Holding the looked after child through reflecting dialogue

john hills

'Psychotherapy is an exercise in co-operation and a test of co-operation. We can succeed only if we are genuinely interested in the other. We must be able to see with his eyes and listen with his ears. He must contribute his part to our common understanding. We must work out his attitudes and his difficulties together.'

Alfred Adler
What Life Should Mean to You, 1931

'The work in our child-guidance clinics proceeds in most cases with the doors wide open. This public character of the clinics has often been attacked. Our experience has shown, however, that the appearance of the child before a large gathering has a stimulating effect upon him. The public character of the procedure suggests to the child that his trouble is not a private affair, since strangers are also interested in it.'

Seidler & Zilahi, on Adler's open
consultations (started in 1922)

looked after children:
a reproach to family systemic theory?

Family therapy developed initially in the 1950s from the experience of facilitating 'natural' family systems therapeutically. The aim was – and remains – to help the family find their own preferred remedies, responses and understanding from their interactional differences. 'Natural' families at the time meant the archetypal, nuclear kind, with a working father and home caretaking mother. Since then family therapy has developed to accept and value the realities of a diversity of family forms.

However family therapy and other forms of intervention have continued to be challenged by a range of families whose organisation and behaviour carry a high risk of 'significant harm' (Children Act, 1989) to the children living in them. Through the social services departments arrangements for such children to be 'looked after' elsewhere (a term from the 1989 Children Act, in use since the early 1990s) are made with varying levels of legal compulsion. Frequently such family scenarios feature in the media because they are dramatic narratives of cruelty, violence,

sexual abuse and neglect that engage strong emotions – usually of moral outrage and distressed helplessness at the tragedy exposed.

Such family stories contradict all the affirming, appreciative, non-pathalogising values of current family systemic beliefs and reproach us with our seeming naivety. They seem to reveal the limitations or failure of a family-based therapeutic interventive method – even though respectful practice that avoids blame does not imply inattention to danger, harm and the toxic potential of family relationships. Looked after children are as great a challenge to family systemic theories as cultural, sexual and gender discourses have been.

What place is there then for family systemic therapy when *in extremis*, families are adjudged insufficiently safe to be trusted to find their own solutions? Family system ideas inform much risk assessment work, such as described by Angela Neustatter (2005) on Multi-Systemic Therapy (MST), in working with young abusers and creating 'a systemic child protection context'. However, there is little systemic literature about working beyond the initial assessment with looked after children and their networks.

Child analytical literature has tended to dominate this area of thinking. Its concepts of 'holding' and 'containing' are key principles of all psychotherapy (even where they are not the therapists' active intention) and communicate the importance of creating a safe attentive space to think about the distress of inter- or intra-personal experience.

I want to explore some systemic based ideas in the foster care sector, based on my experience as a systemic psychotherapy consultant to ISP, an independent child care agency in Kent, Sussex and London.

The looked after child is totally institutionally and situationally dependent on the Tower of Babel of multi-disciplinary (MD) work. The fine words of MD work and its inspirational designs, are rather like romantic love, highly desirable yet prone to evaporation under the sustained heat of relationship. It is regularly invoked as the practice solution by public enquiries into child protection tragedies. The latest of these enquiries, into the death of Victoria Climbié, led to the 2004 Children Act, whose provision have still to be implemented.

Systemic thinking has an important role in translation work in the Babel tower if the multi-disciplinary ideal is to work effectively. I propose – tentatively – a working model of systemic convening and therapeutic facilitation. This involves using open reflection, therapeutic letter writing and strategic change which is inter-professional and inter-modal. Some of the concepts and language are drawn, unapologetically, from the parallel tradition of object relations and attachment theory but are represented from a new perspective, like old wines blended in new containers.

looked after children

Looked after children have the unenviable experience of having an impersonal local authority *in loco parentis*. The local authority shares and delegates responsibility for their care, with varying degrees of participation, through a network. Looked after

children achieve this status after a long and complicated process involving a diverse range of professionals, their expertise base and their systems. Children on the margins of this process may not be so formally designated yet may have similar needs. Looked after children represent the casualties of the ideal of family life. It has been recognised for decades that their developmental 'career' pathways lead disproportionately to the adult mental health and criminal custodial services.

Their condition was summarised effectively in a report commissioned by the Mental Health Foundation (2002), entitled *Bright Futures: Working with Vulnerable Young People:*

> 'Young people coming into the local authority care system will already have had trauma and difficulties over and above those experienced by most of their peers. Most will have suffered abuse or neglect, or experienced bereavement, disability or serious illness in one or both parents. Many are from disadvantaged backgrounds. Being looked after can involve major and sometimes traumatic upheaval. Some young people, especially if they have been moved from their own home, may find it hard to settle and may feel torn or even guilty at being removed from their family, however abusive or neglectful (although some may feel a sense of relief because of their changed circumstances).
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> Changes and a lack of permanence in the arrangements for many looked after children are unsettling and can hamper effective work by professionals. The stigma of being looked after and the unhappiness that young people may feel – for example, because they have had to leave their family home – may inhibit their asking for help or wanting to use any facilities or services on offer. Social care staff often have difficulty in finding appropriate placements that meet basic emotional, physical and cultural needs of looked after young people.
>
> Research shows that more looked after children have mental health problems than other young people, including severe and enduring mental illness. But their mental health needs are frequently unnoticed and unmet'.

The main negative features of the children's experiences are compounded by displacement from home, family, locality and kinship network as well as the sense of personal shame at being 'looked after'. What a particular child brings in terms of their unique qualities, resourcefulness, resilience, survival strategies and defiance makes for a more complicated picture than this deficit-burdened account allows. However, such adversities and suffering are a shared and common antecedent experience for many looked after children.

The 1989 Children Act requires that children who cannot live with their own family should be found a placement best suited to their needs. The government's *Mental Health of Young People Looked After by Local Authorities* (Statutory Office 2003) gives more specific details on the impact of the three main placement categories institutional care, living at home with birth parents, or foster care.

> 'About two thirds of children living in residential care (65%) were assessed as having a mental disorder and about four in ten of those placed with foster

carers (39%) or with their birth parents (42%). Children living with their birth parents or in residential care were about four times as likely as those in foster care to have depression (9% and 8% compared with 2%).'

Foster care appeared uniformly to show the lowest incidents of mental health difficulties and restricted educational progress; institutional care the highest. The current population of looked after children is about 60,000 (89% of whom are in family-based placements) a population rather larger than the city of Canterbury.

ISP and the concept of
transformative foster care

It was recognised 30 years ago that foster care should be a central instrument of social policy as the best provision of needs for looked after children (as well as being the least bad option). In the mid-1970s Kent County Council Social Services Department piloted a project developed by Nancy Hazel, a senior social work lecturer at the University of Kent, which became known as the Kent Family Placement Service. It involved carefully selected carers, whose life experiences had been varied and often unconventional, to provide 'special help to older children and adolescents with particular problems of adjustment….[the placements were]…time-limited and problem-solving' (Hazel, 1981). The intention was to match these carers with 'difficult to place children' as an alternative to institutional care. Peter Smith, a family placement worker, summarised the therapeutic element (Smith, 1989):

> 'If a child or young person's disturbance was a result of its family's dynamics, then logically if a change of family dynamics could not be achieved then a change of family with a set of dynamics specifically chosen with a particular child's needs in mind, could be the most effective form of treatment. Family therapy and specialist foster care are conceptually complementary'.

As part of this project, foster carers were re-designated as Professional Foster Carers at significantly enhanced rates of pay and status in recognition of the high levels of skill required by these transformative objectives.

In the late-1980s a group of carers dissatisfied with the availability of skilled professional support broke away from structure and employment conditions of Kent Social Services Department. They formed an independent child care agency called ISP (which initially stood for Integrated Support Project and was later modified to Integrated Services Programme). They employed therapists and special needs teachers in a network of supportive services for the primary professional figure, the foster carer, who consequently felt better informed, held and enabled to meet the complex needs of children placed with the Project. This unique pioneering model evolved and expanded to other sites in north Kent, London and Sussex. Many agencies, based upon this model, have since been developed elsewhere.

This model did not aim to set up a therapeutic community but rather create a therapeutic network operating for the child within a community-based, non-institutional setting. It sought to maximise the possibilities for positive change by

harnessing the transformative potential of both collaborative practice and the fostering relationship.

Currently there is a team of psychotherapists with a wide range of skills (child psychoanalytic, art, play, integrative and systemic, with psychiatric consultancy); the special needs school has grown with five classrooms, a staff of six teachers with learning support assistants; and a group of 120 carers with 160 children in placement.

Many of the looked after children come into ISP as a bridging placement (i.e. in transition towards permanent placement), others for assessment and short-term holding arrangement, while about 50% have permanent placements in the organisation.

the professional kinship network

A significant minority of the children placed with ISP have no access or restricted access to their extended families and networks. The reasons for this vary though significant factors are their challenging behaviour, the serious risk of harm to the children and the failure of care plans – notably adoption breakdown. In reality, the child's natural kinship system, as with a therapeutic community, comes to be one of wholly professional surrogacy and the child becomes reliant on the 'social interest' (Alder's term, see Hills 1999) of professional staff.

At ISP the *dramatis personae* of this professional kinship network (with varying degrees of visibility for the child) are: the local authority social worker (and their system of accountability); the child's foster care family; their respite care family; the advisory carer (the experienced carer mentoring their carer); their classroom teacher; their special educational needs assistant; the educational psychologist; their individual therapist or systemic therapist; and the agency social worker.

All members of this professional network function as surrogate attachment figures and mediate the daily life of the child in a very immediate way. Where there is estrangement from the natural family, the child becomes dependent on this professional system and its ability to 'hold the child in mind', think together, problem solve and help the child make difficult decisions and choices.

theories of secure attachment and narrative

Theories of attachment are central to the philosophy of transformative foster care. Attachment has five elements which operate recursively and propose an integrated psycho-ecological development of being:

- The creation of 'mind' the self reflexivity that comes from the interpersonal perception and attentive feedback looks between the baby and carer(s). Through language and gesture the infant becomes aware of the other and of their own ability to originate and interact.

- This emerging 'mind' forms a conceptual map of self, others and the world in the form of explicit or implicit beliefs about the 'territory' of lived experience.
- The child's emotions, mood and senses also engage the territory of lived experience of the good (through love, care and empathy which develop security and confident ability to explore and to be curious) or the bad (self-disgust, anxiety, guilt or hatred through rejection, neglect or harm) – or a complex mixture of both.
- The interactive, inter-subjective early family drama builds a repertoire of scripts from which personal identity, involving a greater or lesser ability to initiate and improvise, is constructed.
- The family, however self-defining, is a powerful organisational, existential defence (through reciprocal caregiving and its cultural heritage) against the potential meaninglessness, transience and anxiety of an existence boundaried by its ending (Hills, 2002).

Family life is a kind of experiential theatre workshop which develops the script, map and ability to improvise, care and problem solve and which is tested through lived experience.

> 'The working models a child builds of his mother and her ways of communicating and behaving towards him, and a comparable model of his father, together with the complementary models of himself in interaction with each, are being built by a child during the first few years of his life and....soon become established as influential cognitive structures. The forms they take, the evidence strongly suggests, are based on the child's real-life experience of day-to-day interactions with his parents.... the model of himself that he builds reflects also the images that his parents have of him, images that are communicated not only by how each treats him but by what each *says* to him. These models then govern how he feels towards each parent and about himself, how he expects each of them to treat him and how he plans his own behaviour towards them. They govern too both the fears and the wishes expressed in his day dreams.
>
> Once built, the evidence suggests, these models of a parent and self in interaction tend to persist and are so taken for granted that they come to operate at an unconscious level....In the case of the anxiously attached child... the gradual updating of models is to some degree obstructed through defensive exclusion of discrepant experience and information. This means that the patterns of interaction...persist in a more or less uncorrected and unchanged state even when the individual in later life if dealing with persons who treat him in ways entirely unlike those that his parents adopted when he as a child'.
>
> (Bowlby, 1988)

All the children placed at ISP fall somewhere between disorganised, disorientated attachment and variations of insecure dissonant attachments in the four-point attachment continuum identified by Main (1985). They have suffered multiple losses and the dissociative processes connected with trauma. These may lead to such presenting problems as under-achievement, learning difficulties, mild to severe behavioural difficulties associated with dissonant attachment.

Such children also experience a poverty of 'secure narrative', the absence of consistent and reliable 'family and community story tellers' who help the child develop a framework for their construction of personal experience, the history and heritage of the family, their part in it, and their cultural values.

Through this narrative exchange the child's cognitive map is enlarged and a consonant sense of being emerges – a sense of identity, belongingness, agency and a predictable world, as well as feeling 'held in mind' by an unseen community. This autobiographical facility is a vital part of becoming an accurate self-reflexive commentator and observer of one's own experience. It is the invisible interwoven element of secure attachment. Clinical experience and the Adult Attachment Research convincingly demonstrate that the emergence of an active 'autobiographic self' is a reparative healing influence to abusive negative attachment experiences. Such an autobiographic self develops through counselling and therapy but also in other ways, including learning, literature and the arts, friendship and spiritual discovery (Byng-Hall, 1995).

Though local authority social work staff frequently attempt to produce 'life story work' with any looked after children, much of the work is as fragmented as the children's attachments. Reliable information is often lacking on files and the family sources may be inaccessible, unobtainable, or untapped because of difficult relationships between agency and family or personal safety. The hard pressed local authority social worker may not be aware of its importance for the child's network. The looked after child, attempting to develop a coherent sense of self, can therefore suffer the double jeopardy of dissonant attachment and fragmented narrative material. A child who is not consistently encouraged to construct a coherent autobiography cannot easily discover the self-caring, liberating energy of curiosity or build a useful consonant cognitive map of themselves in the world. Their ability to respond to the demands of emotional intimacy, and the reciprocity of care are thereby restricted. Curiosity is avoided since it awakens further difficulties, contradictions and emotional pain.

the systemic challenges
for foster families

The challenges that surrogate families face are also complex. They are required to be skilled family systemic practitioners bringing to their daily lives an awareness of family process – attending to the structure, boundaries and communication patterns in order to manage the changes the arrival of the looked after child brings to their system. The child's temperament, character, and attachment maps will impinge on their own children as well as on the parenting partnership. The looked after child's internal working drama of family relationships will not be congruent with those of the receiving family (Smith, 1989).

For the child the risk is equivalent to the survivor of the Titanic's maiden voyage being invited to another sea journey on her sister ship! Thus a sustained process of dialogue, interactional working out and emotional learning are required to facilitate the fit. At times in the family crucible this process is fraught and conflicted, producing patterns tending to chaos and breakdown. A child whose strategic

repertoire is geared to anticipating and surviving loss, failure and rejection will recreate the familiarity of this drama with the unsuspecting carers.

Carers frequently feel triangulated between the demands of the child's needs, their own children's needs and their relationship with the local authority (Lindsey, 1997):

> 'One of the challenges of public parenting is that it requires the couple to share the responsibilities of public parenting with social workers. For some couples, this is felt as a loss of the autonomy, authority and independence which may have contributed to their previous success. The definition of success, too, requires renegotiation, if families taking on children, for whom past experiences of family life have been traumatic, are to feel satisfied with the outcome.'

Through social interest, resilience, ingenuity, persistence and an understanding of attachment, foster families may observe the transformative change from a dissonant self to a more consonant self – and they are themselves changed through the encounter.

It seemed to me that at ISP we could use systemic therapy as a different, integrating consultative model while retaining the holding and containing culture prized by therapeutic communities (Winnicott, 1984; Dockar-Drysdale, 1993). This culture could lend itself to incorporate systemic notions of open dialogue and reflection. The diversity of ideas and approaches in systemic literature has approached the same terrain along different avenues: Jaakko Seikkula and his colleagues in western Finland treating schizophrenia through open dialogue (2003); Andersen's extension of live supervision into reflecting team approaches (Andersen, 1990); White and Epston's therapeutic letter writing (1989).

In part this has been a re-discovery of the open, communal-based, reflective practice present at the very beginnings of child therapy in the 1920s, historically mislaid by the discourse dominance of the individualistic, instinct-driven, analytic model derived from Freud, and developed by, among others, Klein and Anna Freud.

I wanted to develop a model of working that could respond to crises but which could also be used to help the child and the child's professional network feel held, secure and able to develop strategies and solutions to aid the child's 'defragmentation'. The following is an example of the use of open therapeutic dialogue which also illustrates the complexities of sustaining effective open communication. The referral procedure is illustrated below (see Fig. 1).

Fig. 1 Referral procedure
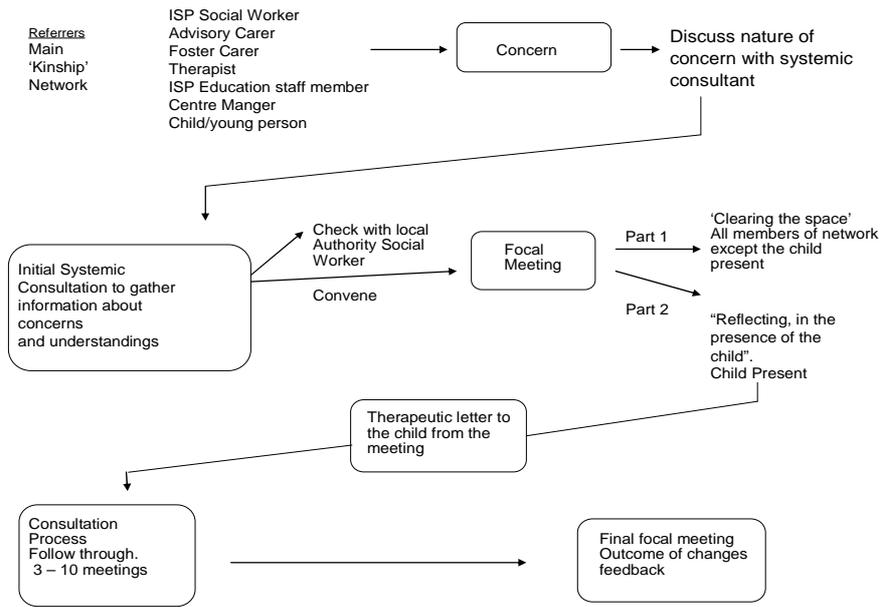
sean

Amanda, an ISP social worker, approached me about Sean with the following information.

Sean's background is one of deprivation, neglect and abuse. Sean's mother, Jane, was sexually abused by her own father, William Gilbert, who was convicted of this in 1991. It was felt he posed a significant risk to his grandchildren. It is alleged that Sean's father was someone called Paul but there is little information about him. The only father Sean knew was Lawrence Weston who abused alcohol, solvents and drugs. Jane was pregnant with Sean when she met Lawrence. They married in 1990. He had been abused by his own father, and been diagnosed as having a personality disorder, as well as being severely limited intellectually and physically.
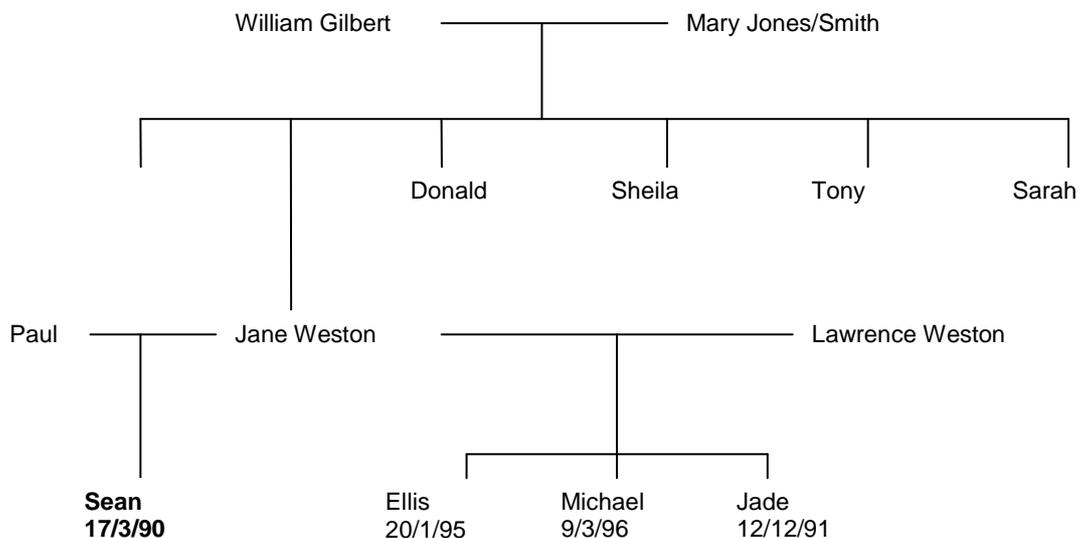
Sean has in the past displayed disturbed behaviour such as urinating into bottles, soiling, fire starting and overeating. His three younger siblings Ellis, Michael and Jade, were adopted and Sean sees them three times a year. Sean has a permanent feeling of rejection because he was never adopted. His social worker, Angela, who has known him since that time, feels tremendously guilty that she wasn't able to get Sean adopted. This has implications for his current placement.

Sean has had several placements since coming into the care system. It appears there have been allegations made against previous carers and in one case this led to a carer being deregistered. I have asked Angela, the local authority social worker, for more information but it has not been forthcoming. Sean was placed with ISP in 2000 with the Jones family and remained there for 2½ years. The local authority social worker felt, however, that Sean was not thriving and decided that he should change placements. He was moved in a planned way to live with Chris and Carol Armstrong though I am not sure that Sean fully understands the reasons for this move.

Sean is doing very well in his current placement and there are no major difficulties at home. Unfortunately, he is constantly running away from school and this is impacting on his home situation. The previous week, after Sean ran away, Carol punished him by stopping him attending Scouts, taking his clothing and his TV out of his room. Sean then told me he did not want to live there anymore. Carol realises now that she overreacted. This was resolved in a positive way the same evening when they were both able to demonstrate their distress and Carol was able to comfort and nurture Sean.

It is fervently hoped that this will be Sean's last placement as a further move would be tremendously damaging for him. Sean presents as a vulnerable, damaged child but is at the same time quite a manipulative and calculating teenager. This is exaggerated by Sean's size – he is extremely small for his age. Carol Armstrong seems to cope well with the vulnerable child but is less able to deal with the manipulative side of Sean. She has told me that at times she finds it impossible to 'read him' and because of this she worries whether this means Sean could start his more dangerous behaviour, such as fire starting, in her home. She has questioned if she is the best placement for Sean. I have discussed at length with Carol the defended and defensive Sean, how he has built a wall around himself and how this will affect her ability to read his behaviour. I have also talked to her about the difficulty Sean will have in allowing Carol to see his 'bad' or 'difficult' side and his worries of what that would mean to the placement. It would be very useful if you could have several sessions with the Armstrongs and Sean to assist them in building communicative links that are mutually beneficial.

focal session

Part one was to gather information about Sean from the whole professional network. Besides very occasional contact with his adopted siblings, Sean was not in contact with any family members. I met with each part of the network separately as it proved difficult to get everyone together. The network comprised: Carol and Chris Armstrong, his foster carers; Mark, his art therapist, who had been working with him for over four years; Jeff Hughes, head of school; Julie Green, his class teacher and Amanda his ISP social worker. I did not meet with Angela, the local

authority social worker, though we knew each other well from a three-year collaboration in a very complex abuse case. She was not able to attend sessions.

It became apparent each had a set of hypotheses about Sean and the solutions for him. The Armstrongs had reservations about his school at ISP as he was very co-operative at home.   Mark spoke passionately about his awareness of Sean's emotional alienation and rootlessness and told a story of his carers discovering a suitcase filled symbolically with his own faeces early in the placement. He thought Sean was confused and anxious about expressing any curiosity which he clearly possessed. Jeff said he was not a disruptive influence in class, but would at times run off without warning.   Most of the information substantiated Amanda's initial report.

'meeting in the presence of' sean

The next stage was to arrange a meeting of Sean and his professional network but only Mark, the Armstrongs and Jeff were able to attend. With Sean, I set out the purpose of meeting together, linking him in to the shared concern and failure to find a solution to help him manage school. He was initially apprehensive about the meeting for these were often associated with being in trouble or being given 'bad news' (of which Sean had been a regular recipient) and being punished but he readily agreed and relaxed.

Using occasional circular questions, what emerged was Sean's confusion about running out of school and his anxious desire to please the Armstrongs, the good fit with their family, the positive active relationship he had with Chris, their protectiveness and care for him and their belief that the school was the wrong place for him. Mark reflected on how he thought Sean was very defensive, and deeply bothered by a belief that his emotional conflicts were impossible to work with. He thought Sean was confused about his family background (Sean looked visibly pained at this) and there was no easy means of helping him build a fuller picture of himself. His father's origins were unknown. Everyone reflected back a positive and supportive view but which did not avoid the painful aspects of his experience. I gathered these points together and wrote a letter to him:

2 December

Dear Sean

This is the letter I promised I would write to you after our 'think in' together this morning with Mark, Jeff, Chris and Carol. I am sending them copies of this too so we can all keep what we talked about in our minds. We wanted to think with you about how we could help out with your 'running off' from school. You came up with a good number of ideas and listened well to everyone else's.

The first one of yours is to see it as 'kicking off', when bad feelings, feeling down about your family about school or whatever, just grab you by the legs and make you want to run – sometimes with other kids 'kicking off' in the same way.

Mark told us of the sadness and deep down hurt you have inside about losing your family – and some of your other carers; Carol told us about how hard you find it not being able to get a card to your mum easily, especially on her birthday which has just gone. You don't want to make a great fuss but you helped us understand you didn't quite know what the difficulty was. Jeff told us you are bright at school and don't let other kids get to you. Chris told us how keen you are on cars, as well as how you used to be bullied at your other school. He and Carol said how sometimes they have had a sense that you are going to 'kick off' but they don't know what to do to help you out of it. You did say you knew that they knew how you felt inside at these moments. You did say it was hard to find a name for these bad feelings that took you over. You really liked the idea of having some coloured cards (like referees use) to let those who are closest to you at home (Carol and Chris) and those at school (Jeff and Julie) know how you are feeling and to take some 'time out' instead of 'kicking off'. Mark and you agreed to make these together, laminate them – but to keep them a secret to a very few.

I hope you found the 'think in' helpful. You seemed to enjoy the biscuits and to be able to see that, though you don't have your own family around you, what you do have is a lot of people who really care about you and want you to do the best that you want for yourself.

I hope you'll agree for us all to meet again for another 'think in' in February next year, and for you to let Carol and Chris (or me) send a copy of this letter to Angela and Amanda so they know what we are all thinking.

Have a good Christmas, John.

Sean's carer read it to him and he kept a copy. I sent a copy to Angela who was somewhat annoyed, as was her line manager who disapproved of what I had done and written. I had burdened Sean with this information and upset him. She has met with him and was certain he was perplexed about the letter. The task she had identified for me was to help the carers to a clearer understanding of attachment – what was I thinking about? I reminded her of the joint work we had done previously; that I had thought she would trust my judgement, was clearly mistaken and we needed to meet and talk about her doubts. I emphasised the importance of the follow-up meeting which had been arranged, and which Sean expected, and which I hoped she could attend. In the event she was not able to but Amanda and the others were. Those present considered that there were some useful changes which I summarised in a letter to Sean.

18 February

Dear Sean

It was good to meet you again today as we said we would, along with Carol, Mark and Amanda. Everyone was very pleased with how well you had kept your head in class earlier when all the others were 'kicking off'. We failed to help the school fully understand the cards you and Mark had worked out to let them know how you were feeling; which goes to show how grown-ups get it wrong at moments.

Mark thought you have a lot of deep thoughts and feelings inside you which haven't fully come out, though he and the rest of us have some ideas what they are about. Carol thought you seemed really frightened of the power you think she has if she gets cross with you over something she has had to pull you up on. She becomes like a monster for you – like Medusa you said. She thought with you a lot about what a grown-up getting angry with you feels like, and how it can seem like the end of the world, and the end of being close to people you love.

We all think, and you do too, that it is very important for Angela to join with us in thinking with you next time. She is a very important person in your life who has known you a long time, so has a lot of important ideas and really wants things to work out well for you. We hope to meet again at the end of March.

Best wishes, John

Angela made contact again and required the network gathering to stop. Her reasons for this were varied. She clearly felt marginalised by the process which had antagonised her authority; I had been clearly drawing on credit when in overdraft. We met a few weeks later. Angela was more responsive to what I was attempting to do but unwilling to support further open sessions. She had, however, traced more information about Sean's father, imparted this to him as well as satisfying his curiosity about the arrangements with his mother's letters. My work became a conduit for the blame that was present in the system long before I became involved. This then moved to the school, as the solution focus shifted and Angela pressed, with the Armstrong's support, to have Sean transferred to mainstream school where he had previously failed. Sean remains at the ISP school but no longer runs away. Angela has recently transferred post within her agency but retained responsibility solely for Sean in her caseload.

Looking back, I made a number of mistakes of which failing to keep Angela onside was the most fundamental; the basic skill of convening is as essential to networking as to family systemic work and the logistics equally difficult.

summary

A professional network is as capable of producing misunderstandings and a breakdown of positive communication as any natural family system. It generates its own differences of beliefs, solutions, emotional identifications and alliances. Sometimes it is characterised by apathy and logistical demands which elude resolution. If there is no means of holding these different elements coherently for the looked after child then the child's own endeavours at consonance will be restricted. Yet this is the elusive goal of all multi-disciplinary work.

Systemic psychotherapy, with its ability to think about different levels and perspectives, provides a means of gathering the discordant voices on behalf of the child. If the challenge of 'joined-up' working is to be more than an ideal it will need active co-operation and systemic conceptualising. Co-operation does not emerge spontaneously within networks. It requires hard work and a radical change in the use of systemic ideas in the training and practice of those involved in working with

children. The best interests of the child is a fine universal principle but it is also a challenge that cannot be met by legislation alone.

References

Anderson, T. (1987). The reflecting team: dialogue and meta-dialogue in clinical work. *Family Process,* 26, 415-28.

Bowlby, J. (1988). The Role of Attachment in Personality Development. In J. Bowlby, *A Secure Base.* Routledge.

Byng-Hall, J. (1995). *Rewriting Family Scripts.* Guildford.

Dockar-Drysdale, B. (1993). *Therapy and Consultation in Child Care.* Free Association Books.

Hazel, N. (1981). *A Bridge to Independence: The Kent Family Placement Project.* Blackwell Publishing.

Hills, J. (2002). Death, family scripts and systemic existentialism. In J. Hills (Ed) *Rescripting Family Experiences: The Therapeutic Influence of John Byng-Hall.* Whurr.

Hills, J. (1999). Socialist constructionism: the revolution of re-inventing the wheel. *Context, 45.*

Lindsey, C. (1997). In R. Papadopoulos & J. Byng-Hall *Multiple Voices: Narratives in Systemic Family Psychotherapy.* London, Duckworth.

Main, M., Kaplan, N. & Cassidy, J. (1985). Security in infancy, childhood and adulthood. In I. Bretherton & E. Waters (Eds) *Growing Points of Attachment Theory and Research.* Monographs of the Society for Research in Child Development, 50.

Neustatter, A. (2005). Child in Time Report on the Use of Multi-Systemic Therapy with Juvenile Sex Offenders. *Young Minds,* 74.

Seikkula, J. (2003). Open Dialogue Approach: Treatment Principles and Preliminary Results of a Two-year Follow-up on First Episode Schizophrenia. *Ethical and Human Sciences and Services,* 5, 3, 163-182. New York, Springer.

Smith, P. (1989). Principles and Theory of Adolescent Foster Care: from *Specialist Foster Care: A Normalising Experience.* Howarth Press

Winnicott, D. W. (1984). Residential Care as Therapy. In *Deprivation and Delinquency.* Tavistock Publications.

White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends.* New York & London, Norton