support to provide a space for reflective practice (Luke, Sinclair, Woolgar, & Sebba, 2014, NICE/SCIE, 2010). The aim of this study was to gain an in-depth understanding of the ways in which child psychotherapists in the UK, who are working with the professional network around looked after children, perceive the nature of their role, and what they see as specific to the psychoanalytic approach.

2. Methods

Research design

This study had a qualitative design, using thematic analysis (Braun & Clarke, 2006) to analyse semi-structured interviews with a purposively-selected sample of psychoanalytically-trained child psychotherapists.

Sampling strategy

This study was a follow-up to a national survey of UK child psychotherapists about their work with looked after and adopted children (Robinson et al., 2017). Survey participants, who were all members of the Association of Child Psychotherapists (ACP), left their contact details if they were interested in participating in a follow-up study (n=135 out of 215 respondents). Those who had indicated that they did not work with professionals and/or foster

carers were excluded, leaving a sample of 116 potential participants. A purposive strategy was then adopted, using criteria identified in the survey as being common amongst respondents, to allow for maximum variation in terms of settings. Namely, respondents were selected who worked in a variety of settings, including generic CAMHS, specialist looked after children teams within CAMHS, and/or private practice. Based on these criteria, and ensuring a range of UK locations were included, a list of 15 potential interviewees was drawn up. Potential interviewees were contacted by email, and a follow-up email was sent to those who did not respond. Nine participants responded expressing an interest, and all nine were interviewed.

Participants

Five of the nine participants were female. Five worked in specialist CAMH services for looked after, adopted children, and/or children in kinship care; two in private practice; one in a generic CAMH service; and one had retired from CAMHS although still worked in private practice (two participants worked for more than one service). The mean number of years' experience as a qualified child psychotherapist was 14.4 years ($SD=9.9$, range 4-32 years). Five participants trained at the Tavistock and Portman National Health Service Foundation Trust; two at the British Psychotherapy Foundation; one at the Birmingham Trust for Psychoanalytic Psychotherapy; and one at the Northern School of Child and Adolescent Psychotherapy. Four participants worked in London, three in Southern England, two in the Midlands, and one in Northern England (one participant worked in two locations).

Participants were (or had been, for the participant retired from CAMHS) conducting the following types of work: consultations with professionals, either individually or during wider network meetings ($n= 7$); regular consultation groups and/or reflective groups with professionals ($n= 5$); individual/couple work with foster carers ($n= 8$); foster carer groups ($n=$

2); training programmes for carers or professionals (n= 2). Most participants undertook assessments of children, and advised local authorities and the courts regarding care planning, as well as individual child therapy.

Procedure

Interviews were conducted between August and October 2016. Six were conducted on the telephone, two in person, and one via Skype, ranging from 54 to 73 minutes. Questions followed a semi-structured interview schedule. Participants were asked about the main needs of the LAC network that they could help with as a child psychotherapist, as well as a description of the work they undertook with these practitioners. We also asked how they understood the ways in which this consultation work might benefit the network, and indirectly benefit the child. Furthermore, we asked about how their approach was distinct from other disciplines working with the network around looked after children, and finally any challenges they had encountered in their consultation work. The professional network was defined as any professionals who work with looked after children, including social care, physical and mental health, and education staff, as well as foster carers and residential home staff. Participants were not asked about their work offering individual child therapy to LAC, as this was not the focus of this study.

Data analysis

The interviews were audio recorded and transcribed verbatim. Nvivo 11, a qualitative data analysis software package, was used to facilitate the analysis (<http://www.qsrinternational.com/nvivo-product/nvivo11-for-windows>). Thematic analysis (Braun & Clarke, 2006) was used to analyse the data. Thematic analysis was chosen because of its suitability at identifying patterns across the data set; the aim of this study was to explore

child psychotherapists' perceptions of their consultation work as a whole (whilst being mindful of discrepancies amongst participants).

A primarily inductive approach was used, in which codes and themes were drawn out from the data. In producing themes, the underlying assumptions and ideas of participants were considered, to take an interpreted account that went beyond describing the data (Braun & Clarke, 2006). When analysing the transcripts, we bore in mind the psychoanalytic literature on defences against anxiety within organisations (Britton, 1983; Hinshelwood & Skogstad, 2000; Jaques, 1955; Menzies-Lyth, 1960), namely that staff working in pressurised and emotive environments develop a variety of techniques to defend against the anxiety inherent in these working climates. Although not used to create a thematic coding framework, this theory was used to inform emerging themes.

The analytic process involves repeatedly reading the data, generating initial codes, organising codes into themes, reviewing/refining themes, and naming/defining themes. The initial coding was conducted by one researcher. An external researcher, who had knowledge of psychoanalytic theories but not specifically of child psychotherapy and looked after children, independently coded an anonymised interview transcript. The purpose of this was to gain another perspective on the codes, compare it to the first researcher's coding, and refine the coding system. Developing themes were presented to the supervisory team over several meetings, along with interview transcripts and example extracts. Following discussion, refinements were repeatedly made to themes until mutual agreement was reached.

Ethical considerations

Ethical approval was granted by the University College London Research Ethics Committee in August 2016 (Project ID: 8293/002). Participants were given an information sheet and

signed a consent form prior to commencing the interview, detailing confidentiality, anonymity, data protection procedures, and right to withdrawal. Participants were not asked to provide information that could identify specific professionals or children under their care, or contravene their professional confidentiality and data protection procedures. To preserve participants' anonymity, their names were changed to ID numbers (P1, P2 etc) prior to interview, and these IDs are used in quotations.

3. Results

The analysis identified that participants discussed various tensions they held within themselves in their experiences of consulting to the professional network around looked after children. The three themes set out each of these tensions, supported by data extracts from the interviews. Although not every participant spoke about each of the themes presented, they represent the overall story we thought participants were telling. Where suitable, the commonness of a theme is indicated, as well as differences of opinion.

The tension between the networks' wishes and what child psychotherapists feel they can offer

This theme encapsulated child psychotherapists' sense of a dilemma between what they felt is demanded of them by the network versus what they felt they can offer. All participants perceived there to be great levels of unconscious anxiety within networks around looked after children, that manifested itself in various ways, including demands put on them as child psychotherapists. Nearly all participants described how common it was for professionals to think that getting a troubled child into psychotherapy will 'fix things'. Often these requests were for therapy to happen quickly; one participant described it as, 'come on get them into therapy *now*' (P4), while another said,

You've got a social worker and a foster carer and a teacher and maybe a parent as well and they're all pulling their hair out because none of them really feel like they're able to understand this child, and what they think needs to happen is the child needs to go into therapy. And once the child's in therapy the *therapist* will understand the child. (P3)

Several participants, in reflecting on why professionals might be trying to get a child into therapy, thought that it stemmed from feelings of helplessness, of guilt from being 'faced with the child's pain' (P8) and of feeling overwhelmed and struggling to understand the child's behaviour. They perceived that child psychotherapists were often seen as the most appropriate clinicians to engage these children. One participant said they were sometimes seen as 'knight(s) in shining armour' (P1), another that they were perceived as being able to wave a 'magical wand' (P6), and another that professionals can have 'fantasies' (P4) about what individual child therapy can achieve. Participants discussed feelings of disappointment when therapy was not offered immediately. They thought it was common for splits and a blaming culture to arise in networks, including blame towards the child psychotherapist for perceived withholding of therapy, or of therapy not making the child better:

I think there's something about that which gets into networks very strongly. That when something's not working, or not going to plan, or there's a deterioration, I think the reaction is – I'm talking very simply really, it's a long winded way – blame has to be proportioned in a fractured network. (P6)

In trying to make sense of this, participants spoke of how these professionals were commonly subjected to extremely distressing and emotive situations, with children who projected their feelings of hopelessness into the whole network. One participant said that networks are often experiencing 'secondary trauma' (P4), 'you know you get very bruised and battered,

emotionally battered social workers and likewise with the foster carers.’ (P4). Wanting to get the child into therapy, or blaming other services, was viewed as a way of alleviating professionals’ own anxieties about the child, or of transferring responsibility to another professional – particularly for social workers, faced with the pressures and fundamental responsibility of holding key responsibility for the child.

Participants related the high levels of network anxiety, and the perceived resulting defences used, to the effects on professionals’ capacity to think about the child’s needs and perspective. This was not intended as a criticism, but as a response to the extremely emotive environments these professionals were working in. One participant said that it ‘paralyses thinking.’ (P9). The child was sometimes described as becoming lost; as one participant said, ‘it all becomes about the adults views or the adults talking...and you’re thinking who’s bloody speaking up for the child here?’ (P6).

Participants spoke about wanting to offer a different approach to that so often demanded of them. This was based around reformulating people’s thinking about the child’s problems; for professionals to understand that the solution isn’t always to get the child into therapy. They discussed how what was often needed was a thinking space *around* the child, before (or instead of) working directly with the child. They felt that primarily their focus was about offering a thoughtful, consultative capacity to the professionals who hold responsibility for the child, rather than leaping into individual therapy that was so often requested. There was a sense of needing to change perceptions of mental health professionals more widely; one participant said, ‘I think CAMHS tends to be seen as you know very much in the clinic.’ (P4).

Several participants stressed that psychotherapy ‘only works under certain conditions’ (P8), for example, emphasising that for the child, the first priority is usually to feel settled, and therefore providing support to the network may be more pertinent. Added to this was a

feeling that it can be extremely difficult to engage some looked after children in therapy. One participant said it was unfair to ask very unsettled children to ‘unpack all their defences and become very vulnerable when they don’t really know where they are going to be in their mind from week to week’ (P4).

Some participants thought their role entailed empowering the network to see the value in what they were already doing. One participant gave the example that, by using initial consultations to gather information about the child’s relationships with others in their network, they could help identify the provision of existing support, meaning that therapy wasn’t always necessary:

What they need...is for everybody else to know that they already have a mentor at school who they trust and who they are telling stuff to, or they talk to their foster carer in the evenings...and so that’s already there, so you don’t need to replicate that with a therapist...what you need to do is share that information with the other people, and use it to develop everybody’s understanding. (P3)

The tension between the way the system is organised and what is in the child (and networks’) best interests

This theme encapsulated child psychotherapists’ sense of a tension between how the system is organised, and their role which may be to sometimes question whether this organisation is in the best interests of both the child, and the professionals working with them. Many participants spoke about the large, unwieldy networks often surrounding these children, leading to situations in which children’s needs are overlooked, ‘it’s everybody’s problem and nobody’s problem’ (P5). Several participants thought that networks sometimes tended to work reactively– at times of crisis – rather than being able to think more preventatively. Four

participants discussed their experiences of children being overlooked because they were not at crisis point, or displaying acting out behaviour,

If you've got a child who's more quiet and withdrawn...the notion can be in the system well they're fine because there's an absence of a difficulty...they're very resilient, that's what you'll hear...and so then having to then go back and think about why you know the child may not feel able to reach out and ask somebody is really important. (P5)

Participants perceived this organisational set up to impact on professionals as well. Although they discussed organisations who very much encouraged the provision of a protected space to think through practice elements, it appeared in some instances that organisational pressures made it difficult for staff to prioritise such meetings. In many instances these were practical reasons, such as difficulties coordinating whole network meetings with a group of busy professionals, or of residential staff working shift patterns, or of education staff unable to attend meetings during teaching hours. One participant commented that the network is primarily led by statutory meetings, which have a very set agenda, and often do not allow those present to think about the child from different perspectives. Another participant commented that although professionals have supervision as an opportunity to discuss their cases, again this may be a different type of thinking space, with a focus often quite narrowly on issues of safeguarding. In this way it appeared that participants drew on a psychoanalytic framework of thinking about organisations as blocking staff from being in touch with their anxieties at a systemic level,

I think in supervision people are pretty much just going through their caseload, thinking about risk...and there's not very much time for a more in-depth sort of thinking or analysis about what really might be going on for a child or for the network

or for the...lead professional involved. And that may be leading to something getting very sort of blocked or blindspots...things that people just feel it's just unbearable to think about. (P9)

Some participants also discussed their own services being under pressure. There was a clear tension between wanting to offer a particular approach, that participants felt could be beneficial for both the child and network, and being conscious of organisational targets. One participant said that CAMH services are often 'under a lot of pressure to close things' (P9) and that their preferred approach of leaving cases open, to enable the family and professionals to continue accessing support, 'can be a problem for us when we're having to gather data' (P9). Other participants in the private sector discussed concerns that services such as foster carer groups could be cut if attendance was poor, given the emphasis on saving money.

Another aspect of this theme was child psychotherapists' perception of having to resist organisational pressures when working with networks. Some participants commented that the network is organised around targets, whereas sometimes they felt it was their role to question whether those targets were in the child's best interests. This was particularly discussed in relation to the desire for looked after children to achieve placement stability and eventually permanence; viewed as the 'holy grail' by services and commissioners. However, there was a clear tension between maintaining stable placements and instances in which participants felt it was detrimental for the child to remain with a carer. As part of their consultant role extended to 'therapeutic management' (P1) support to carers, participants discussed instances in which they had worked with carers who were 'frightened by thinking' (P6) or for other reasons a placement was on the verge of breaking down. There was a sense of dilemma in recommending a placement be terminated, viewed as potentially contentious with services keen to promote placement stability. However, participants maintained that an

important aspect of their consultant role was to recognise when a placement wasn't suitable, and to help manage that in a planned way,

If you can't kind of work with the foster carer then we would...have raised concerns about whether this is the right placement and suggested that this may put the child's stability at risk. And even though that sounds contradictory, think it is better to have a planned move than a breakdown. So we'd work very hard to try and see if the placement was viable cos another move is going to be very difficult and we'd try to put in as much thought as possible, but what we wouldn't do is paper over cracks that can't be fixed. (P7)

The tension between a generic model of reflective practice and a psychoanalytic model of reflective practice

This theme encapsulated child psychotherapists' views about whether their approach to offering consultation is similar to models of reflective practice offered by professionals from other backgrounds, or whether the psychoanalytic approach brought something unique to reflective practice. A couple of participants commented that any 'competent clinician' (P1) could take on their consultant role, and many participants were working in multi-disciplinary teams sharing consultancy work amongst different mental health professionals. Several participants commented that consultation within a multi-disciplinary team might often just be designated based on team members' availability.

Despite these perceptions and, in practice, cross-over in consultation work with other disciplines, most participants thought that psychoanalytically trained child psychotherapists brought something unique to reflective practice with these professionals. In terms of the content of sessions, several participants discussed experiences of professionals requesting

quite structured consultations and advice on behavioural strategies to help manage the child's behaviour; these requests were viewed as, in a sense, them wanting solutions from the child psychotherapist. Participants spoke about wanting to offer a different approach, less focused on behaviour management, and instead on being curious about the child's mind and what they may be communicating – encouraging professionals to think from the child's perspective, in order to understand unconscious patterns of behaviour and relating: 'a lot of the children who are aggressive or their problems are what people refer to as behavioural...we will try and help them reframe that as anxiety or distress.' (P7). Several participants discussed trying to 'slow things down' during consultations, in working environments where speed and efficiency are often prioritised. This included examining and unpicking individual incidents with a child or family in detail. Participants talked about wanting to impart to the network the observational skills they learnt during their training, encouraging professionals to make sensitive observations of the child, rather than always needing to have a clear formulation of the child's problems and strategies for responding. One participant emphasised that it was important for professionals to recognise that they don't always need to know the answer to difficult situations. They hoped this would allow professionals to better tolerate the anxieties and uncertainty inherent in this work and continue to stay with that uncertainty.

Participants also discussed their focus on creating an unstructured space that was not action-oriented, but instead conducive to encouraging thinking and allowing thoughts to emerge. The aim was to create a containing space - drawing on Bion's (1962) concept of container-contained - in which professionals' anxieties could be received, thought about, and returned to them in a more tolerable form,

I think even just the process of thinking and being able to touch upon these maybe unspeakable things, I think begins to help, I think it contains by saying look it's not

frightening, you don't have to be ashamed of these things. They're not untouchable, they can be managed. And that's containment. (P6)

Participants hoped that the provision of this unstructured, non-directive space could enable professionals to stay with the uncertainty in these incredibly emotive situations, and for it to become less frightening and more manageable. Several participants mentioned that they sometimes took more of a 'backseat' (P3) role in large network meetings, particularly when splits or a blaming culture were occurring between services. These participants talked about using their observational skills to interpret the dynamics that were at play, and subsequently their role in putting into words the anxiety and tensions underlying practitioners' defensive responses. Verbalising anxieties was used as a means of enabling thinking to become 'unstuck', encouraging workers to be more in touch with their own feelings, acknowledging the impact of the work on them, and considering the perspective of other professionals: 'we could think about that in a way that wasn't just about "you two don't like each other" but somehow it would often arise out of different ideas they had about what a particular young person needed' (P2). In this way, decisions could be made collaboratively with professionals who were thinking again, rather than on a defensive need to prematurely try to solve extremely difficult situations. Thus, the 'action' in the child psychotherapists' approach was the provision of containment, so that unconscious anxieties could be made conscious and reflected upon in a non-critical, safe environment. However, there was discussion about the fine line between breaking down professionals' defences, and acknowledging instances in which, in order to keep practising, they may need to hold on to them,

So it's to put words around emotions as much as possible or as much as somebody can manage, because sometimes you pick up that people can't, that somebody just can't manage this so that informs the level at which you work with them. (P4)

A related aspect fundamental to the child psychotherapists' approach was for them to not always take an 'expert' position during consultation. Participants held a clear tension within themselves between child psychotherapists being perceived as experts by other social care professionals, but not always wanting to take up such an 'expert' position in consultations, as this could just leave those seeking help feeling even more 'incompetent'. Whilst participants discussed occasions in which they did give advice and were involved in decision making, more often their approach was to be curious and ask questions. In turn they hoped this would encourage professionals to be more curious themselves, rather than the child psychotherapist coming across as 'omnipotent' (P7).

4. Discussion

This study explored child psychotherapists' perceptions of their role with the professional network around looked after children, and what they saw as specific to the psychoanalytic approach. This is the first research study to explore this area of a child psychotherapists' practice, and demonstrates the range of consultation work conducted in routine practice across different settings. This study has built on previous research (Robinson et al., 2017; Sherwin-White, Shuttleworth, Tydeman, & Urwin, 2003) demonstrating the breadth of child psychotherapists' work, extending far beyond the 'traditional' role of individual child therapy. Furthermore, it has added to the literature by exploring in-depth a particular area of practice previously identified as being common amongst child psychotherapists working with looked after children (Robinson et al., 2017).

The thematic analysis identified themes around child psychotherapists' sense of tensions and dilemmas they hold within themselves, in their experiences of consulting to the network around looked after children. The first theme '*the tension between the networks' wishes and*

what child psychotherapists feel they can offer’ encapsulates participants’ sense of a dilemma between what is demanded of them by the network – often for the child to receive individual therapy – versus wanting to offer an alternative, more network led approach when they thought the conditions were not right for therapy. Participants perceived there to be high levels of conscious and unconscious anxiety amongst the network, leading to reduced thinking capacities regarding the child’s needs. Participants appeared to draw on psychoanalytic theories of organisational dynamics in thinking about the problems within these networks (Britton, 1983; Hinshelwood & Skogstad, 2000; Jaques, 1955; Menzies-Lyth, 1960). Menzies-Lyth’s (1960) study of a nursing service in a hospital found that staff developed a variety of techniques to defend against the anxiety inherent in a role with responsibility for seriously ill patients. There are parallels between the defences outlined in Menzies-Lyth’s study and those participants in this study perceived to be shown in a social care setting. Hinshelwood & Skogstad (2000) subsequently built on Menzies-Lyth’s (1960) work by developing a psychodynamic method of observing organisations, and collating observations of defensive techniques in a range of healthcare settings. This study demonstrates that these defensive techniques are perceived to be employed outside healthcare settings, in environments such as social care, whereby professionals are working closely with children with traumatic histories. Within the social care literature, Ferguson (2018) has argued that reflective practice theory needs to be underpinned by the concept of the defended practitioner; that social workers’ professional ‘self’ is a defended self that is primarily focused on protecting itself from anxiety. This study suggests that this perspective is shared more widely by psychoanalytically-trained child psychotherapists working with the networks around looked after children. This study also shares findings with the practice-based child psychotherapy literature. The detrimental impact of defences on professionals’ capacity for thinking has been previously noted (Briggs, 2004; Emanuel, 2002; Hoxter, 1983; Hunter,

2001; Rocco-Briggs, 2008; Sprince, 2000), and this study's findings are in line with Emanuel's (2002) assertion of the 'triple deprivation' that chaotic thinking within networks places on these children.

Participants described wanting to offer an approach in which a thinking space was created *around* the child, for example encouraging professionals to see the value in what they already do, rather than adding another professional to the child's network by always offering psychotherapy. Although most of the participants did not frame it using this model, this shares commonalities with recent mentalization-based approaches for hard-to-reach youth. The AMBIT model acknowledges that it is common for professionals working with such youth to lose their mentalizing ability, and aims to enhance team and network functioning through concepts such as 'scaffolding' of existing relationships within networks, encouraging network members to support a key professionals' mentalizing (Bevington, Fuggle, Fonagy, Target, & Asen, 2013).

The second theme, *'the tension between the way the system is organised and what is in the child (and networks') best interests'*, captures participants' sense of a tension between the way the system is organised, primarily around targets, and their role which may be to question whether this organisation is in the best interests of those in the network. Participants discussed experiences of having to 'push back' against organisational pressures, and instances in which the provision of a protected, reflective space was not prioritised. Again these perceptions can be made sense of in terms of the anxiety-defence model of organisations; defences at an individual level are perceived to become part of the organisational culture, and are subsequently upheld at the systemic level (Jaques, 1955; Menzies-Lyth, 1960). These findings are also congruent with literature around the current socio-political climate of social care, with the impact of austerity on Children's Service leading to increased target and audit cultures and a preoccupation with risk (e.g. Broadhurst

et al., 2010; Hingley-Jones & Ruch, 2016). The third theme, *'the tension between a generic model of reflective practice and a psychoanalytic model of reflective practice'*, captured participants' discussion about whether their role as network consultant is distinct from professionals from other disciplines, who may not use a psychoanalytic framework. Most participants thought that the psychoanalytic approach had something unique to offer to consultancy in terms of providing an unstructured, non-directive, containing space, allowing thoughts to emerge, and for anxieties to be made conscious and reflected upon. They hoped the provision of this space allowed professionals to tolerate the uncertainty inherent in these highly emotive working environments, and for decisions to be made collaboratively rather than on a defensive need to solve unbearable situations. Despite consultations therefore not having a focus on 'finding solutions', 'problem-solving' or 'behaviour management', it is conceivable that enabling professionals to have deeper understanding and reflection allows them to respond differently to emotive situations in the future. Some participants acknowledged that they had to judge whether professionals were able to manage this work, and that there may be instances in which they need to hold on to their defences to keep practising. This is in line with Ferguson's (2018) ethnographic study of child protection teams, finding that there are times in which, to enable self-preservation in an emotionally demanding role, practitioners choose *not* to reflect.

Comparing these to other models of reflective practice, particularly in the social work literature, suggests that psychoanalytic child psychotherapy can bring some unique elements to consultancy work with the network. Whereas other models, such as action learning (see Abbott & Taylor, 2013) and Schon's (1991) model of reflection, prioritise reflection as a process to producing subsequent action or changes to practice, this psychoanalytic consultation focuses on a different type of action – the 'action' is the containment of conscious and unconscious anxieties. The focus on promoting curiosity, managing high levels

of feelings, and tolerating uncertainty, is similar to other psychoanalytically informed models of reflective practice (Ruch, 2007; Rustin & Bradley, 2008), including work discussion groups run by psychoanalytic child psychotherapists in school settings (e.g. Jackson, 2008). However, in terms of the format of sessions, the relatively unstructured, non-agenda led, format is distinct from other models, even those that are psychoanalytically informed. For example, work discussion groups (Rustin & Bradley, 2008), although psychoanalytically based, follow a particular structure that is not present in this form of consultation. Again the aim of this format appears to be the provision of a containing space in which professionals can begin to tolerate and manage uncertainty. Participants clearly emphasised their stance of not providing behavioural strategies to manage the child's behaviour, viewed as a wish to 'solve' intolerable situations. This is in contrast perhaps to more psychological models of consultation, for example those informed by social learning principles, which may advocate the use of behavioural techniques.

Limitations

This study is limited by its sample, which was a small sample of UK child psychotherapists working across three types of setting. The settings were chosen purposively and show the transferability of findings across different workplaces. Moreover, psychoanalytic child psychotherapists in the UK have fairly homogeneous training, and participants in this study used a consistent range of theoretical views to frame their discussion. However, while these views may represent UK psychoanalytic child psychotherapists, it cannot be said that they transfer to other types of child psychotherapists. The sample of nine participants was also relatively small, although by the final interview it was felt there was enough data for the research question to be answered. The majority of interviews were conducted over the

telephone, which may have affected rapport and opportunities to pick up on visual cues, although some research has argued that telephone interviews can be advantageous in allowing participants to feel more relaxed and willing to discuss sensitive topics (Novick, 2008).

It would be worthwhile conducting further interview studies with other professionals in the network, including social workers and foster carers. This would lead to greater data triangulation and exploration of whether child psychotherapists' views are echoed amongst other professionals, including those who may have been recipients of consultations from child psychotherapists.

Conclusion

This study has explored the child psychotherapists' role in consulting to professional networks around children with traumatic histories under local authority care. The main finding is that participants experienced various tensions in their consulting role, but felt that the psychoanalytic approach had something unique to offer to reflective practice with complex networks around looked after children. No research has evaluated the impact of this work on the network, and also potentially on the wellbeing of the children in their care. This study identifies a need for further research evaluating this area of psychoanalytic child psychotherapists' practice.

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