

Case Study: Group experiences in a children's home

Many kinds of group experiences take place within a children's home. In the ebb and flow of daily life within a home, there are always sub-groups forming, operating and breaking up in the "life space" of the children. These are not specifically therapeutic groups, and though they can be formal as well as informal in nature, they are widely acknowledged as having therapeutic possibilities.

Taking part in leisure activities together, having informal discussions, preparing to settle down for the night, sharing in domestic chores and joining in many other activities provide special opportunities for relationships and trust to develop. These groupings represent the greater part of life at a children's home.

More formal sub-groups include the regular meetings between children and their special workers, (often referred to as keyworkers), to discuss the progress of a young person's care plans and to discuss live issues which are currently concerning the young person and those who are caring for him; staff and children learning together in a school room or a homework room; meetings with the young person, parents, social workers and residential care staff to review the progress of a young person's care, and to make plans for the future, and of course there are staff meetings.

In addition to these, in many children's homes regular formal meetings are held in which all the young people and staff participate. These have the function of organising living arrangements and responsibilities, reviewing recent events, sharing information and dealing with consequences of failed expectations and boundary breaking. They are aimed at involving everyone in the purpose of the children's home, and, at allowing those young people who over a period time have become committed to receiving the care the home offers them, to reassure newcomers.

During these meetings the newcomers' anxieties about being a member of the group decrease, so they – with the help of staff and other young people – become able to find ways of replacing anti-social responses with the more socially potent responses built on reflection, negotiation and healthy assertiveness.

Eating a meal together is also a most significant group occasion in the daily routine of a children's home. A great deal of significance is placed in preparing food and eating it together. Food is symbolic of nurture and is also the very stuff of nurture. Though meal times can be difficult for troubled young people because they often arouse frightening memories or feelings of earlier deprivation, they nevertheless provide opportunities for staff and more settled group members to give encouragement and to present positive models to the newcomers in the group.

It is this complex of group situations which meets the new child who has come to live in a children's home. Each new admission can arouse anxiety in every member of the resident group, yet this is a basic anxiety that would be triggered within any group. The group of people involved in the life of a children's home share features common to all

human groups. People leave, people arrive, and with each change new opportunities arise while new problems are thrown up. A problem for many of the young people who live in a children's home is that they have not yet developed as wide a repertoire of safe social responses to change as their peers in the wider community have. For them new arrivals are experienced as though they are actually displacing siblings, while familiar residents and staff leaving throw them back into their past traumas of failed or broken attachments, rejection, separation and loss. Consequently, their reactions to changes in the group can be extreme. With this in mind, the milieu of a children's home has to be tailored to allow these reactions to occur and to be safely contained.

Therapeutic group care: a four-stage model

Trying to contain these fears at the same time as encouraging healthy mental and physical growth in young people is a complex task and in order to make some sense of it, I have, with the help of many current and former colleagues identified four developmental stages which can be the experienced by young people in the group setting of a children's home. I have found this helpful in trying to make sense of what goes on in a children's home and helpful as a model for less experienced staff when they are faced with the confusing dynamics of the home which – compared with anything they have previously experienced – can seem very uncontained. Of course, describing these stages to young people has also proved useful in helping them gain some insight of what is happening in their own internal and external worlds. The four stages drawn out here are not rigid – indeed they are fluid – and it is possible during his stay in a children's home that a young person may from time to regress to an earlier stage and of course not all young people achieve what I have defined as the most developed final stage.

The preliminary survival stage

The first stage is one during which the newcomer is assessing the group and deciding whether it is possible for him to have a place, however tenuous it may seem, in the group. This stage may last from as a little as a few minutes to as much as four weeks.

Johnnie

Johnnie, who had been moved from his family home because he had been severely physically abused by his new stepfather, was a small, quiet 13 years old boy who arrived at the children's home late one night just as the other young people were going to bed. He was both frightened and tired but after getting ready for bed he fell quickly to sleep. In the morning staff could not persuade him to dress or leave his room.

Johnnie stayed in his room for a number of days and staff had to bring his food to him. He said very little and seemed nervous of both staff and the other young people. He did not go to the bathroom unless he was sure there was no one upstairs.

On the second day Johnnie's keyworker in an attempt to engage Johnnie with the life of the home asked Mary a 16 year old young woman who had been living in the home for 2 years to take Johnnie's food to him. She did. When Johnnie's keyworker took his midday meal to him, he asked him if Mary would be bringing his food to him again.

His keyworker said he would ask Mary if she would bring his breakfast to him on the next day. Mary agreed. On the following morning while she took him his breakfast she asked him if he would like to come downstairs with her when it was time for the midday meal. Just before lunchtime Johnnie asked one of the staff where Mary was. A few minutes later when Mary came to his room, Johnnie was fully dressed, and he accompanied her downstairs and joined the others in the dining room.

Lizzie

Lizzie, a 14 year old girl bustled into the children's home when she arrived at the home for the first time. She seemed noisy and brash, and apparently not at all over-awed by her admission to the home. She seemed to have landed as one member of staff said, 'well and truly running'.

Lizzie's main pre-occupation appeared to be a need to tell everyone that at her last children's home she had got a member of staff sacked and that she been chucked out of her previous home because she had beaten up another child because as Lizzie said 'She thought she was harder than me'.

This was a pretence on Mary's part. She had been placed at her previous children's home as an emergency measure in order to protect her from members of her family who had been physically and sexually abusing her. Her placement at her last home was a temporary arrangement until a children's home could be found that seemed better able to meet her needs.

Although some of the young people at her new home appeared to be threatened by Lizzie and what she was saying, those young people who had been at the home some time did not react to her loud behaviour but did engage with her over the more mundane matters that were a part of their shared day to day experience of the home. Within a week, Lizzie became quieter and did not seem to feel the need to sustain her pretence.

The testing stage

Johnnie and Lizzie continued to have problems adjusting to life in the children's home as well as with dealing with the emotional trauma of their experiences before they were admitted to care. but with the support of the staff and the other young people, both had within a period of a few days entered a new phase where they could feel, however that fragile that feeling was, that it was possible for them to survive living in the group.

In the following stage the young person begins to test out this feeling as if asking, 'Just how safe am I here? 'how much do you care about me?'

During this period the capacity of the group, in particular the adults in the group, to contain the young person emotionally is challenged. The young person begins to exhibit the anti-social defences, which may have played a significant part in bringing about his placement at the home.

It is as if the young person is attempting by seeking the group's rejection – in particular rejection by the staff members of the group – to find out how valid his own feelings of worthlessness, engendered by abusive or failing parenting figures, are in his new setting.

At this stage trusting and making a relationship with parenting adult figures can seem very threatening. It is a critical stage for a young person and for the group. Primitive, regressed acting out behaviour can seem to test the very existence of the group and its capacity to remain functional. Yet it can be a hopeful stage too.

While the young person, like a screaming infant seems embroiled in unbearable feelings, he may also be screaming out because he is in touch with feelings of the loss of good enough care and love given to him at an earlier time in his life. In his anger and aggression he may be communicating not only his sense of loss for what has been taken away from him, but also demanding that what he had must be replaced.

The young people going through this stage are so fearful and anxious that it is likely that they will not interested in using any of the supportive resources available to them in the home apart from the member of staff they choose to scream and shout at, or whom they pointedly ignore, or indeed from whom they steal. The member of staff chosen by the young person to receive this invective is invariably of great significance to him. It is important that this worker does not collapse in the face of this vituperation for she may well be the one the young person hopes and feels will be able to contain all his infantile terror.

This will not be easy for such a young person will not only seem to be attempting to disrupt social, recreational and group activities, he may also appear to threaten the very existence of the group. This critical period may last for six months and beyond.

Luke

Luke who was 14 years old came to the children's home following the breakdown of his previous foster family placement. A fostering placement breakdown was not unfamiliar to Luke. He had been placed with five different foster families since the age of 4, when his mother, who lived alone with Luke supported only by her frail and aging mother, had died.

Luke seemed able to start well with his foster families but once he seemed to be settled, he would engage in a series of destructive actions directed either at members of the family or their property. Such action had precipitated his placement at the children's home.

Following a string of destructive acts in directed at his foster parents' property, he seriously damaged the bodywork of the foster father's new car. After this incident, his foster parents felt they could no longer cope with Luke. Luke settled into the children's home well, although his attendance at school was poor. He and his keyworker Helen seemed to have built up a good relationship. About three months into his stay Luke began to direct remarks to Helen which suggested that she was a bad mother to her children.

These remarks were invariably made when they were both in the presence of other young people and staff. Helen talked with Luke about these remarks during his keywork sessions but he insisted that he had never made them. In supervision Helen talked about how upsetting and frustrating Luke's remarks and his denial of them were for her. She was at a loss because she believed she had built up a good relationship with him.

Although Helen was feeling discouraged, her supervisor persuaded her to stick with her task and pointed out to her that the young people and staff often commented on how protective and possessive Luke was of Helen as his keyworker during those periods when she was not on duty. Soon after receiving this advice from her supervisor, Helen took Luke out to a restaurant for a special keywork session. The session went well.

Luke and she had agreed that they would both make a big effort do something about his irregular attendance at school. At the end of the meal Helen left the table to talk to one of the restaurant staff whom she knew. She left Luke on his own looking after her shopping bag. On their return to the children's home, Helen found that money was missing from her purse but more upsettingly a treasured photograph of her son and daughter when they were young was missing.

When Helen talked to him about it Luke said he did not know anything about the missing money or the photograph. After Helen left at the end of her shift, Luke gave some of the other children packets of sweets. As he took sweets out of his pocket some pieces of a ripped up photograph fell out. One of the young people picked them up and realised what they were.

A number of them were unhappy about what Luke had done and told him he should not have ripped up the photograph. The staff on duty were told about the discovery. On her return to work Helen was told about what had happened.

She told the manager of the home that she felt angry and betrayed and that a part of her really felt like rejecting Luke. A staff meeting was called to discuss the matter and it was agreed that to reject Luke – a rejection which it seemed he was in some way seeking – at this time, no matter what had occurred – would be to confirm his fantasy that he could not trust parenting adults to hold him and contain him because they adults either leave, like his mother, by her death did, mother or they would reject him like his grandmother and his foster parents.

Helen accepted her colleagues' decision though she found it painful. Helen talked with Luke about what had happened, but a further year passed before he could acknowledge that he had stolen the money and had destroyed the photograph. Nonetheless following Helen's acceptance of her colleagues' decision to continue to look after Luke, his school attendance gradually began to improve and his verbal outbursts about her capabilities as a mother ceased.

The acceptance stage

Once the group has demonstrated to the young person that it can contain his emotions, a stage has been reached where the young person begins to feel that the group and the caring adults can be trusted. This is a time of reluctant acceptance during which the young person is increasingly able to live without fear or terror of his own feelings.

This is what Luke began to feel once he discovered that neither the group nor Helen would reject him. He can begin to see a world beyond himself which he could inhabit. During this period disturbed behaviour may remain evident. There are things which have still to be worked through, but it is a time when the young person becomes interested in what the group can offer. Tentative beginnings are made to participate more positively in group activities and education.

The committed stage

The final stage in this model is a committed one, in which the young person has trust in the group and is committed to what it offers to the extent that consistently socially acceptable responses have developed. During this stage the young person becomes

able to demonstrate the purposefulness of the group to young people who are going through the earlier stages.

He is able to help maintain the group's capacity as a container of feelings. The young person can now tolerate most of what life throws at him and through acts of reparation demonstrates an ability to care for others in the way that Mary did when she assuaged Johnnie's fears. This is not to say that such a young person will not experience the difficulties common to most older adolescents, as he struggles to find his adult identity, but now that he has worked through and grown through the group experience, he has built up personal resources which will help him overcome these difficulties.

Residential childcare staff

The childcare staff is the most important resource of any children's home. The staff generate and sustain the caring and nurturing milieu. The symbiosis between young people and care staff which is necessary for a children's home to be successful can only be achieved by staff who have an awareness of the dynamics of the inner world of the young people and of the dynamics of the group.

They must be informed about and have both intellectual and emotional insight of the part of a young person which carries harrowing feelings from earlier childhood experiences. These are feelings which may be too painful to talk about, to think about or so intolerable to the conscious mind that they are blocked off. The young people who are admitted to children's homes often have good reason to be wary and distrustful of adults and are fearful of making relationships.

Residential childcare staff require the skills and patience to work through this distrust. They need to be able to demonstrate to young people that it is possible to have a healthy and consistent relationship with adults. Once young people have gained this insight, they will be well on their way to moving on from the children's home because they have begun to develop the personal resources to help them face their approaching adulthood.

Source goodenoughcaring.com and Charles Sharpe

<https://goodenoughcaring.com/the-journal/who-am-i-an-account-of-my-childhood-and-teenage-years-in-the-1930s-and-1940s-and-my-discovery-at-the-age-of-63-that-i-was-an-adopted-child/life-in-a-childrens-home-the-group-as-therapy/>