

An aeroplane without wings: Educational psychology support for a children's home staff team prior to and following a critical incident

Cath Lowther, Jo Dunn and Julia Powell

Abstract

Outcomes for looked after children and young people tend to be poor across numerous domains. To address this, some children's homes in England are supported by educational psychologists using Pillars of Parenting. This 'Emotional Warmth' approach is based on the theoretical and empirical knowledge base of applied psychology. It has been shown to have a positive impact on the lives of looked after children and young people (Cameron, 2017; Cameron & Das, 2019). This paper shares the story of a traumatic incident which occurred in a children's home supported by a Pillars of Parenting psychologist consultant. Using the strong relationships built up with staff through Pillars of Parenting sessions, other tools were used to provide support for staff over two meetings. This support was given in the lead up to this event and following it. Prior to the incident, the psychologist consultant used the MAPS tool to help staff acknowledge their gifts and plan for a positive future. A critical incident response to the event was provided by two educational psychologists using a bespoke process shared in this paper. Anecdotal evidence suggests that this support was appreciated and beneficial.

Keywords

Critical incident, educational psychology, pillars of parenting, residential child care

An aeroplane without wings: educational psychology support for a children's home staff team prior to and following a critical incident.

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To protect anonymity due to the sensitive nature of the narrative contained in this paper, the county in question, and therefore workplaces, will not be named.

Introduction

On 31 March, 2018, there were 75,420 children and young people looked after by local authorities in England (DfE, 2018a). Under the Children Act 1989, a child (under 18) is legally defined as 'looked after' by a local authority in England if he or she is subject to a care or placement order, or has been accommodated by them for a continuous period of more than 24 hours (Section 22).

Outcomes for looked after children are characteristically poor (see Cordis Bright, 2017, for a review). Academically, school attainment across all educational phases by looked after children is 'much lower' than non-looked-after children (DfE, 2018b). The mental health of looked after children has been consistently found to be worse than their peers, with 'almost half' of them potentially meeting the criteria for a psychiatric disorder (Luke, Sinclair, Woolgar & Sebba, 2014, p. 7). Knapp, King, Healey and Thomas (2011) observed a significant association between being taken into care as a child and lower earnings as an adult, particularly for males. Further negative outcomes in adulthood include increased risks of homelessness, teenage pregnancy and coming into contact with the criminal justice system (DfE, 2015). It is worth noting, however, that outcomes for looked after children are better than those for 'children in need' (DfE2018b). (A child in England is considered to be 'in need' if it is deemed that he or she needs local authority support to ensure that his or her development is of a reasonable standard and not impaired in any way or if he or she is disabled. These children typically stay in their own homes (Children Act, 1989, Section 17)).

Of the children who are looked after in England, 11% of them were living in 'secure units, children's homes and semi-independent living arrangements' in 2018 (DfE, 2018a). Wharton, Lomax and Thomasoo (2017, p. 6) suggest that 'generally, outcomes for children in residential homes are worse than for other

looked-after children. This is not surprising, given their high level of needs and often poorer pre-care experiences'.

Pillars of Parenting

The Pillars of Parenting provides an 'Emotional Warmth' approach; designed to enhance residential carers' (and foster or adoptive parents') understanding of the complex psychological needs of the children and young people in their care to enable and empower them to provide even better support than they already do (Cameron & Maginn, 2008, 2009, 2011; Cameron, 2017; Cameron & Das, 2019).

The model is based on psychological theory and research and involves monthly consultation meetings with a psychologist who provides the bridge between the expertise of the carers regarding individual children and the theoretical and empirical knowledge base of applied psychology (Cameron & Das, 2019, p. 7). Research indicates that this model has had a positive impact on LAC in foster care or who have been adopted (Cameron, 2017) and who live in residential children's homes (Cameron & Das, 2019).

Educational psychologists

Pillars of Parenting support is ordinarily provided by educational psychologists (EPs). EPs support children and young people in a range of ways. Mackay (2011) sees EPs as 'uniquely placed to provide holistic psychological services' and says,

With regard to their position, their training defines them as the most generic child psychologists, with more postgraduate professional training time devoted to the child and adolescent sphere than for any other branch of psychology (p. 11).

The story which follows occurred within a local authority maintained children's home in England supported by an educational psychologist using the Pillars of Parenting approach.

Our story

Towards the end of 2017, a young man living in a residential home (let's call him Sam) looked like he was about to buck the trend of negative outcomes experienced by looked after children. He was doing well in college and was looking forward to going to university. However, as December loomed, Sam began to come off the rails. A member of staff likened this to an aeroplane: 'The plane isn't just coming down, the wings have come right off'. We attributed this to the anxiety Sam must have been feeling around moving into adulthood, leaving his home, doing exams and the transition to university. He also had additional mental health needs related to developmental trauma and experiences of rejection as well as a diagnosis of Autism Spectrum Condition.

Over December and January, Sam's behaviours escalated enormously. He began accessing the dark web and exploring sado-masochistic and child pornography. He complained to staff that a prostitute he had engaged would not allow him to hurt her. He alienated the other young people in the home by telling them that children want and deserve to be sexually abused. He was verbally and physically aggressive towards staff and the other young people in the home. He burned one member of staff and appeared to enjoy it. He wondered with some members of staff if he might be a psychopath and was extremely interested in the lives of serial killers. Staff were understandably massively stressed and were experiencing vivid and frightening nightmares.

The MAPS meeting

As a result of Sam's behaviours, the levels of stress being experienced by staff were identified by their manager as needing out of the ordinary support. An adapted MAPS was used (Forest, Pearpoint & O'Brien, in Newton, Wilson & Darwin, 2016) to provide a positive and supportive shared experience for staff. MAPS is a tool that facilitates the imagining of positive and possible futures and the planning for these, drawing on a person or group's unique gifts (strengths, qualities and positive characteristics). The meeting is recorded graphically on large sheets of paper.



Figure 1. Adapted MAPS template

(Please note that while this template is being shared, it does not capture the full experience of the session which was facilitated by a skilled and experienced psychologist).

enabled staff to explore their thoughts and emotions in a safe place. After the meeting the staff team felt drained but a 'weight had been lifted'. They had the opportunity to address 'unspoken fears in a safe forum'. By exploring the team's strengths they also had a renewed energy that supported them in working with Sam. The only thing staff struggled with was the feeling of being emotionally drained after the meeting, especially as two members of staff were on a 24 hour shift.

Our story continued

What follows includes content taken directly from an account of the incident written on Thursday morning at 3am by the home manager.

At the end of February, the situation worsened. On the Tuesday of the week in question, Sam attempted suicide by drinking bleach. He was taken to hospital and released back into the care of the children's home staff team the following morning. Although Sam had been assessed as safe to come home, staff were highly anxious about his state of mind. A plan was put into place with Sam, the hospital, his stepmother and the manager of the home to help keep Sam safe until he saw a forensic psychiatrist the following day.

On Wednesday there was tension for most of the evening between Sam and two other young men in the home (let's call them Richard and Harry). Staff were constantly trying to distract and separate the boys who were saying hurtful things to one another. Harry responded to this and head-butted Sam. A member of staff was in the middle of the two and Sam reached forward. He was holding a Stanley blade in his hand. Harry shouted, 'He's stabbed me in the eye!' The member of staff was disorientated as he had been hit several times around the head trying to break them up. He said to Sam, 'What have you done?' and Sam said, 'I've stabbed him, that's what happens when you f**k with a mental person'. He laughed and locked himself in his room. 999 was called and the ambulance and police requested. Sam voluntarily gave up the blade to staff. The police arrived and arrested Sam. He tried to laugh and joke with them. Harry was taken to hospital and had surgery on Thursday morning. At the time it looked likely that he would lose sight in that eye.

Critical incident response

EPs have been noted for their input in what are termed 'critical incidents'. Beeke (2013) defines a critical incident as a 'sudden and unexpected event that has the potential to overwhelm the coping mechanisms of [an organisation or community]. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing' (p. 3). High profile events that have received such support from EPs include the Grenfell Tower tragedy (BPS, 2018) and the Manchester Arena bombing (Jimerson, Muscutt, Russell, Regan, Quinn Ewbank & Sundhu, 2017). While not of the same magnitude, the stabbing described above was felt to meet the criteria for critical incident support provided by the EP service. During March, staff were again given support to process what had occurred, this time from two EPs. The process was first discussed with the home manager and then developed to address the needs of staff. Again, the meeting was recorded graphically.

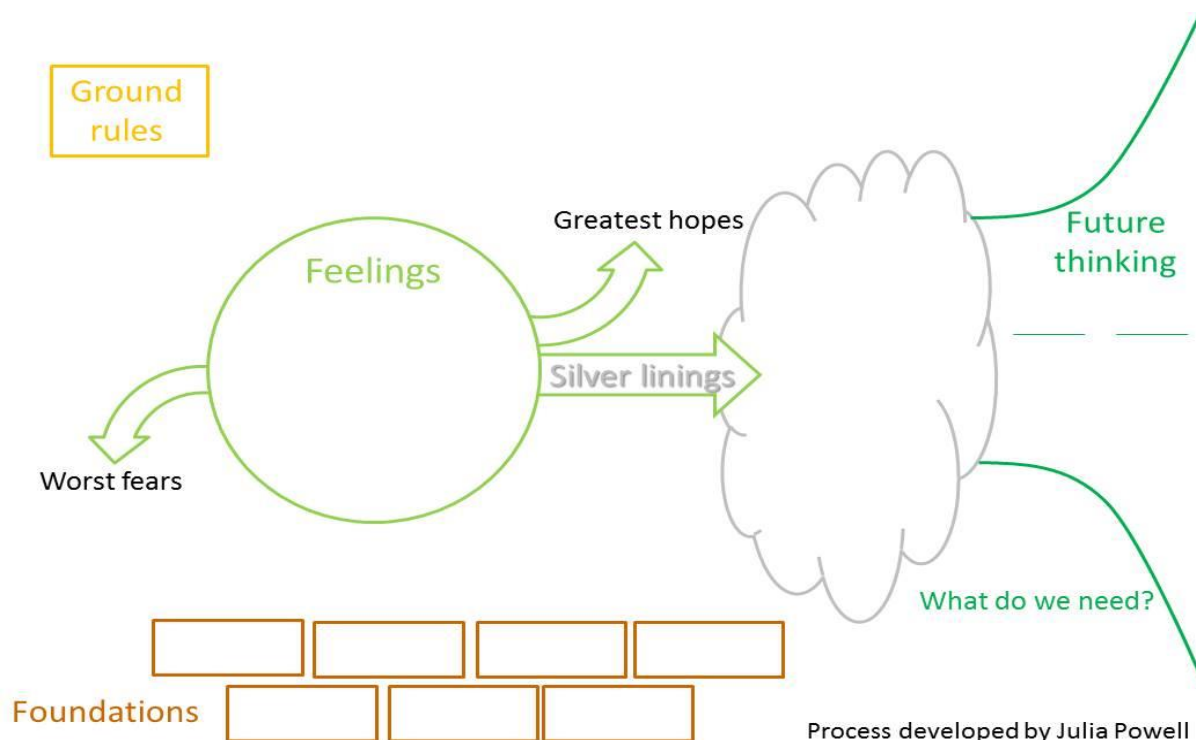


Figure 3. Critical incident session template

(Please note that while this template is being shared, it does not capture the full experience of the session which was facilitated by highly skilled and experienced psychologists).

The manager shared that she could not 'put into words' the 'positive impact' that the second session had had. The staff team cried, laughed and spoke about a huge range of emotions during this session. They all felt safe enough to openly explore how they felt. No one was made to feel 'stupid' and everyone's feelings were valid. Guilt came up a lot: staff took this incident very personally and were devastated that it had happened within their home. The staff team reassured one another that they had done all they possibly could. The incident brought everyone closer together and the session afterwards enabled staff to park their very heightened emotions and focus on the children. Staff felt emotionally exhausted but reenergised by the session which helped to re-stabilise the home surprisingly quickly.

After the incident Richard and the other young person went to school the next day. Harry came out of hospital on Friday and was back in college on Monday. Behaviours were settled and the boys talked about loving each other and being like brothers.

One year on

A year later the staff team are settled and managing their next round of challenges. They have moved into a newly built home and welcomed two additional young people into their care. One member of staff had a baby, another got married and another has moved into a deputy manager role. Harry moved into semi-independent living and quite enjoyed the notoriety of his experience. He came to the new home for Christmas day, visits monthly and calls regularly with updates. Sam was arrested and, following trial, detained in a secure mental health facility where he is getting the help he needed all along. Richard also moved into semi-independent living and is looking forward to moving in with his dad overseas. He is currently finishing his full-time college course, working part time and riding his motorbike. He visits the home twice a month and often pops in for help with his college assignments. The other young person who witnessed the attack remains in the home and is attending college full time whilst volunteering at a local riding stables.

The incident was investigated by the Safeguarding board, CAMHS (Child and Adult Mental Health Services) and OFSTED (School Inspectorate in England). All these organisations came to the same conclusion. The home went 'above and beyond' in the support and protection offered to the children. The national shortage of specialist provision was highlighted as hugely problematic. The risks associated with Sam were flagged early and it was agreed that a specialist placement was urgently needed in January. Unfortunately, what was needed was not available and over 100 placements were approached with no success.

Conclusions

Staff in children's homes do a phenomenal job of looking after, caring for and parenting looked after children who have experienced very high degrees of developmental trauma. This invaluable work is enhanced when informed by psychological research and theory. Psychological input can also provide staff with reassurance at times of crisis, helping them to process difficult feelings and begin to look to the future. In this instance, the work of EPs contributed to a rapid stabilisation within a children's home which experienced a traumatic critical incident.

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Cath Lowther and Julia Powell are educational psychologists working in a local authority educational psychology service in England. Cath is also a Pillars of Parenting psychologist consultant supporting a local authority maintained children's home. Julia is an area senior educational psychologist with responsibility for providing critical incident support. Jo Dunn is the manager of the children's home in which the incident described in this paper occurred. She manages a phenomenal team of staff. The home in question is rated by Ofsted as good with outstanding features.