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"Making All the Difference:

A Therapeutic Community Approach to Residential and Community Care"

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Staff: taking care of ourselves and each other

'Staff - taking care of ourselves and each other'. Do we have here the answer to a question that has been asked down the ages 'Who cares for the carers'? We all need to take care of ourselves and each other, and the whole philosophy of therapeutic child care is based on this premise; it is our responsibility and our way of working. So the next question is 'How might we go about this task of care-taking?' In what I say, I will use the terms 'workers' and 'carers' rather than 'staff' because most of what I have to say is about those working most directly with children or managing their teams, so it is more about individuals and individuals in groups than about staff groups as a whole. For simplicity of style I imply a female worker or carer in referring to both male and female staff. I will start by thinking about the individual worker and the worker's use of self, then about why it is that we need – in this particular work – to understand what happens in our relationships and interactions, and why taking care is so important. I will suggest that this can only happen if we find ways to make sense of the work, with structures, spaces and training that will enable us to think and reflect – and particularly to think and reflect together.

1. Self and the use of self

First I'd like to think about what it means to be a therapeutic child care professional. What does it take to do this work, what happens to us and for us when we are doing it and what might help us to go on doing it? Near the beginning of his career, Adrian Ward the originator of the first MA course in therapeutic child care, whose torch has now been taken up here at Carlow, wrote a paper with a title that gives us a lead 'All you can do is bring your own self'. He set out to describe how it felt to aim at being professional in residential work with children and he found that attempting to match models described in the literature, such as Bettelheim's Orthogenic School in Chicago or the Mulberry Bush School in Oxfordshire, was like trying to achieve an impossible goal. What was more likely to work was to:

'... 'bring your own self, including all that you have read and seen, and use that to create your own ways of doing things' (Ward 1984)

He later expanded on this idea, describing

'the professional use of self': using one's own personal resources (including one's own emotions as well as certain professional skills and techniques) to achieve real communication' (Ward 1998, p. 26).

In simpler terms, Ward writes, this means 'being real with people'. This requires our being real with ourselves, and each of us will have a particular version of the personal and professional self and each one of us has a need to be taken care of.

I started by suggesting some questions about what it means to be a worker, and I would like to ask you to think about the question *What do we (as workers) represent to the children and young people?*

Here are some responses that were offered by a group of workers on a residential training weekend: *a listening ear, nurturing, unconditional availability, safety, stability, boundaried and safe, nagging, sanctuary, play and pain, persecutory, stability and consistency, holding*. These are mainly beneficent qualities that we hope characterise therapeutic care, but there is a dichotomy between the 'good' qualities and those others which are quite the opposite: *nurturing and nagging, play and pain, sanctuary and persecutory*. Such contrasts reflect the divided inner worlds of troubled children which inform their living environment, the inner as well as the outer worlds of the workers. They represent the emotional mindscapes as well as the physical places of daily living where painful early experience continues to be lived out.

We are talking about feelings, actions and inter-actions that are at the heart of the work, to which we, as workers, seek to respond both personally and professionally. The skill of a creative worker depends upon being able to bring together, and sometimes to separate, but always to be aware of, the personal and professional aspects of self in carrying out the task. If we are to 'make all the difference', we need to discover and keep alive an awareness of 'who we are'. We *are* the tools of our trade and we can hone those tools, preparing as well as we can for engaging in it. To do this we can learn from the literature, from training, from our own experience and from the experience of colleagues. We can learn from the children themselves if we are ready to listen. Learning is a way of taking care of ourselves and each other and, in therapeutic child care, doing the work well and coming to understand it can itself be a way of caring for ourselves. I'll talk more about this later, but now I'd like to develop some thoughts about the requirements of the task.

2. Survival

The psychoanalyst Donald Winnicott was clear about the task of the carer: ‘

Your job is not to cure the symptoms or to preach morality or to offer bribes. Your job is to survive.’ Winnicott (1984)

and

‘It may be a kind of loving but it has to look like a kind of hating, and the key word is not treatment or cure but rather it is survival. If you survive then the child has a chance to grow and become something like the person he or she would have been if the untoward environmental breakdown had not brought disaster’ (ibid).

Working in ‘therapeutic’ child care – for all its original connotations of healing and cure, and its more recent and perhaps looser sense of ‘calmness and wellbeing’ – could not be described as ‘nice’ work, as a kindly acquaintance once suggested to me that it might be. This work is not ‘nice’: we create comfortable and homely places to receive children, encouraging them to make choices about their own rooms, offering understanding, but attempts to provide care are attacked. As we know, rooms get trashed, windows are broken. So places where the work is done can be chaotic and frightening, where words and feelings used as weapons, and physical and psychic attacks, symptoms of panic, are never far off. When repairs to the fabric are carried out at once, and as often as it takes, it is a sign of survival and restored hope for the whole community. The psychic damage that gives rise to destructive outbursts is harder to address, and for the individual worker and child, thinking about the meaning of behaviour is what matters. It may be necessary to take an approach

that means staying with the pain for a longer time, to allow for a slower healing process.

David, aged 9, had been at his therapeutic school for only a few weeks, but had trashed his room so many times that his carers realised that he couldn't bear what he was being offered; they understood that he could cope with only little bits of provision and agreed with him that he should start off with no more than a bed and his bedding in his room, gradually adding pieces of furniture and other items as he was ready for them. This approach had seemed to help him. Although the practical response seemed to run contrary to the usual way of working – of restoration – the process of thinking together led the workers to realise that they themselves needed to remain with this visible sign of his trashed and empty inner world, to stay with his pain rather than just making everything seem normal. This response to David's particular need helped him to manage better and the carers to survive the physical and emotional attacks not only on their care but on their ability to think.

That degree of understanding and that way of working could only exist in an organisation which is clear about the therapeutic task and about providing the structures for support, reflection and learning necessary to enable the workers to provide such deeply thoughtful care. Until there is better public and political recognition of the demands of the work and the need for professional training and support of staff, that level of skill will remain the exception, and unavailable to most troubled children.

A recent study conducted in under the auspices of the Royal College of Psychiatrists found that the (more than 81,000) children looked after by local authorities in the UK had significantly poorer mental health than the most disadvantaged children outside the care system, and that children living in residential care (around 11% of the total in public care) were the most likely to have a psychiatric disorder. The question arises as to whether children with psychiatric disorders are more likely than other children to suffer multiple breakdowns in placement and end up in residential placements, or whether multiple placements and/or communal living precipitate psychiatric disorder. The suggestion is that both processes are at work. No real surprises there, you might say, but what must concern us is the report's conclusion that

'...residential social workers are dealing with many children with serious psychiatric disorders, and yet many have little training or support for the identification and management of these difficulties. Evaluations of treatment

foster care suggest that foster carers and social workers could also benefit from this kind of input. (Ford et al 2007)

Whether or not children carry diagnostic labels, our own assessments and experience will lead us to agree with the conclusions of the report: that there is urgent need for appropriate and adequate training and supervision for work in such environments. In a framework of thinking about the emotional aspects of the work, we might wonder about the effect of translating the reported statistics back into feelings, and perhaps begin to comprehend the implications for both children and workers.

(Since the publication of that research the number of 'looked after' children in the UK has declined. I have been unable to find comparable figures for Ireland, but I wonder whether the broad picture would be very different.)

I will return later to the importance of training and supervision, just noticing in passing that the cost of such training can bring rewards in financial as well as social and psychological terms. As an example, I like to quote the experience of the Lioncare Group of Children's Homes in East Sussex where the management set up a diploma level course in therapeutic child care for its staff: by the end of the second run of the course the bills for broken windows (especially in their school) had gone down by thousands of pounds. Money spent on training was saved elsewhere; the emotional savings were less readily quantifiable but no less significant. Matt Vince, the director of Lioncare and course organiser, explained '*The pay-back was getting people to acknowledge their anger about what the children did to them, which allowed real work to occur in addressing the problem; what we can't talk about we act out....*'

Infancy and survival in the inner world

The ability of the worker to carry out the task of caring is related, then, to her capacity to survive, and being equipped to do so. I think it would be helpful at this point to look more closely at the question of survival in the inner world, and its roots in the earliest stages of infancy. So, first let us go back to the baby. I explore Bion's notion of 'nameless dread' (1962 p. 96) and Winnicott's 'unthinkable anxiety' (1962), then make connections with some of the feelings experienced by workers.

In writing about the way in which the sensitive mother attends to her baby's distress, Bion explains how she takes in and holds on to his communication so that by receiving and reflecting on the raw feelings of physical and psychic pain the mother acts as a container. If she is able to process the distress in her mind and respond in such a way as to modify and make the raw feelings more bearable this will bring comfort and – importantly – a sense of being thought about. Bion calls this the mother's 'capacity for reverie' (Bion 1962). Winnicott's notion of 'primary maternal preoccupation' (Winnicott 1956) – to which, nowadays, we might add the notion of 'paternal preoccupation' – is similar. Through this process the child is able gradually to develop a feeling of being loved and lovable, and to take in a sense of the mother's mental functions that organise the response, awakening in him the beginnings of a thinking mind. But when the mother is not able to respond in a helpful and loving way, the baby has to take back inside himself his own projected feelings, together with a sense of abandonment; this feels like an attack, compounding the terror and evoking in him a sense of 'nameless dread' implying a meaninglessness in his own inner world, a void. This is akin to Winnicott's 'unthinkable anxiety'; 'the threat of annihilation'.

I have been struck by the use of similar language in new – and even not so new - therapeutic carers when describing their early experience of the work.

'I didn't think I'd be able to go back in after that first day, I had a really awful feeling, I couldn't describe it, I could only call it a sort of dread.' (Annie, a new worker).

A more experienced worker spoke of '*carrying such a feeling of dread for months*'.

And here's Philip Stokoe, who went on to become a senior lecturer at the Tavistock Clinic: '*After a couple of years (of working in a Youth Treatment Centre) I was promoted to manage one of the treatment units. I spent the next few years dreading going to work.*' (Stokoe 2003)

The early stages of working with adolescents in a school unit had that effect on me too – an unwelcome and formless fear hangs around like a brood of unhappy young people. Even taking into account the expectable sense of disorientation and anxiety which is part of the unknown, whether a new job, new place, new people, unknown experiences – a hint of it in coming here today perhaps? – even given all of those, I think there is something particular affecting these workers. It is akin to the acute distress reported by workers who have to physically restrain children (Steckley & Kendrick 2008). The dread and the fear of annihilation are real, arising as they do from feelings projected by the children. I believe that many of you here will recognise the frightening feelings that might strike at any time, as they did for Jenny in this instance:

Feeling fortunate that their children's home was close to the sea, and making the most of a hot day in the summer holidays, several carers had taken a small group of children to the beach. Jenny had been in the water with Tara, playing and jumping in the waves then wading a little deeper, when Jenny was suddenly aware of a change in the quality and feel of the encounter. Tara's playful jumping became powerful and vicious as she was urgently intent on forcing Jenny under the water. Although Tara was a slight twelve year old it took all of Jenny's alerted strength to bring them both safely back to the shore. There was no doubt in her mind that, in the moment, Tara was attacking her with murderous intent.

This vignette conveys something of the distressed child's early experience of the threat of annihilation, of primitive feelings being reawakened and passed on for the worker to withstand and understand. Those workers I quoted earlier could begin to identify the dread and were in places where they felt safe to give voice to their fears, distanced in time from the initial experience. How hard it is, in the intensity of the work, and especially as a newcomer, to admit the feelings of being overwhelmed, helpless and hopeless, unable to think. You need to be able recognise the feelings before being able to think, and to talk about them.

So how can we deal with the dread and the fear of annihilation, as a way of protecting and supporting ourselves and others, of surviving to do the work?

I am going to suggest some ways of containing and managing the anxiety inherent in the task, as well as ways of providing nurture and support. They are mostly concerned with making sense of experience through supervision, team process meetings, training and the provision of reflective spaces. Leadership and the structure of our organisations are crucial too, and I am sorry that there isn't time here to give those aspects the attention they deserve.

3. Making sense together

When in later life Samuel Beckett was asked about the confusion people found in his writing, he replied: "The confusion is not my invention. It is all around us and our only chance now is to let it in. The only chance of renovation is to open our eyes and see the mess. It is not a mess you can make sense of." Well, if we are thinking of the raw experience of the world of therapeutic child care, the words about confusion and mess ring true but I think I'd be more optimistic about the chances of making sense

of it, because we do have a body of knowledge and experience to draw on, and there are ways of working at understanding.

I will begin with the way teams can work together at understanding what happens.

Teams and organisations as containers

I have mentioned the way a mother's reverie enables a baby to develop the capacity to think; and our earlier speakers have indicated the importance of the holding environment for carers in providing the mental space to think about the meaning of a child's behaviour in order to offer an appropriate, co-ordinated response. 'There is no such thing as a baby' as Winnicott famously said, 'but a baby and someone. A baby cannot exist alone, but is essentially a part of a relationship' (Winnicott 1964 p. 88). A circle of containment to support a mother may be imagined as a set of Russian dolls: the smallest in size and vulnerability is kept safe by others able to provide protection and support. The child's inner and outer worlds are held by the mother, herself contained by *another* and others beyond. So a sense of containment enables the baby to take in a sense of being a worthy and lovable self; and in the same way a worker may be contained and supported by the structure of a team and the wider organisation. Where she feels valued and encouraged a worker will be better placed to act from a sense of her own worth and communicate this to others, confirming a confidence in her own and of their intrinsic value. I wonder whether there is a worker here who has not at some time wondered: 'Who is looking after me? Has anyone noticed that I need looking after too? What's going on in the team? Children who have suffered isolation and a sense of abandonment will project their desperate feelings into the workers, making them feel isolated, useless and worthless; all the more important, then, for other members of a team to contain and help make sense of those feelings. Here is an example from Claire's experience:

When Claire, a relatively inexperienced worker, had realised that nine year old Charlie was not ready to settle at bedtime, she suggested they might spend a while in the playroom; then as she returned there with a drink for him he flung at her a toy policeman's helmet that he had filled with urine. She was drenched and felt degraded, disgusted, ashamed, but somehow managed to finish the shift, having called on the support of colleague. The team leader's words at the end of the day intended encouragement 'That was a good shift', she said. This only served to increase Claire's sense of isolation – literally she was pissed off; she needed to be thought about in a real way, and to have a chance to tell it how it was, which she managed to do later, in her training group. (In time, Charlie was able to develop a

trusting relationship with Claire; she had shown she could survive his attacks, and would continue to offer lovingly consistent care.)

Supervision

Claire would have another opportunity to make sense of Charlie's behaviour and of her relationship with him in her individual supervision session, a reliable space for receiving support and consultation. Whilst enabling the organisation to monitor the work, supervision offers wider and deeper possibilities than this: it presents a valuable opportunity for supporting workers and extending their understanding, for encouraging good reflective practice. There is a shortage of social workers here in Ireland and in the UK, and salary levels low; but for many who leave the profession the salary level is a less significant factor than the level of support and supervision they receive. A recent (2005) report from CSCI (The Commission for Social Care Inspectorate in the UK) stresses the value placed by workers on supervision, but it also highlights the difficulties many have in relation to its availability and quality. When the pressure is on – case-loads are high and staff are scarce (not enough, off sick) – at the very time when help is needed, then reliable individual supervision is too often the first thing to go by the board. I hope there is no need to stress the importance of supervision, but when individual work proves unrealistic, group approaches may serve as well or better.

Work discussion groups

In a recent research paper Warman and Jackson (2007) outline the difficulties inherent in the model of individual supervision by first-line managers, and they go on to describe their experience and evaluation of 'work discussion groups'. This form of supervision is based on a model developed over the past 50 years at the Tavistock Clinic (50 years!), and the authors showed how effective these groups can be – in both residential and school settings – in promoting reflective practice rather than being driven by management demands, decision-making and the search for specific solutions. A key element of this approach is its openness to reflection, as a place to contain feelings and thoughts since it is not driven by targets, which seem to have the effect of sending people out of their minds with anxiety. An important outcome for the groups in the research study was not just the improved level of job satisfaction, confidence and skills of those taking part but a significantly lower level of staff absence over a period of years. I understand this sort of approach is used for supervision in a Bristol Hospital Trust, and I am going to describe in a little more detail the work of a similar group that developed from the MA in therapeutic child care at the University of Reading.

A group for continuing professional development

A group for continuing professional development was started during the life of the MA course, initially as a way of sustaining the culture of the course for TCC graduates working in isolation from therapeutic ideas. It has survived the closure of the course and after an initial period of uncertainty when alumni attendance declined – perhaps the ‘children’ had less need to come home again – it has developed a wider identity and is growing a new life of its own. It aims to establish a regular membership for the duration of a series spanning the major part of an academic year.

Any member may bring an issue or concern and present spontaneously to the group who then use any of a variety of approaches for a reflective exploration of the material; these include a structured seminar technique, sculpting, and art-based activities. An account of practice relating to a previously distributed paper can also be offered, as happened recently when we heard about Gary Carlin’s sensitive play work with Jack in ‘Holding the baby’, that Linnet has recounted. The group heard from Gary’s how he and his colleagues were able to receive Jack’s communication, then reflected on that event and its resonance for their own practice. It provided a lovely example of ‘Opportunity led’ work (Ward 2002), and demonstrated, too, ‘Opportunity led training’ (Collie 2002), another dimension of ‘taking care of each other’ in the work. Guidance and modelling to staff on the job, followed by discussion later can be a very potent form of training, and in this instance the group in their turn became part of the process of ‘holding the baby’ in multiple circles of containment. As well as the case presentation sessions, the day has transitional opening and closing meetings and an experiential group; a good lunch and other refreshments are essential elements in the provision of a day which works very much on a therapeutic community model.

Team meetings

In Sebastian Barry’s novel ‘The Secret Scripture’, he has Dr Grene, Senior Psychiatrist in Roscommon Regional Mental Hospital, record these words in his Commonplace Book (a reflective journal): ‘It would be a very good thing, writes Dr Grene, ‘if occasionally I thought I knew what I was doing.’ At first sight that looks like a confession of incompetence, a feeling any of us might recognise at times, but I think it expresses an aspect of isolation, a need to share with others our questioning and to find affirmation that we do know what we are doing, particularly when this means holding onto states of uncertainty and anxiety inherent in the work, the condition of ‘not knowing’. This is where we need the support of a team to think and reflect with.

By contrast with Dr Grene's experience, reflective meetings for staff have long been an important feature in therapeutic community life, under a variety of names such as: 'process group', 'staff support group', or 'sensitivity group'. Whether with in-house or outside facilitation they are a place for thinking together and for team support. Reliable meetings can help teams to function effectively, with benefit to both staff and children. In care settings where the work is painful and stressful and there are high emotional demands there will always be a pull towards defensive practice which may deaden the pain of the work but at the same time get in the way of team functioning and relationships with children. In a number of papers Isabel Menzies-Lyth (1988) contributed usefully to our understanding of defences against anxiety in such settings, and demonstrated the ways in which more open communication and shared responsibility can benefit both adults and children. This is just as true of brief and informal contacts as it is of more formal meetings.

Teamwork in daily living

The daily opportunities of hand-over meetings and incidental but vital communication can provide the thread of continuity that helps a unit as a whole to function in an integrated rather than fragmented way. For the individual child it increases the chance, in Winnicott's words, of

'...having a personal existence and to begin to build up what might be called a continuity of being.... If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement.'" (Winnicott 1960)

It takes careful communication for a team to work as a unit, 'as if' providing consistent maternal care, and apparently small slips can make an important difference. *In a training group Sarah expressed her frustration and disappointment on behalf of Lizzie who had, on the previous morning, been promised a special trip out on her new bike, taking the bike in the people-carrier after school. But the message was not clearly passed on, another carer was doing the school run that afternoon, there was no space for the bike because extra children had to be collected, so Lizzie lost her treat on that day.* No one intended such a let-down to happen, but Lizzie did wonder whether anyone cared enough to make the plan work and whether she was forgotten or discounted (like a baby being dropped or abandoned perhaps); her continuity of being would have been disrupted by the disconnections in the team. The degree to which the team had been able (or had failed) to look after one another and one another's work got in the way of looking after Lizzie. An apparently minor detail can matter both in itself and as part of the continuing process of repairing and rebuilding a child's sense of self-worth. Coherent

team working can make all the difference to workers and children alike. We have seen that an individual worker's sense of self-worth is a factor in what happens in the dynamics of the everyday, and it may be useful to think a bit about how this is connected with the worker's wish to care for troubled children.

4. Making sense of ourselves in the work

Motivation

Many residential care workers enter this demanding field in the hope of making a difference, yet often they are unclear why they choose to do it and it may be a while before they are ready to think about their own unconscious motivations. Monica Lanyado explains:

In its broadest sense, reparation means "making better", literally repairing the damage, or allowing a healing process to take place. For many of us helping a child in need, finds an echo within us, when we identify that external child, with the way we ourselves were, at our unhappiest, when a child. We often couldn't do much to help ourselves – but we can now, through helping the external child to get better. In this way we are not only attempting to prevent a child from becoming hopelessly engulfed by these pains, we are also symbolically helping the child within us. Reparation implies growth and integration – so just as we try to help the child, unwittingly the child may also help us. We call it job satisfaction, or talk about commitment but I feel that in some respects what we mean is that we do this work because it repairs and heals our own childhood experience. It helps us to feel better inside to be doing this job well – and by inference, we feel bad inside when we fear that we are failing. (Lanyado 1987).

Choosing to do the work is, then, a way of looking after ourselves, of making sense of our lives, of getting to know who we are. But this is not a destination we have reached, rather the starting point of a professional journey for which training is essential.

Training

I referred earlier to the need for appropriate training of workers in residential child care, and will say a little about what might be considered 'appropriate'. Practitioners required to use their personal resources and awareness of self need opportunities to

make the connections between theory, practice and experiential understanding. Monica Lanyado's thought about our unconscious investment in undertaking the work gives an indication of the complexity of the emotional and intellectual demands involved in this kind of learning. It would be extraordinary if – in course of it – we were not drawn into applying the theory to ourselves as well as to the children in our care, if we did not wonder about our own early lives, collect clues to help in finding out how we have become who we are. 'So what happened to me?' Or, probably more difficult, for those of us who are parents 'What did I do? What should I do?' It's hard to take in academic learning when those necessary and painful questions are knocking on the doors of your mind, somewhere between unconscious and conscious awareness. Yet if students are able to think about them at a conscious level, particularly in the course of training with others, they are less likely to get in the way of the work *unconsciously*. This is why reflective approaches to learning and teaching and the experiential group in particular are vital elements in the Masters course here in Carlow (and there is an opportunity to find out more about this in this afternoon's workshop with Dorothy Casey). For those in other training and other circumstances – or even additionally – personal therapy or counselling can help to make useful connections, help to make sense. So far I have talked more about professional 'spaces' than those personal ones that are so important to safeguard, so easily overlooked; I turn to these next.

5. Spaces for ourselves:

Preserving the personal.

'You don't get time to smell the daisies'. A probation officer I was working with expressed in these rather positive words our shared sense of oppression at the demands of our work. As well as professional support, we all need personal and private ways of taking care of ourselves. We each have our own ways of – literally – recreation. We might choose to pamper our bruised or tired bodies with a relaxing bath or to celebrate with a good meal, go for a long walk, play music, whatever nurtures us. . Tolerance and support of family and friends can be invaluable, as we long to have what we call 'a life' as well as work.

One way to manage the overlap of personal and professional experience is through reflective writing, which is why students on the Carlow Masters course (in common with some other training programmes) are asked to keep a reflective journal. Using reflective writing to contain, explore and reflect means that the writer makes a space for the unspoken self, so creating mental space and freeing the imagination.

I began this paper by thinking about the personal and professional selves of the worker, and survival and most of what I have said has been about professional rather than the private and personal aspects of taking care of ourselves and each another. So here I'd hope to redress the balance a little. 'The most essential thing the grown-up can do is to survive,' Barbara Dockar Drysdale reminded us, 'to be there in the morning' with something to give, something to take and something to keep for his or her self' (Dockar-Drysdale 1990). 'Something to keep for his or her self' supposes there is something *of* him or her self there to enjoy that 'something' and that something of his or her self is available for those who matter personally: family and friends where reciprocal relationships await attention. The old saying that *the cobbler's children go without shoes* has a special poignancy here; we need to consider the effect of the demands of the work on carers with young families, if they are to be fair to themselves and to the integrity of their own relationships.

Protecting parents

In this connection, I would like to notice the particular need to care for expectant and new parents working in residential child care. Inevitably this question has important implications for staff teams and for children in residential care too.

Some helpful insights are expressed in this extract from Veneda Goodwin's reflective journal, about her thoughts on being pregnant in a therapeutic community.

Working through the first stages of my pregnancy in a therapeutic community has been very challenging. It has seemed to stir up many difficult and conflicting feelings not only in myself but also in the children I work with and the staff team. I have been thankful for the space to express some of these intense feelings, and to experience my pregnancy being responded to consistently by my training group in a supportive and reflective way. This has brought home to me the importance of these spaces when doing emotionally draining work, and the importance of supervision to help me to do my job effectively.

Child K clearly has many difficult feelings about babies and pregnancy, stemming from his own family experience. I wondered whether he 'sensed' my pregnancy before I told him about it; and since then he has been able to share his fears that I will leave and his anger about this, demonstrating in play and to other staff his anger towards my baby as well as myself (using a truck to run over a toy baby on one occasion). He has also shown an interest in what is happening and some more benign feelings His expressed anxieties and my awareness of his situation have brought out a lot of sadness in me.

I have been able to form an empathetic bond with child K, where it feels quite natural to hold him in mind and I feel at times very much like a parental figure to him. I sense that child K deeply feels he will be pushed out of my life and I am aware of the

importance of retaining an appropriate level of contact with him throughout my maternity leave.

Thoughtful planning and supervision can help children and staff teams to manage their feelings and interactions in relation to the emotional and practical issues mentioned in this extract, and which deserve further exploration. Beyond that, even the most careful preparation for parenthood cannot convey the extraordinary emotional surges and sheer physical demands that parents experience with the birth of a baby and the early weeks of life. Extended maternity leave may protect new mothers from the potential conflict between their primary preoccupation with their own child, and the need for therapeutic care and management of other children, or at least it will postpone this dilemma until a less tender time. Probably we pay too little attention to the new father, whose 'paternal preoccupation' with both his new baby and his partner (who will usually – but not always – be the baby's main carer) may mean that he experiences a state of 'normal illness' akin to that ascribed by Winnicott (1956) to the expectant and new mother. New parenthood can be a tough and tiring time for anyone, when space for self and family is precious; so we need to be careful of protecting a place for that preoccupation against the conscious and unconscious demands of the work. It is no small task for a manager to take account of the need to care for expectant and new parents (including thinking about the complex unconscious aspects of this task) whilst keeping in mind the primary task of caring for the unit as a whole and the children in particular.

6. Conclusion

The title 'Staff – looking after ourselves and each other' does perhaps suggest that there might be a kit, a ready set of rules that would make us feel safe and comforted, if only we could formulate and follow them. Although I haven't offered a neat package I hope I have conveyed something of the complex nature and difficulty of the work and the importance of those structures and cultures which can enable it to be achieved. I hope there will be something in the stories and suggestions that you will be able to take and to keep for yourself, to help you make sense of the task, and to help you to survive and grow in this challenging yet satisfying field of work.

I am grateful to those whose work I have quoted and named and to those whose contribution to this paper is not acknowledged in the text: Sally Hansford, Sophie Mullings, Peter Kieran, and therapeutic care workers at the Mulberry Bush School.

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