

Describe how the child's place in society and other issues relating to counselling children and young people have affected your work with a particular client.

Zam - a 'looked after' child?

Maggie Fisher

Brighton University

January 2005

Word Count - 2,985

Introduction

I work part time as a psychotherapist in private practice with adults and teenagers with short and longer term private clients, as an independent provider of NHS counselling services and with employee assist companies. I have a 'dedicated' consulting room in my home and also rent a consulting room.

This essay asks us to describe how the child's place in society and other issues relating to counselling children and young people have affected your work with a particular client. I am going to focus on 'looked after' children as this is a relatively new addition to my practice and I wish to use this as an opportunity to put this work more in context for myself and reflect on it. In particular I have chosen to consider my experience so far with Zam a 15 year old 'looked after' young person. (Her name has been changed to ensure confidentiality.) Zam is placed in a home belonging to an organisation which owns several homes from which I receive referrals as a private provider. Zam was referred for long term open ended therapy.

'Looked after' children are children in public care being provided with somewhere to live by social services with the agreement of their parents or under a court order.

This essay asks us to describe the child's place in society - for children in care their experience is likely to be one of feeling displaced; the evidence is that for the 50,000 children in care in the UK nearly 25% have moved through at least 11 placements and that around 30% of young homeless people have been in care (Richardson and Joughin, 2000). Zam represents one of these statistics as a child who has experienced multiple placements -

Zam was 4 years old when she was placed with prospective adopters. This broke down after a few months and she was then placed in a foster family. This placement ended when she was 9 and she was then placed in a one children's home for 3 years, and then another before being moved to another foster carer when she was 12. This placement was terminated after a couple of months by the foster carer and Zam was moved to respite foster care while a long term foster placement was being sought. She was subsequently placed with three other foster carers before settling down with one where she remained for five months. Unfortunately this placement broke down last year. This is described as being due to the carer being unable to manage Zam's behaviour and Zam being jealous of the carer's relationships with her family. As no placements were available locally she was then placed in a children's home out of the area she was used to living in for a few months until being placed in a children's home in her familiar area in order to continue her education in the same school and

remain in contact with her peers. There are conditions on her placement which include high school attendance and no absconding.

Zam is under a Section 31 Care Order of the Children Act 1989. This act brought radical changes and has been the basis for the largest reform of children's law. The key concept of the Act is that the child's welfare is of paramount consideration. The Act created a code of law concerning the upbringing of children in families or in local authority services and children in need of protection from abuse. Section 31 is an order that has to be applied for through the courts and can only be put in place after a very lengthy court process and substantial amount of evidence has been produced by social services that it is in the child's best interests not to be returned home. Children under section 31 will already have been accommodated on an interim Care Order whilst this process is undertaken having been placed in alternative care for their welfare. A Care Order results in Social Services having the same legal rights in relation to making decisions about the child's life as a parent i.e. parental responsibility. The parents retain their parental responsibility also but the final decision regarding the child's future lies with Social Services should there be any dispute. In Zam's case her parents have completely withdrawn from her life.

There is a statutory requirement to hold planning and review meetings for all looked after children - an initial planning meeting within 5 days of the child becoming 'looked after', a first review meeting to be held within 28 days of becoming 'looked after', a second review meeting to be held 3 months after the first review and subsequent reviews to be held at six monthly intervals thereafter.

Confidentiality and disclosure boundaries are setting specific in child therapy. The legal responsibilities of statutory agencies regarding children are largely, though not entirely, determined by the Children Act 1989. As a therapist in private practice I consider that I enjoy a far higher degree of autonomy than colleagues who may be bound by contracts of employment, agency policies or specific legal requirements related to their therapeutic work. Working in private practice however I cannot delegate the responsibility for knowing the law and would seek legal advice if I were uncertain either from one of my membership bodies e.g. British Association for Counselling and Psychotherapy, the United Kingdom Council for Psychotherapy or the Children's Legal Centre.

In private practice maintaining or breaching confidentiality is at my discretion. English civil law recognises the concept of a confidential relationship. This potentially enables the model of working to be participative and places a high value on the autonomous choices of the young person. If however for instance I was school counsellor the Education Act 2002 has made it a statutory duty for anyone working in schools to report suspected abuse.

I have however agreed to complete a initial assessment on young people referred and then a six monthly review copies of which go to the young person's key worker and social worker. I also complete reports for statutory review meetings and am invited to attend these. These reports are thematic in content and include aims of therapy and are discussed and agreed with the young person who also receives a copy.

I keep written thematic notes and hold basic information about referrals on my data base which is Data protected under the Data Protection Act 1998 and password. When I complete work I shred the written notes and keep a brief factual resume on my data base. A young person has the right to access any notes which I have written about them under the Data Protection Act as a '*data subject*.' I make all this explicit to the young person in the initial session. In my experience 'looked after' children are often concerned about confidentiality as they frequently feel they have little privacy and that everyone knows their business.

There are specific resources which looked after children can access - these include a national magazine '*Who Cares*' which was developed in 1987. Current themes have included Teenage drinking, leaving care, fun and fashion and study skill. There is also on line support - '*The Care Zone*' is a project funded by the Department of Health which responds to the requests of children and young people and provides on line educational material.

The basic rights of the child have become codified in the United Nations Convention on the Rights of the Child, (Newell. 1993). The concept of childhood and child are relatively recent concepts in the UK. (Hart, 1991). With changes in child rearing practices, economics, work and educational changes now in the latter part of the 20th century the child is seen as a person with rights.

Prior to the 16th century most children were considered to be small adults once they were over the age of 6 and subsequently were not viewed separately from adults.

Between the 16th and 18th century changes occurred to the property status of

children - initially they were viewed as chattels, valued for contributing to family work and supporting their parents in old age. By the 18th century they began to be cared for as valuable and vulnerable property and the 19th century marked greater separation from adults as a special and vulnerable class on need of protection (Stone, 1977).

In the 1950's the concept of youth culture was developing with influences from the worlds of acting and music and by the 60's a youth culture was firmly established . In the early 70's immigrant populations that had been growing in the 60's were well established and a multi racial society was becoming established. Thatcherism in the 80's saw the ideals and liberal attitudes of the 70's change to individualism. The 80's saw a technological revolution with video games and computers and a world influenced by materialism and designer clothes. The 90's was a time of more family breakdown and Zam is a child of this period. We now have less predictable family structures and young people are being exposed to more and magnified external pressures .

As support structures have become more stretched the pressure to succeed academically starts earlier. There is now a world-wide culture influenced by TV, film and the Internet. A recent report (Coleman and Schofield, 2003) suggests that today more children live in comparatively low income families than in previous decades: in 2002 there were still million children living in jobless families. Single or separated parents have increased from 8% in 1971 to 26% in 2000.

Counselling services for children have developed since the early 1900's when 'guidance' was developed in education. At this time it was of a vocational nature. Child Guidance clinics then emerged which were medical and focused on offering advice about children's behaviour. The first courses in counselling and guidance were set up in the 1960's and by the 70's counselling in schools was developing. The Tyler report (1978) began to acknowledge counselling as useful and the Thomson Report (1982) called for *"an assured place to be given to counselling."* In the 80's and 90's there was increased commitment to pastoral care and now today many schools have access to a counsellor. In different areas there are different structures - often funded by /connected to youth services and charities e.g. in Brighton and Hove my local city the Youth Advisory Centre, a project of Hove YMCA provides a counselling service in schools. In parallel with the development of NHS counselling services since GP fundholding in the 80's counselling has become integrated into the NHS and is available through Primary Care Counsellors or through Child and Adolescent Mental Health Services (CAMHS).

The private registered home where Zam is currently placed however offers therapy as part of a young person's placement. Originally this was play therapy but the young people felt infantilised and the organisation sought to employ people like myself who are talking therapists who use creative arts therapies. If Zam had been referred to local services she would need to have waited quite a while to be seen - in Mid Sussex the CAMHS waiting period is around 9 months and NHS waiting times are about 4 months. Therapy is therefore very accessible to young people under the care of this organisation.

There is compelling evidence that 'looked after' children often suffer from a lack of help for their mental health problems and a lack of support to promote their mental health. (Mental Health Foundation , 1999). 'Looked after' children have a higher prevalence of emotional and behavioural problems and anxiety disorder and depression are all found in looked after children e.g. McCann (1996) found that 23% of young people aged 13-17 in care had major depressive disorder compared with 2-5% in adolescents generally. A large proportion of these children have been abused and neglected and prevented from forming stable relationships with not only adults but also other children.

In adolescence the young person is expected to be progressing through childhood to adolescence and from childhood to adulthood, from dependency to independence and autonomy. Zam seems to be close to no one. She recounts tales of a complex network of professionals who have been involved in her care including social workers she has known, key workers she has had, homes she has lived and her peers in these homes in a matter of fact way. They have been her family. A very fragmented one.

A systemic perspective alerts us to the interconnectedness of the whole context in which an individual lives their lives including patterns of interaction, boundaries and power relationships, (Dallos, 1991). From a systems perspective Zam is part of many inter related systems including her home, her school, her family of origin, the wider care system, the legal system and society as a whole. Zam's supra systems are different from those of children in families. The boundary around her home tends to be rather more permeable than it would if she were in a family as many professionals and carers move in and out of her life. Her beliefs about her home system include -

"People disappear and leave you to it." " People can't be trusted." "There isn't enough attention to share around." "Its best to look after your self." "I don't fit anywhere."

Her bedroom is very important to her and whilst teenagers bedrooms often are Zam feels hers is very protected space; her protected system. Colour is important to her and so are her possessions. Sadly from time to time she *"trashes"* it when she is very angry with the system she lives in and /or people in it - this tends to happen when she feels let down and worthless. In our work together we have focused on her room being a safe place in which to be angry rather than a place on which to vent her anger and worked on other ways of expressing anger.

Being there and being a consistent person as part of her system yet outside it has been important in our relationship. Whilst I have I have completed reports on her as previously outlined I have not attended her case reviews - we discussed the pros and cons of my attending at length and together came to the conclusion that it was important for her to feel I was somewhat set apart and yet able to express an agreed view at these events. Zam tests out whether I will be there in all sorts of ways. She experiences her fight as forever being punished and her vulnerability as an undesirable part of herself. I admire and affirm her resilience and aim to honour her vulnerability. She has little sense of belonging and appears to tend to have destructive relationships with key people in her life. I hope in some sense to offer Zam a *'the developmentally reparative relationship'* (Clarkson,1995).

Zam does not feel 'looked after' and finds it hard to receive anything in both the

'real' world and in our world of therapy. Occasionally she seems touched by a thoughtful or kind comment for a moment or two, sometimes so fleetingly I think I might have imagined it. How can I offer a reparative enough relationship to a young person who has experienced such fragmented care? "*Containing*" (Bion,1970) and processing her material is challenging. When working with adults its always important but it seems to me more central in the work with adolescents when I often have to communicate my understanding through my way of being rather than words.

There have been a number of reports published in the last few weeks including - The National Service Framework for Children, Young People and Maternity Services is a 10 year plan which includes a chapter on mental health needs.

Every Child Matters: Change for Children was launched to coincide with The Children's Act 2004 which provides the legal framework for the reform. Every Child Matters brings together all the ways the government is working towards improved outcomes for children, young people and families into a national framework for 150 local authority led change programmes. The key words are "*working together*" and "*joint/meaningful partnerships.*" Child care will be co-ordinated through children's trusts bringing together health, education and social services . The Laming Inquiry into the eight year old Victoria Cimbé's death which demonstrated fragmented communication between professionals set the wheels in motion for this report.

These developments are being funded - In 2005-6 all local authorities will receive a portion of the Safeguarding Children Grant of £90 million to help them fulfil the recommendations of the Laming enquiry and a local change fund grant of £15 million to help set up trust arrangements. Most areas on England should have a trust by 2006.

Conclusion

This essay has offered me the opportunity to consider the experience of 'looked after' children in more depth and put them specifically in context from both a sociological and psychological perspective. The statistics about 'looked after' children are shocking. I am re-struck by the extent to which Zam feels exposed to and by 'the system.' It is even clearer to me that 'looked after' children receive very fragmented care which is often reflected in their fragmented sense of 'self.' When offered a contract with the organisation Zam's home is owned by I welcomed the challenge of working with this group of children. I wish I could influence the home she lives in as so much of the care through Zam's eyes is about containing her and I consider she needs to be more aware of how and when to express herself. From a systemic point of view I hope that by being on the periphery of the system I am influencing it. I am deeply touched by the stories these children tell about their lives and try to hold the hope with them that they will experience some healing and discover who they are and how to express who they are.

I am left wondering - How will the recently published reports and papers influence the future care of young people like Zam? She will be leaving care when she is 16 - next year - How she will live her life.....

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