

Life story work in the context of attachment-led care planning

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Introduction

The majority of children in society are raised by their parents. This usually means that they will have had an opportunity to learn about their histories first hand by people who have raised them. Family that have been part of and shared in our lives can reminisce with us, or help us separate fact from fiction. Sometimes family provide stories of events that we can't quite remember, yet have heard so many times they become real and vivid. Yet, for many young people living in residential care, the stories of their childhood have become lost or are too painful to be shared.

Young people who require to be accommodated within a residential unit come with their own unique set of 'attachment experiences'. Although these experiences are individual, it is likely that these children will have a history of experiencing loss, abuse, neglect and trauma. If a child's life is predominantly marked by these events and there is a lack of nurture, warmth and kindness, children grow up feeling worthless, angry and alone. As residential workers, we often do not meet these children until late on within their journey through care. Multiple placements can then compound the loss they have previously experienced and lower their self-esteem and their capacity to trust adults. A child who has experienced these events views the world differently to children who have secure early attachments. Their internal working model tells them that adults don't stick around. It tells them to operate in 'survival' mode most of the time and when people treat them well, it just does not sit comfortably with them. Furthermore, they will often project their feelings onto the people who look after them, treating them as they have been treated or rejecting care altogether. Without adults to help them understand their past and support them make sense of what they have experienced, these children will continue to show us how they feel by communicating through the only way they know: through behaviour which may, at times, prove challenging to staff.

It is not unusual for a child to begin a new placement where little information is known about their past. As professionals, we often pass this off as 'gaps in case histories' and then move on. However, we should consider what these 'gaps' feel like to the child. It is not good enough to assume that facts of a child's

early years and their care histories will never be known or shared with them due to a lack of what is written down on paper.

Southhouse Close Support Unit is an attachment promoting unit. At Southhouse, we believe that gaining and sharing knowledge of our young people's life histories allows us to create a therapeutic environment. Building an understanding of our residents' 'unique stories', both those that have challenged and disrupted, but also those that have been positive, can help us to work more closely on the issues that are in the here and now. This article aims to describe how Southhouse Close Support Unit has adopted an attachment promoting framework using the model of life history-led care planning.

Who we are

Southhouse Close Support Unit was established in the 1970s, originating as a family group home and later evolving into an eight-bedded Young People's Centre. In 2006, Edinburgh City Council embarked on a review that was responsible for restructuring residential services. Following the restructuring, the Southhouse staff team made the decision to make a bid to become a Close Support Unit. Southhouse Close Support Unit today provides a long-term residential service for five young people aged between the ages of twelve and eighteen years old.

How it began

The 2006 review concluded with a number of key findings. These findings have been responsible for re-shaping residential services within Edinburgh City Council. One of the report's recommendations highlighted the need for creating specialised residential services, and concluded that the generic Young People's Centre (YPC) did not meet the needs of young people who had been assessed as needing long-term residential care (Review of Residential Childcare, Report to the Executive of Edinburgh City Council 2006). In addition to the structural changes that took place, the review also marked the beginning of using attachment theory as a common philosophical approach within residential services within Edinburgh. However, despite the Children and Families department's pledge to place attachment theory at the centre of future residential services, the development of attachment theory within individual residential units has depended on the leadership of the management team, the level of already existing knowledge of attachment theory within the team and the function and ethos of each individual unit. Thus, the Council's commitment to this perspective is a commitment to the notion of attachment in the broadest sense.

In recent years, there has been a major shift in the use of attachment theory within residential childcare. Moretti et al. (2005) argue that 'this past decade

has witnessed a burgeoning interest in the application of attachment theory in understanding adolescent mental health' (p2) From Southhouse's perspective, implementing a framework that fits with the needs of our residents has been a process that has evolved and grown from a range of influences and strategies.

In the first instance, changing in function from YPC to Close Support Unit, allowed us to reduce our number of beds and adopt a 'long-term' focus to placements. In respect of training needs, there was already a clear baseline in terms of theoretical knowledge within the team. Southhouse was the first fully qualified unit in preparing for SSSC registration and this created a solid foundation to further develop and meet the training needs of staff. In terms of existing staff culture, Southhouse has historically placed a high emphasis on the value of creating and sustaining long-term relationships with its residents. In fact, when making the final decision to become a close support unit, the team made reference to this, and there was a general sense of excitement at the prospect of being able to further develop attachment led work by creating a permanent home environment for our residents.

The Attachment Framework

The basis of our framework was inspired by the work of Ken Moore and Roy Holland of the Maples Centre in Canada. Their perspective of attachment is outlined as the Orinoco Model (Radmilovic, 2005). The Orinoco principle states that 'all behaviour has meaning' and that in order to understand behaviour, firstly we have to understand a person's internal working mode. During their input at an Edinburgh City Council conference in 2007, entitled 'The Home, the Kids and the Outsiders', Moore and Holland discussed the Maples Centre's use of attachment history investigations. These investigations collect information on the 'client' from a number of different sources. However, the main interest for us was the Maple Centre's use of the information of the 'client's' family history, and how this was interpreted and used within future care planning. Our investigations of how the Maple Centre operated in practice brought us to a dead end. In requesting an anonymous example of an attachment history investigation, we were referred back to their website which gave little information on how they practiced or used the histories. Due to this, we began to look elsewhere, and started to familiarise ourselves with other literature and training that was available at the time such as Holly Van Gulden's model of child development (Van Gulden and Vick, 2010) and Dr. Bruce Perry's investigation on the effects of trauma and abuse on the development of the brain (Perry and Szalavitz, 2007).

Training and support for staff

Through a series of training and development days, the management team at Southhouse planned and facilitated training aimed at strengthening the team's understanding of attachment theory. The training built on the team's already existing knowledge of child development by exploring; neuroscience, the effects of trauma and abuse, resilience, loss and separation. During each development day, real life examples were used from our resident group. This enabled us to use our learning of attachment theory to consider elements of each resident's care plan that fitted with attachment theory, and those that did not. Ideas from the training days were then brought back to the staff team meeting to be evaluated before being incorporated into our practices, procedures and care planning. An illustrative example of this is the change in the focus of our work with young people away from individual care planning to work which includes the acknowledging and enabling of a group identity.

In conjunction to this, 'attachment work' was added to the regular supervision agenda between managers and key-workers and a practitioners group was set up to allow staff to share their experiences. The inclusion of attachment theory into the regular supervision agenda item was designed to remind both managers and key-workers of the principle that 'all behaviour has meaning'. In addition, it also enabled managers and key-workers to progress the work that had begun on the use of time-line investigations.

Stage one: Time-lines

Southhouse's version of attachment history investigations began with the use of time-lines. Each key-worker was given a time-line template that was designed as a tool to help chart the young person's life from pre-birth to present day. Key-workers were encouraged to use as many sources of information as possible to document the young person's life history. They were encouraged to visit practice teams and take time to look through the young person's social work files. Key-workers were asked to take notes of significant events and important people paying particular attention to:

- Family history (i.e. information on the generations before them);
- Pre-birth information (i.e. factors that may have effected their development in the womb);
- Parenting the child received, particularly from 0 to 4 years old);
- Names/addresses/contact details of significant people (i.e. all family members, other people in households that they have lived or foster children who shared previous placements);
- Contact information of ex teachers/nursery officers/social workers/ health professionals;

- Traumatic events/ significant changes in behaviour;
- Schools/nurseries and experience at each one/significant teachers;
- Birth and deaths of significant people;
- Happy times/holidays/pets etc;

Stage two: Eco-mapping

The second stage of the investigation involves designing an eco-map. An eco-map is a tool used to depict relationships between family members and other significant people in the child's life. In developing our approach, the key-workers involved in applying the attachment model have found that completing an eco-map early on within the life histories investigation has been beneficial. Charting an eco-map alongside the child has served as a useful way of opening up discussion about life history work. An eco-map can highlight what a child knows, and where the gaps are for them concerning their family. They have also found that drawing an eco-map is child friendly, and conversations that stem from this are led by the child and become more natural and perhaps 'safe' for them. The use of eco-mapping has also helped the workers to gain more information from the young person on their thoughts and feelings about who is significant and important within their life. Coulshed and Orme (1998), support this view and develop the idea further by arguing that genograms begin to uncover a family's unwritten rules, myths, secrets and taboos, and that this type of map can also reveal how patterns might be repeated across generations within a family.

Stage three: Interviewing

Once the worker has established who they need to speak to, the next stage of the life history investigation is planning and preparing to interview significant people from the child's past and present life. When planning interviews, consideration needs to be given to how these people became involved in the child's life and how they are likely to interpret the investigation. Rose and Richard (2005) categorise these people as 'interventionists' (for example teachers, foster carers, social workers among others) and 'other people' (for example, parents, abusers and those with responsibility of some kind). The difference between these two groups can hinge on what they feel may be at stake by sharing their story, or if they fear they may be incriminating themselves or others. However, from our experience at Southhouse, gaining information from professionals such as ex-foster carers should also be approached sensitively.

During the initial stages of implementing our framework, we found that 'cold calling' ex-foster carers can lead to negative assumptions. For example, one ex-foster carer who had looked after a child for two years stated that they could not remember "anything much" about the child and did not appreciate "old

doors are being opened". On reflection, the carer may have felt put on the spot, or anxious about the use to which the information was going to be put. Nevertheless, the question does beg an answer as to how responsible foster carers should be in helping children to understand their past? To help alleviate some of the confusion or anxiety, contacting potential interviewees in advance via written communication and setting out what you are looking for can help to save time, open up the channels of communication and reduce anxieties.

We have found that negative experiences through the interviewing process have been few and far between. Interviews have uncovered some incredibly useful information, ranging from anecdotal stories (such as cravings during pregnancy) that can help bring the child's history on paper to life, to thoughtful admissions of regret or reflection from adults that can be shared with the young person when it is considered safe and appropriate to do so. One foster carer commenting on the end of a child's placement stated:

We never wanted her (the child) to leave, it was because we were registered as 'specialist' and the department didn't think she fitted the placement. We would have loved to have kept looking after her.

Statements such as this can be incredibly important. They can bring truth and clarity to a situation that may well have been interpreted differently for the child at the time. Furthermore, interviewing has also helped to explore behavioural issues that we experience in the here and now. For example, in one scenario, a worker learned that in the child's past, they were locked in their room by their parents from 5pm onwards. Knowing this helped to understand the significance of the child's behaviour at bedtime and allowed us to base our interventions and care planning around this.

Contact with ex-foster carers during the interviewing process has also led to staff being given photos, old report cards and art work from the child's past. In addition to collecting historical items, the staff team at Southhouse have begun to mirror the family tradition of keeping and collecting memories for the child. A culture has developed of storing a wide variety of 'keepsakes' from the child's placement at Southhouse. For example, taking photos at every important event and ensuring that there are 'back-up' photos kept at the unit so that if they get lost, or destroyed, in the future, we will always be able to replace them.

Interviews with parents have also uncovered meaningful information. During one interview, a mother and the residential child care worker explored how she felt during each of her four pregnancies. The mother identified that the circumstances leading up to the birth of each of her children had been different due to a number of social and emotional factors. She identified that she felt "at her worst" during the pregnancy with our resident, due to her feelings

about the father of the child, her drug use and her mental state. The mother commented on how this affected her relationship with the child and her feelings about her to this day. She made the comment:

She was always a handful, just like today. I didn't have anybody back then, not even my family. Things had been different with Tom (the child's older brother), he was a good baby.

Stage four: Writing the story

The comment outlined above is a good example of some of the sensitive information that can be uncovered during the interview process. Knowing how to record this in a factual but unharmed way has been one of the major challenges in the process. Workers involved in writing the stories of young people have commented on the dilemma between documenting the truth, and writing in a way that does not further compound feelings of hurt or anger for the child.

The solution may be to produce two documents, one for the child written in a language that is appropriate to their age and, crucially, their stage of development, and another for practitioners that makes links between historical information and current behaviour. For example, one child's story reads:

When Sally was little, she sometimes felt that she was treated differently to her brothers. Her mum remembers treating Sally differently to her brother. Mum says she didn't mean to make her feel bad, but she felt alone and scared and because of this she took it out on Sally. None of this was Sally's fault though. (Sally's story, age 17 years old)

The workers' document could be used as a tool giving strategies to help other staff support Sally within her care plan. Sally's professional document reads:

From our experience of working with Sally, when she is challenged about her behaviour, she will often phone her mother to ask for her support to side with her or to reprimand unit staff. Sally has experience in her past of being treated unfavourably by her mother. If Sally does not get the reaction she needs from mum, this can further escalate the situation and result in aggressive behaviour towards staff from Sally.

Further challenges in writing the child's story stem from the length of the documents that have been produced. Workers have found it difficult to condense the information collected, and have commented on the unsuitability of presenting a 3000 word document to a child. Furthermore, for many looked-after children, the first 'chapters' of their life are tainted with more negative experiences than positive. This has led us to consider the use of an alternative

format that is more conducive to building self-esteem and a positive sense of identity. We have explored the use of the Backward Life Story Book by Joy Reese (2009). Reese argues that life stories that start with the birth family and progresses chronologically can be damaging to the child if they overburden them with negatives. The backward life storybook proposes an alternative. This model begins in the present, and then dips back to the past, before moving back to the present. Reese suggests that history should be incorporated but safely contained and literally held either side by the secure base/permanent placement.

The use of a format that is designed around separate parts, episodes or chapters may also be more fitting with the concept of building a positive sense of identity. Children reading their stories from birth to present could be left feeling that the trauma, loss and abuse encapsulate their whole being. Starting with the security they have in the present, and then running this alongside the past reminds children that their past is only one part of who they are.

Involvement of the child

The involvement of our residents within the process of our life histories investigations and life story work has been varied. Although all of the children have been aware that the workers are conducting the investigations, reactions to this have ranged from excitement, to fear and ambivalence. Some children have stated that they want to “know everything as soon as you find it” while others have seemed content that the worker is taking the time to find out about their history and their past and are holding and containing this for them. One child who had appeared to be uninterested in looking through the collected information later made the comment:

You know about my past yeah, that's cool like.
(Young person, aged 15- years old)

Respecting the child's decision to be part of the process of life story work is important. Children may never want to know what it is that the staff member has found out, and it may be enough to know that their story is safe, alongside all the other mementos, photos and keepsakes that the staff member has collected for them.

However, some children have been happy to be part of the process and have taken part in activities such as our DVD project. This piece of work has been facilitated by a member of staff who has a talent in IT. The staff member used a software package to help the children make interactive life story DVDs. The DVDs fit with the backward life story model as they merge photos and videos with accompanying music from the child's present (i.e. happy times spent with

staff, family contact and school achievements) alongside historical photographs and memories. One example saw a young male include a picture of his mum, with whom he has no contact, which has the chorus of his memory of his mum's favourite song playing alongside it.

Furthermore, the use of Life Space theory has helped us to find natural ways to talk about the children's past and create a more therapeutic environment for our residents. Murphy and Graham (as cited in Smith, 2005) describe life space theory as the therapeutic use of daily events in a residential setting, where staff use shared events as a tool to help the young people gain an understanding of their life experiences. An example of this includes where a worker used a programme on television to share the fact that they had learned from the child's life history that the child's mother had once lived in Germany. Furthermore, when embroiled in conflict, the use of life histories and a life space intervention can also be useful. For example, a child that is being physically threatening towards a member of staff may benefit from being reminded that:

We're not going to hurt you, but I know that other adults in the past have. You don't need to worry about us doing the same.

(Residential childcare officer to young person).

The use of the residential environment and our role as residential workers also allows us to care for the young people in a way that begins to provide some of the nurturing that our young people have missed growing up. A staff team that is able to meet the young people at their developmental level have the power to create a therapeutic environment within which allows new positive attachments can be made. Some examples of this include:

- The use of night time routines (i.e. tucking in, sitting with the young people until they fall asleep, story-time and hand massage);
- The use of food (sitting down together over comforting food to talk);
- A reduction in work place activities within the unit (i.e. formal meetings such as key-work meetings replaced with natural discussion);
- The use of play that promotes safe physical touch;
- Not being afraid to show affection (cuddles, telling the young people we care about them).

Supporting agencies

In addition to the internal and external training that the team have received, we also have regular consultation from Edinburgh Connect, a multi-disciplinary mental health consultation service specifically for looked-after children. The aim of Edinburgh Connect is to support staff to consider the presenting and underlying behaviours that the young people are exhibiting. The service operates under the ethos that ownership remains with the unit staff and the service

therefore builds upon the capacity, skills and expertise that already exist. The Edinburgh Connect model is complimentary to our attachment promoting framework. During a session, the team are encouraged to voice their concerns regarding individual or group issues. Staff are encouraged to reflect on the route of the presenting behaviours and consider what the young people are communicating by acting out in this way. Changes to interventions, practices within the unit and decisions made through the consultation process are then implemented through consultation with social workers and the young people via the care planning process.

Where to from here?

Within our journey to becoming an attachment promoting unit we have learned a number of important lessons. We have learned that each young person will feel differently about their story being explored. Due to this, staff need to be flexible about how the young person is involved. Staff must respect the young person's feelings and wishes at all times and approach the task sensitively. The confidence and experience of staff in embracing change is important. When I began in post I was given a copy of the Edinburgh Inquiry (Marshall et al., 1999) to read. Now, new staff, are given information on attachment as part of their induction into their post. This change symbolises a move away from looking at what we got wrong to focusing upon what we can do to put things right.

However, even if they choose never to find out what you have discovered, this is still a worthwhile process. Taking the time to learn about what the child has experienced will allow us as professionals to interpret their behaviour and tailor our response appropriately. Children need love, nurture and for their needs to be continually and consistently met. Knowing what a child did not receive can be just as important as knowing what has happened to them. Once we have built a picture of what the 'gaps' are, we can design care plans that fit the young person's individual needs and create a therapeutic environment for them to thrive.

We are not running this service in isolation, The broader residential estate in Edinburgh is also developing a range of interventions informed by this model. Shared learning from these interventions occurs via Unit Manager groupings. In the wider environment there are a range of potential supports and hindrances. There is a broad acceptance of the validity of the notions of secure and insecure attachments. Accompanying this is a range of developmental opportunities for staff which are reflective of attachment and social pedagogic models.

Residential provision in Edinburgh is still driven by a business orientated case work model which embraces a routine of child care reviews and children's hear-

ings. The Scottish Government's response to child protection concerns has seen the arrival of *Getting It Right for Every Child* (Scottish Executive, 2008). In practice, this is an agenda yet to impact upon residential child care in Edinburgh but it is on the horizon. Driven by a resilience model it will be interesting to see whether it will sit easily alongside our approach.

Through, crucially, this process has reminded us that residential child care can create positive outcomes for young people. It can be a therapeutic resource within which negative attachment experiences can be repaired and new ones can be established. The residential environment can provide an excellent platform to open up discussion. Working within the life space means we are able to use naturally occurring events and opportunities to talk about young people's life histories. As residential workers we have the chance to use our relationships with young people to explore their fears, worries and hopes for the future. Whether we provide a short term or permanent placement, residential care should strive to provide a secure base for young people to move towards understanding their past and then successfully achieving within their future.

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