Working in the 'System' and 'Lifeworld': Using action research to enhance resilience and attachment in a children's home

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Abstract

Residential child-care workers in the United Kingdom are caught between competing imperatives on a grand scale. On the one hand, they are required to implement an increasing raft of policy, procedure and guidance in relation to safeguarding the welfare of young people looked after by the State. This forms the 'top down' domain of the formal system within which residential care is placed.

Keywords

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Introduction

Residential child-care workers in the United Kingdom are caught between competing imperatives on a grand scale. On the one hand, they are required to implement an increasing raft of policy, procedure and guidance in relation to safeguarding the welfare of young people looked after by the State. This forms the 'top down' domain of the formal system within which residential care is placed. On the other, they must proactively engage with the young people under their care, develop relationships with them, meet their needs and be sensitive to the daily challenges arising from the group context. This is the existential domain of 'lived' and shared meaning, of expressed need, of emotional pain but also of social connection and inter-personal recognition. I refer to this experiential area as the 'lifeworld' of the young people.

The former domain is becoming increasingly differentiated and complex. There are now requirements to acquire and process information in a range of different formats. Connected with this trend, the ubiquitous nature of risk manifests itself on a number of fronts including how dangers are assessed, predicted, analysed, prevented, managed, communicated and recorded. What is more, the bureaucratic and technocratic demands of the role have remained unflinchingly onerous with carers finding it increasingly difficult to find time to engage with 'face-to-face' and 'life-space' activities. The directives to complete forms, near-miss accounts, untoward event analyses, daily logs, social reports

and written responses to progress reviews, is analogous to the strain of having to push Camus' rock of Sisyphus to the top of a steep hill. Once there, it falls down to ground level, only for the arduous task to be repeated again, ad nauseam. All of this takes place within a growing regulatory culture of inspection, governance, monitoring and cost effectiveness. Combined with the history of negative inquiry reports, and the preference for fostering in many organisational spheres, it is little wonder that residential child care struggles to present itself in the care continuum as a much needed placement of 'positive choice'.

The latter domain, the lived world of the young people within the home, is one of complexity, too, but in a markedly different way. Here, the extent of the young people's emotional need is stark. In this context, various prevalence studies (McCann et al., 1996; Mount et al., 2004) have reported on the high incidence of poor mental health with the population. With regard to Northern Ireland specifically, a number of salient findings related to this incidence have emerged. Thus, Mullan et al. (2007) discovered that a substantial number of young people in care reported 'feeling down or depressed' (p. 423). Moreover, of equal prevalence were externalising behaviours such as the misuse of alcohol, solvent and drug abuse, self-harm and hitting out behaviours. Such responses, far from being elliptical, were linked to inner emotional pain and dissonance. Other children conveyed a sense of 'lost childhoods', beleaguered memories from the past, feelings of abandonment and self-blame. Teggart and Menary (2005) echoed these findings. Their study of looked-after children in Northern Ireland showed that around two thirds of the 11-16 year old group had a diagnosable, psychiatric disorder. To compound this expressed level of suffering and co-morbidity, it was further noted that a significant number of the cohort appeared in more than one diagnostic category.

Given this picture, a question arises as to how residential child care practitioners can work effectively within both domains: the domain of the official system and the meaning-oriented domain of the young people's lifeworlds. As residential care 'waxes and wanes' and faces continuing threats, its capacity to meet the imperatives emanating from both of these domains takes on a particular purchase, most notably in this climate of trenchant, economic down-sizing. This, I contend, is one of the central challenges facing residential practitioners today as they seek to work credibly in the system and lifeworld contexts. Below, I report briefly on a research study which addressed the question just posed but through the lens of resilience as a master framework for demonstrating desired organisational and therapeutic outcomes. The framework was found to have relevance for the practitioner's day-to-day role, particularly as it fostered connections with other types of related ideas including those found in attachment theory, strengths based approaches and methods promoting motivational interviewing.

Method

The central aim of this study was to investigate how residential child care practitioners could enhance resilience within young people residing in a children's home within Northern Ireland. In particular, it attempted to ascertain those approaches that helped to realise the enhancement of resilience and those that constrained it. The findings in relation to these specific areas of inquiry were recently published (Houston, 2010).

However, this paper highlights, in a more focused way, how the notion of resilience acted as an analytical, unifying framework – one that enabled the residential practitioners to integrate organisational imperatives alongside therapeutically and theoretically driven responses that connected with the young people's often troubled lived experience within the home.

Through a purposive sampling approach, one home was chosen as the site. It was situated in a rural area in Northern Ireland and catered for the needs of five young people (aged 13-17), all with challenging backgrounds and needs and who required stability prior to leaving statutory care. Their profiles indicated substantive loss and change, and poor attachment experiences with significant carers. By way of contrast, the staff group numbered eight and came with a range of experience. At one end, there were those who were new to the role; at the other, there were a number who had been working in the field for more than twenty years. Most were professionally qualified social workers who had been introduced to ideas about resilience and attachment at the qualifying level of training, but not in any depth. The staff's post-qualifying education and training experiences had been mostly restricted to workshops focusing on the application of therapeutic crisis-intervention to residential care.

The chosen method was action research as the intention was to both explore and understand experience and effect change. The action research cycle fostered sequential stages of analysis, planning and action. Acting as a facilitator, the researcher met with the staff group on nine occasions to assess the young people's needs, identify concrete goals to enhance their resilience capacities, implement the goals practically and then, finally, to evaluate the outcomes of the preceding stages. Daniel and Wassell's (2002) resilience framework was employed as a conceptual framework to guide this process. Prior to the formal enactment of the action research cycles, the framework was introduced to the staff as part of a training day. Here, the six domains underpinning the framework were explained. These domains covered a number of areas, namely: (a) secure base - relating to attachment experiences, (b) education – encompassing experiences at school and learning elsewhere, (c) friendships – covering social acquaintances and support figures, (d) talents and interests – addressing hobbies and social abilities, (e) positive values – referring to moral understanding, and (e) social competences – demonstrating the role of interactional skills in everyday social life. This framework was used as a touchstone throughout the action research cycles so that, for instance, when the staff were considering the young people's needs in the first part of the cycle, the framework's domains were employed to focus this appraisal. On another front, when goals were being planned, they were framed consciously in the context of one or more of the domains. Throughout all of this the researcher facilitated the movement through the various cycles but in a way that challenged the participants to think critically about their practice.

The findings arising from this action research approach consisted of the verbatim accounts of the residential practitioners in the action research group as they deliberated their way through the cyclical process of reflection and action. Such accounts were taped with the participants' permission and analysed manually through a systematic, content analysis that gave rise to initial themes, organising themes and finally, global, cross-cutting themes. Respondent validation was employed as a key measure to enhance the study's

trustworthiness. All in all, the approach was iterative and phenomenological. By this I mean that the impetus was geared towards elucidating the essence of thoughts, meanings and experiences by bracketing preconceived ideas and attending closely to the content of verbal exchanges.

Selected Findings

I will report only on the question raised earlier concerning the role of the residential child care practitioner in relation to the two central domains of 'lifeworld' and 'system' which have an impact on their practice. What materialised, from this perspective, were two principal themes, namely: (a) the creative adaptation of administrative systems using resilience theory, and (b) the relevance of resilience as a super-ordinate construct in enhancing the understanding of needs.

Creative adaptation of administrative systems

The staff group not only responded positively to the Daniel and Wassell resilience framework but used it to rework existing administrative systems. Hence, the existing format of recording proformas and files along with care planning documents were adapted to include headings and sub-headings reflecting the six domains outlined above. So, when it came to recording events of the day, and meeting the requirements of the formal agency system, the categories of secure base and so on, provided a lens through which facts and opinions were transcribed, noted and analysed. Through time, it appeared that the framework became internalised – a kind of cognitive set, through which information was sifted and processed. This interconnection between resilience theory, meeting the needs of the young people and agency recording templates was realised early on in the first action research loop as one participant commented:

> Maybe I am jumping ahead but I was wondering how we would structure ourselves for the working week so that we can meet the agreed actions. Do we need a new format for the care plans? We need definite categories to structure our work in the care plans...we could structure our individual work sessions to the individual domains.

In the same context, another said:

> The recording structure that we already use is quite close to the domains.

For the participants, the new file formats were to be shared and highlighted as a positive development:

> I thought it was a good idea for the files to be sitting out on the shelves for the young people to see. They can just come and look at them and see what was recorded.

Moreover, their utility value was quickly apprehended:

> They (the files) are being used as a work planner and a handover. At out team meetings... and staff being identified for work. We can fit our work into the file... looking at friendships, social competencies and secure base, so that you can get everything covered and if we see anything lacking we can encourage the young person in some way... a bit more of the talents and interests. It is also like a diary. We can see at a glance what domain we are focusing on. See things that are lacking.

Of particular interest was the notion that the resilience domains could be used to structure other administrative ways of working. For example, a weekly planning schedule for each of the young people had been in place prior to the research commencing and was seen as an effective device for obviating boredom and providing much needed structure in the young people's lives. In the light of the unfolding discussions, the planning template was re-worked to reflect activities within each of the six domains. In this connection it was noted that:

> Things have been quite positive. We have been able to reflect on our work. We have started to work on a weekly planner... we have been reviewing our progress in the team meetings... we have started to breakdown our work into the resilience categories.

> Resilience as a super-ordinate construct

Daniel and Wassell's resilience framework was seen as an overarching, conceptual edifice that allowed the participants to assess needs, taking in a range of factors in the lifeworlds of the young people. The sentiment expressed below was true for the staff group as a whole:

> What I have found is if you are working with your key child and you're linking it with the domains, it does highlight areas that are being addressed and the areas that are not being addressed and gives a holistic focus to the work and not to forget important things.

However, more than this, the resilience framework provided an explicit link, through the secure base domain, with ideas about human attachment including the importance of inner working models, mind mindedness, defence mechanisms, self-protective strategies, attachment patterns and the impact of loss and separation on identity. Indeed, it became evident that the participants had categorised the domains into two primary divisions: one central underpinning domain of secure base; and the remainder adjoining it. Hence, secure base and its related attachment constructs, became the foundational source of explanatory ideas. In other words, it was the axial domain around which the others moved. Related to this development, one of the participants opined that:

> The theory shows that a secure base is what we are trying to create then... how important it is; then that is where we have to come from in that they can trust and always come back to us.

Echoing these sentiments a different participant reflected on the needs of one of the young people:

> It is difficult to actually see her as a whole person. I just see her as this troubled young girl in need of social work because she often doesn't let me see the other side of her. It is obviously important to talk about the consequences in terms of mind mindedness, the ability to regulate their feelings, manage their feelings and even to...sort of accept that people do things because they do care.

Attachment theory was not the only source of knowledge connected with the resilience framework. Ecological principles (focusing on the informal and formal systems impacting on the young person's life) were appropriated under the domains of social competence, education and talents and interests. Furthermore, motivational interviewing was seen as a practical tool for enhancing the domain of positive values as were the principles behind restorative justice. Social learning concepts and modelling were also linked to the domains of positive values and social competences. Resilience work was, in general, linked to the positive reframing of negative life events. In this case, cognitive-behavioural ideas were most salient. Critically, however, it was the resilience framework that laid the ground for this nascent, theoretical eclecticism and its application to the lifeworld context. It provided a kind of generating field of ideas from various sources. What is more, the practical utility of the resilience framework was demonstrated in the following quotes:

> I find this (resilience theory) much more easy than the other theory... it just seems to follow a lot easier in our work... we don't have the same challenges of how do I fit this young person into the work. The work fits naturally into the domains.

> I am thankful that I've been given the opportunity to be involved in this research project. I found that it has highlighted gaps in my knowledge and afforded me the opportunity to look at pieces of theory which I had lost.
> I have been energised by this process and have seen the benefits that this work has brought the young people.

Conclusion

Cocker and Scott (2006) have argued that the life chances of looked-after children in the United Kingdom compare poorly with the general population. Notably, they are ten times more likely to experience exclusions from school; twelve times more likely to leave secondary education with no qualifications; four times more likely to experience unemployment; fifty times more likely to end up in prison; and, what is more, their own children are sixty six times more likely to experience placements in public care. Gaskell (2009) argues that poor outcomes such as these are not entirely due to the care system but rather must be seen in terms of the 'culmination of childhood difficulties that the care system fails to address and rectify' (p. 137). Residential child care faces an enormous challenge in attempting to respond to these needs. It must implement the policies and procedures of the system yet at the same time respond in a meaningful way to the existential pain of the young people. Put differently, it has to somehow balance the bureaucratic and administrative imperatives emanating from the organisational context

with the therapeutic, relational exigencies arising from the lifeworld of the home. This research has found that the combination of three different factors in residential care helped to meet both of these contradictory requirements. First, was the presence of a dedicated team committed to advancing therapeutic changes to help address the young people's emotional needs. Second, was the opportunity to engage in structured , reflective practice through the action research model. A final factor was the access to relevant theoretical ideas which helped make sense of the young people's complex needs. The Daniel and Wassell resilience framework was most germane in this context. It acted as a synthesising platform for the utilisation of related theoretical ideas on attachment and social ecology and gave the participants a sense of direction in their day-to-day work with the young people. To summarise, staff motivation, the practice of structured reflection and grounding in pertinent theory, were three potent, yet simple ways of enhancing the effectiveness of group care within the confines of the system and lifeworld.

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