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Relational Ruptures: The Psychodynamics of Leaving Care

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Keywords: leaving care, contingent effects, mirroring, attunement, introjection,

Abstract

For looked-after children living in children's homes or therapeutic communities the experience of leaving care, to return home, move to independent living or to aftercare services, means leaving known relationships and environments. Leaving the familiar for the unfamiliar, the known for the unknown stirs up conscious and unconscious processes in care leavers. These processes, when they go unrecognised or poorly addressed, often reopen, widen and sustain the relational ruptures that were established during their earliest years and decrease their likelihood of achieving successful outcomes. Both developmental and psychoanalytic ideas, such as imitation, affect attunement, introjection and re-projection are used to understand and suggest alternative ways of addressing the needs of care leavers. Work undertaken with care leavers at Donyland Lodge in Essex is described.

Introduction – preliminary comments

This paper will draw attention to the complex dynamics that are in play when 'looked after' children enter the last phase of treatment in residential childcare (RCC) and begin preparing for their transition into semi-independent or independent living. After briefly contextualizing the main issues for care leavers, I will show how a developmental perspective and psychoanalytic theory can inform professional practice and have a bearing on the national policy and management of leaving care services (LCS).

My focus is residential child care in general, of which therapeutic communities (TCs) are but one, albeit significant, strand. In this, I am responding to Charles Sharpe's (2003) review of *Therapeutic Communities for Children and Adolescents* (Ward et al 2003). Somewhat disingenuously, given the immense amount this text covers, Sharpe politely accuses the authors of not confronting the problems which beset 'wider residential child care' services that cater for the majority of looked after children. These are the children, he writes...

...placed in children's homes where any theoretical underpinning of the care provided is based on an untested amalgam of the notions of child care which are held by staff ... who currently hold power within these homes. (49)

While there are now good books describing therapeutic models of non-TC residential child care (see Burton 1998, Cameron and Maginn, 2009), Sharpe is right; the relationship between therapeutic communities and the mainstreams of RCC need to be strengthened and more reciprocal.

Whether from a children's home or a TC, all young people leaving care are, by definition, disadvantaged (Courtney and Iwaniec 2009, 31), but research demonstrates that not all are as disadvantaged as others. Mike Stein (2004) has devised a simple typology for care leavers related to outcomes. He defined three distinct groups: those 'moving on', the 'survivors' and the 'victims'. Those 'moving on' came from stable placements, had enjoyed secure attachments, ongoing family support and saw leaving as a positive challenge. The 'survivors', who left care at an earlier stage, were considerably troubled but were still able to access stable adult support which enhanced their resilience. The final group, the 'victims,' were young people who had suffered greater pre-placement adversity, had highly unstable care histories, were likely to alienate workers and tended to leave care even earlier, often as a result of placement breakdown (84 – 87). It is the difficulties faced by the 'survivors' and 'victims' that this paper primarily addresses.

Leaving Care – an inadequate provision

Children's residential care, as a considered practice supported by robust theoretical models, is itself still relatively new and underdeveloped. But Leaving Care services, the efficacy of which are yet to be tested, are still in their infancy. The first Key Standards for Leaving Care were published in 1996. Yet even the more germane books of the time about residential childcare only allude to vague notions of leaving and after-care services. It is important, one forward-looking author suggested, that...

...as they grow into adulthood, and leave adolescent provision, they are put in touch with other forms of help should they ever wish to use it, and that there are professionals in adult work who know of the kind of difficulties which may subsequently be experienced. (Woodhead, 1999, 357)

Ten years on, there remains a distinct absence of 'forms of help' or 'professionals in adult work' who understand the kind of difficulties young people faced during transition. However, the issues facing care leavers are well-researched and useful studies are now

available. These focus mainly on three areas: developments in policy and their implications (Broad 2005), the technical, structural and theoretical issues faced in setting up services (Stein 2004, Stein and Dixon 2005), and surveys and interviews gathering up a comprehensive picture of care leaver's experience (Shaw, 1998, Granville and Miller, 2008). These studies make it abundantly clear, that for the future health and well-being of care leavers, a better, more extensive range of well-funded services is now required (Broad, 2005, 3). In the States, Bleiberg (2001) proposed comprehensive, wraparound, community-based support for adolescents leaving care with a range of difficulties that equate with UK care leavers (256 - 264). Yet this kind of provision would be extremely costly to set up, let alone sustain in the current economic climate. The Children and Young Person's Act 2008 has made better provision in terms of supporting the well-being, education and training of care leavers between 18 and 25. However, the optimism that supposes care leavers will readily be available, willing and able to take up such support suggests a lack of understanding about the effects of their experience prior to the age of 18.

Perhaps it is not surprising then that the kinds of experiences care leavers reported in a study published thirteen years ago remains representative. Here they were found to be...

...a particularly vulnerable, unhappy and dissatisfied group, feeling rejected by the system. Although they started off with high expectations of post care life, they had quickly become disillusioned. (Shaw, 7)

My own experience with social service leaving and aftercare teams and some of the newer, independent leaving care services has, regrettably, confirmed this impression. The poorer outcomes for these young people include higher levels of homelessness, lower educational attainments, higher rates of unemployment, greater dependency on welfare benefits, unstable career patterns, higher levels of offending, and problems with mental health and substance misuse (Guardian 20th April, 2009). Lacking interpersonal skills, self-esteem and confidence (Stein, 2005, 67), they can easily become lonely and isolated individuals.

It is easy to blame RCC since there is little recognition that RCC and LCSs are mutually contingent, highly interactive and influential. Just as the lives of *post care* children inform us about life *in care*, so the lives of *in care* children inform us about post care life, since both expectations of post care experience and its grim reality yield a powerful influence on care leavers and staff.

Perhaps one of the most obvious relational ruptures in the UK looked after children's services then, is between RCC and leaving care, and like squabbling siblings, the

relationship between the older and younger sister service is not as it should be. Residential child care is perceived as expensive and tired and leaving little money available to properly fund the new services now required for care leavers. This is a difficulty that has both practical and psychological implications. If the *external* clash between these services stands for anything more than itself, then it stands for the *internal* conflict experienced by many care leavers whose past and future experiences are likely to remain unintegrated until a functional solution is found.

Indeed, research from the USA suggests that the ‘quality of support in the postdischarge (sic) environment is the best predictor of community adjustment’ (Courtney and Hughes-Heuring, 2009, 173), while in the UK there is enough evidence to suppose that what happens to care leavers in the early months of leaving care will determine outcomes for them over succeeding years (Dixon *et al* 2004). The ‘functional solution’ proposed here is that looked after young people, especially the more vulnerable among them, do not ‘leave care’ but rather experience the same kind of extended transition into independent living as do ordinary young people living with families.

Early Negotiations

In William Golding’s (1955) novel *The Inheritors* he describes the fate that befalls Neanderthal man at the close of the last Ice Age. Here Golding deals with creatures one step back from homo sapiens whom they will, in his striking reimagining, later encounter to their great cost. Golding has a small tribe arrive at their usual crossing place on the river and find the fallen log they cross by has been swept away. Despite their natural aversion to immersion in water, one of the males, Ha, realises he must enter the water to try and better position the trunk of a beach that had also fallen. Golding writes:

Ha signed and deliberately put his foot in the water. When the people saw what he was doing they groaned in sympathy. He inserted himself warily, he grimaced and the people grimaced with him. (17)

In striving to find authentic ways to describe the pre-rational modes of thought and communication that would hold the reader’s attention throughout a novel with almost no modern referents, Golding appears to have hit upon an idea that roughly 50 years later was to be sanctioned by neurological research as the now well-known phenomenon called ‘mirror neurons’. This kind of mimicry, or imitation, occurs instantaneously and appears to be a built-in neurological mechanism that enables empathic attunement, or as Music has it, allows ‘one person to understand from the inside what another person is doing or feeling’ (Music 2009). ‘Mirror neurons’ are so called because neurons in the

brain of someone watching the actions of another are known to fire in the exact same place as the person engaged in the action – a kind of sympathetic mirroring at a neurological level (Wolf *et al* 2001). Trevarthen (2005) write that:

The mirror neurons seemed to be a means of connecting intentions and emotion states between separate brains – through channels of communication requiring perception of body movement of others – experience them as if they were done or ‘had’ by oneself. (99 – 100)

Meares, in *The Metaphor of Play* (2005), focuses upon this kind of interplay in his exploration of the quality of the early play space which he equates with the gradual development of self. He refers to Travarthen’s description of the proto-conversation’, or mirroring, the dyadic conversation had between mother and infant before verbal language has developed. In fact, Catherine Bateson probably discovered the proto-conversation a year before Travarthen, in 1971. This refers to the delicate ‘back and forward exchange between mother and baby’ that, even by the age of two months has become complex: ‘The mother’s gaze elicits responses from the baby,’ he says, ‘which the mother, in turn responds to, matching something of the baby’s expression’ (24).

Initially, though infants seem to be searching for what are called ‘contingent effects’: ‘the cause and effect connection between their behaviour and environmental-social events’ (Bleiberg, 2001, 22). Where the response does not match their behaviour the infant tends to be less interested and attentive (Meltzoff, 1990). Yet already by three months the situation has changed. Now the infants prefer not perfect contingencies, but imperfect, not imitations of their behaviour but reflections of it. So the mother becomes selective, responding more to sounds which are like the beginnings of language (Meares, 24) and using *modified* facial expressions and other actions (Bleiberg, 22). What she gives back, or reprojects, is then more than mirroring as it contains also something new, something of herself.¹ ‘Affects’, says Meares, ‘are the coinage of the proto-conversation’ (25). Although he sees this process as occurring later in development, at around nine months, this roughly corresponds with what Stern (2004) called ‘affect attunement’ (140 - 141). Here we begin to see the way in which actions become associated with feelings and feelings become associated with meaning. It is Meltzoff and Moore’s (2000) view that fundamentally, imitation is ‘deployed as a discovery procedure in understanding persons’ (154).

Later, a similar kind of interaction is described, but now it becomes triadic with the introduction of toys. Here the infant constantly turns to a parent in order to elicit the meaning of what is happening. Gradually though, ‘parents tend to “transfer responsibility” for play to toddlers. Meares gives Piaget’s description of the point at

¹ See Meares (2005), chapter 20, ‘Coupling, Amplification and Representation’, page 72 - 73.

which the child, playing in the atmosphere of communion with the mother, ceases to be aware of her:

The child does not ask questions and expects no answers, neither does he attempt to give any definite information to his mother who is present. He does not ask himself whether she is listening or not. He speaks for himself just as an adult does when he speaks within himself. (Piaget, 1959, 243)

Winnicott wrote similarly about ‘being alone in the company of someone’. This is when the child is...

...playing on the basis of the assumption that the person who loves and who is therefore reliable is available and continues to be available when remembered after being forgotten. (1971, 48)

The point I wish to assert here is that neither the proto-conversation of the very young infant with its mother, or the toddler sitting with his toys in the atmosphere of communion with an adult, could be facilitated by a stranger. To retain a sense of connection, especially with the imposition of distance, what is needed is mind-mindedness (Howe, 2005, 19 – 26), for the adult to know the mind of the child and *vice versa*. But what happens if the parent is also the stranger because they are not able to be in touch with the infant’s mind? ‘Where parental failure of attunement becomes chronic,’ says Meares, ‘the play space is never adequately or securely established’ (40) and this leaves the infant with a constricted sense of self.

Elsewhere (Nicholson, 2010), I have defined trauma as ‘a serious violation of the expected rhythm and continuity of the individual’s life’ (43). But breaks in continuity are a normal part of mother/baby relations. Generally, in healthy interactions with an attuned mother interruptions from the outside are accommodated and actually support the development of the public self – the self that is also attuned to the needs of the outside world. But when what ‘Meares’ calls ‘chronic alerting’ occurs, a kind of unattuned interruption or even a projective attack, then there is a frequent breaking up of ‘the field of play’ and the child is constantly orientated outward in a attempt to be ready to adapt as required. This gives rise to a state of affairs Meares calls ‘stimulus entrapment’ (88) which refers to the kind of hyper-vigilant but discontinuous state of attention familiar to those working with troubled young people and adults with PD.

In the next section I want to draw some links between those early parent-infant experiences as described above, and the kinds of situations that occur as young people are preparing to leave care.

Negotiating Change

Care leavers are usually 16-18yrs, within the middle of their adolescence. This period bears marked similarity to infancy, and is often conceptualised ‘as a recapitulation of early infantile development in the context of a maturing sexual body’ (Heuves, 2008, 194). Both are times of rapid physical and psychological growth, of neurological malleability and cognitive development (Music and Millar, 2006, 26; Heuves, 191 - 2). Although we assume that the ability to manage change is predicated upon mechanisms established in infancy, adolescence is also a second opportunity to strengthen and consolidate identity and establish a firmer foundation from which change can be managed. Where there were difficulties of early misattunements, adolescence is a time in which some meaningful readjustments can be made. Indeed, following on from Winnicott, I conceptualise this period, in which young people are once again testing out their autonomy, as a *second* period of ‘being alone in the company of someone’ (Winnicott, 1971). This impulse to play, to explore without the parent’s ‘active presence’ seems to recur. But here young people dramatically extend their play space outward into the wider social network and inwards into the private self. In infancy, parents need to be physically present in order for the child to forget them. In adolescence though, the parental presence, which the young person needs to return to at intervals, is far more a presence of mind: someone who is watching, waiting and available to offer an understanding, attuned conversational response when needed.

This corresponds quite well to the role of the worker when supporting a young person leaving a children’s home. Given that the placement has been relatively stable, and the keyworker has been consistently present for a substantial time, they will have the capacity to remain connected to the young person even at a distance. They know the young person’s history and family situation, but it is their knowledge of the young person’s internal world and the way this has grown, their mind-mindedness, that helps to facilitate the safe transition.

In any event, transition to leaving care services are, as a rule, fraught with difficulty. Though a young person may have made enormous progress during their stay, they often become ‘suddenly’ aware of all they have not managed to achieve and what still needs to be processed. Staff can experience feelings of guilt about ‘letting the young person down’, or allowing periods of drift to occur where helpful work might have been done. Local authorities are often unclear about the pathway for the care leaver as they struggle to match needs with diminishing resources. Preparation for leaving and for establishing new relationships give rise to fears and worries that may have been long dormant (as relative security was sustained by the children’s home). The young person’s own forays into the outside world, to college or work experience, bring some measure of disappointment which has to be assimilated and worked with. Testing their

self-image on the less sympathetic figures in housing agencies, and large colleges is often painful even when supported by familiar carers. There can be envy of peers in the home who seem to be managing better, or who co-opt support more easily from adults, or of younger peers who, idealised, may seem to have the prospect of on-going love and containment forever after.

Facing the prospect of leaving the care and containment provided by the home, the internal integration of care leaver's identity begins to weaken and break down. This disintegration is in turn experienced by the home as pressure is placed on the various individuals, systems and departments to find a solution to each new manoeuvre the care leaver makes to defend himself against anxiety.

In *Our Need for Others & Its Roots in Infancy* (1987) Josephine Klein writes about the forces which prevent disintegration or falling apart. She offers three metaphors to describe the different ways in which a person can be held together. First, being 'held by bonding'; second, being contained by skin, and third, being 'organised by a centre (360 - 365). Her ideas can be related to the work of developmental psychology, for example, to that of imitation discussed above, and it is not hard to see the applicability of her framework to the developmental work routinely undertaken in children's homes and TCs.

However, Mair's (1989) description of stories suggests another means toward integration through the holding together of a person's identity: 'Stories,' he says, 'are the womb of personhood. They make and break us. Stories sustain us in times of trouble and encourage us toward ends we would not otherwise envision' (2).

The study *Moving On* (Biehal *et al*, 1995), showed that 'leaving care was a time at which many young people were attempting to make sense of their pasts – to trace missing parents, to find continuity in their lives and a sense of belonging' (Stein, 2004, 73). These young people 'needed a 'story' of their lives that made sense, reduced their confusion about both how and why events have happened as they did and to provide a more secure platform for their futures in the adult world' (73).

Many children's homes, and some TCs, have no, or only limited aftercare services and this means the imposition of new adults, from new companies. And it is here that we begin to see why the postcare environment is so important to the future wellbeing of young people. When young people move to a local authority Leaving and After Care Team, or an independent company unconnected to the current placement, they enter the care of adults whom they do not know. This would not matter to some residential child care theorists like Mark Smith (2005) who adhere to the strengths perspective of social work. He believes, along with Saleebey (1992) that some professionals have an 'obsession with problems, pathologies and defects' which isn't productive (124). He

quotes Phelan who states that 'child and youth work is not about verbal counselling strategies, therapeutic conversations in an office or insight into past experience' – these are seen to 'stick' children in the past 'retelling the same stories that have contributed to their current difficulties' (123). However, I suggest that it is exactly because new workers *cannot* draw upon the life stories, the narrative identity of young people newly in their care, that the transition to after care, to my mind, represents further relational rupture which cannot easily be repaired. This was found to be the case in a study by Hodges *et al* (2009) of older looked after children leaving care for adoption:

The child brings into the new adoptive family, by way of mental representations, harsh lessons learned about the unavailability, rejectingness (sic) or abusiveness of attachment figures, the powerlessness and vulnerability of the child, and the defensive behaviours, cognitions and emotional attitudes needed for survival. (205 – 209)

There may well be very good work within children's homes, which includes some development of new and more hopeful internal representation, or object-relations. But these, for the most damaged adolescents, are highly fragile and easily ruptured by new external events that seem to the young person like events repeated from the past, for instance, early abandonment, separation, and loss, memories readily triggered by care leaving.

In his seminal paper on counter-transference, Money-Kytle (1956) places the intricacies of the moment to moment, and sometimes instantaneous interactions between analyst and patient under a magnifying glass. The aim is to explore the distinction between the 'ideal' counter-transference and its more usual 'deviations' from this. He refers to the 'fairly rapid oscillations between introjection and projection', when the analyst identifies with the patient's experience, takes this into himself, and, recognising a related 'pattern in his own unconscious world', reprojects it as an interpretation (164). Hinshelwood (1994) brings out the implication of this:

The term 'reprojection' suggests itself, to cover the return of something that had previously been projected into the analyst. The patient may (or may not) introject that conscious understanding. Thus the 'reprojection' does not simply pass something back to the patient - it adds an increment from the analyst's own experience and understanding on to the patient's. (159).

Thus, it is the capacity of the analyst to experience and think through what is brought that enables the patient to recognise it 'as thinkable, not merely for discharge' (159). One cannot fail to recognise how similar this is to descriptions by Meares, Travarthen, Stern and Music of affect attunement between mother and infant, and how, though often haphazard and imperfect, similar processes can also be established and supported

within residential children's homes and TCs. It is this kind of process that I earlier described as an 'attuned, conversational response'.

Some homes have developed what Burton (1998, 180-196) calls a 'therapeutic ecology', an interdependency of social and environmentally bounded living which supports all of its members. But what both the worker and the home also require is an internalised knowledge of the young person gained through previous and exhaustive processes of introjection and projection, of receiving and returning the experience of what it is to be me and what is it is to be you.

Therapeutic Communities - life skills at Donyland Lodge

An early longitudinal study of 60 young people leaving TCs concluded that they 'seemed relatively good at giving young people a start in life compared with children in other settings' (Little and Kelly, 1998). Leavers were four 4 times more likely to find employment; 3 times less likely to be convicted or to enter custody and were also more able to establish their own home.

Forrester *et al* (2009), in their review of the impact public care has upon children's welfare, quotes this study without comment; they only quote one other study relating to residential care but this derived from the secure estate (449). In the absence of comparative studies but with the knowledge that preparatory life skills do enable care leavers to cope better with life after care (Dixon & Stein 2002), I will illustrate why it might be that TCs leave young people better equipped to manage after care. I will briefly describe a creative approach used with a group of five 15 - 16 yr old care leavers and how this was supported by the community as a whole.

Donyland integrates Life Skills into the school curriculum from age 15 yrs (school yr 10) using a wide range of teaching resources relevant to care leavers. However, the programme begins with 'Bridge Building'.

Young people are provided newspaper, sellotape, glue, string, scissors, a ruler and other arts and crafts items. They are asked to build a bridge 10 CMs in height and spanning 40 CMs across that a toy car can travel over. They have 40 minutes to complete the exercise. Then, 25 minutes in, they are informed that there has been a change of plan and they now only have only 5 minutes left to complete their bridge (this causes great anxiety). However, when the 5 minutes are nearly up, they are again informed that things have changed and they still have another 5 minutes to complete their bridges.

Obviously, the disruptions are there to simulate, in essence, the kinds of changes that typify life for this group of young people, for example, local authority may change the pathway plan or the actions of a family member creates sudden and profound change. Young people need careful emotional holding and support during this activity; teachers, learning support assistants and other staff must be robust enough to manage the consequent acting out in terms of resentment, sabotage of their own and other care leaver's bridges, doubts about completion or quality and so on. But all such elements of the process come to fruition later as the underlying significance of the bridge is unpacked and discussed as a group: "This is your bridge from Donyland into independence. How easy is it to get on and off the bridge? How stable is it? Does it have any supports and who or what are those supports going to be on your actual journey? How did you deal with the stress evoked? Did you help or hinder your peers? Did you ask for help from adults or feel that you had to go it alone? What influence did this have upon your bridge?" The young people are asked to assess each other's bridges and say what they think might improve it and how this links to leaving care.

This experiential activity has the advantage of being immediately intelligible to young people once they begin to think about each care leaver's bridge. Even in this symbolic form the physical manifestation of the journey they are to make helps to establish it as something real, and also something available for them to think about and improve.

There are a number of other factors which support the Bridge Building activity and these relate to more specifically with TC practice. First, many early TCs practitioners such as Maxwell Jones in 1941 and Dederich, 1958 (Kennard 1998, 58, 81), and more recent practitioners such as Brown and Rousseau (2009, 397), Young (2010, 57), Stanton and Mullen (2010, 7 – 8) provide educational seminars and workshops in which residents were able to learn about their own difficulties, along with theories and methodologies for improving these. Provided that the information presented is suitable for the client group, then this practice has immense benefit. Using an educational framework gives the material being offered a greater sense of being objective, carrying an authority beyond the personal beliefs of those presenting it. The usual relational dynamics, especially transference, are less readily evoked and thus the learning material is more easily assimilated by the client group. At Donyland Lodge, alongside the yr 10 and 11 curriculum for life skills we include much of the research into leaving care, particularly that of Stein's (2004) *What Works in Leaving Care?* Regular reference is made to research gathered from previous care leaver's experiences; even troubled and chaotic young people can utilize, benefit from and feel empowered by being offered this knowledge.

Second, this kind of activity and other features of the programme are regularly discussed with the other young people and staff members in daily community meetings. This strengthens recognition and support for the programme as well as each care leaver's individual situation. It affords care leavers an opportunity to talk about transitions to the wider community and helps embed good leaving care practice into culture and ethos of the home, thus creating a known pathway for younger children.

Third, all staff (meaning care, education, administrative, ancillary and management staff) undertake training on Leaving Care. Training consists of a presentation, a seminar in which each participant speaks about 'the day they left home', and the same Bridge Building activity, but undertaken in small groups, similar to those staff work in. This training helps staff stay in touch with the plight of 'looked after' young people at this stage in their lives by providing an embodied story, a narrative about what this experience means and evokes for care leavers, and emphasised their vital role in providing support (Stein, 2005).

In addition, any life skills and leaving care programme should recognise that one of the most important skills young people need is the capacity to 'negotiate'. Negotiation is a transferable skill; a capacity to modulate one's own needs in relation to the needs of others will be a constant requirement whether in higher education, employment or social situations. Programmes giving opportunities to improve negotiating skills have enabled young people to maintain these skills *after* leaving care (Stein, 2004, p.71). In most TCs, forms of negotiation both on an individual and a community wide level are a normal part of the daily programme.

Conclusion

Looked after young people experience profound relational ruptures, being uprooted first by poor treatment while at home, second by their transition into care, and then once more, as they are forced, very often, to leave their children's homes and familiar carers to join new leaving care services.

I have explored the kinds of experiences which can help or hinder care leavers and drawn links between these and the early formative interactions mothers have with their infants. We saw how 'imitation,' and 'mirroring' gives rise to a sense of internal space, the 'play space' which corresponded with the development of self and identity. We saw that early missattunement led to a poorly secured play space and that where this was frequently broken into, with a rhythmic discontinuity, the child became constantly oriented outwards and over-alert leading to a constricted sense of self. Such children

become contingent upon external events due both to an internal absence of relational experience and as a defence against additional impingement.

Further links were drawn between infancy and adolescence; specifically that adolescence marks a recurrence of ‘playing alone in company of others’, but in the wider social space. For the instability of care leaving process to feel like a safe, internally manageable experience, young people must have a close and relatively stable relationship with a carer. This relationship requires the hard-won establishment of mind-mindedness on the part of dedicated residential workers and gives young people stability and a sense of being known, held and contained. It is only from the basis of this stable relationship, internalised over time, that care leavers can face the instability of their future – a future they should gradually be released into during their late teens and early twenties as most young people today are. For the majority of care leavers, facing the transition into adulthood, their changing psychological, physiological state, facing a wider and more threatening kind of social life and the loss of childhood identity, the relationship with their current carers is undeniably important. Between the residential worker and the young person a ‘narrative identity’ is held, developed from continual experiences of introjection and projection, through attunement and negotiation. With support their story can grow, changing organically with increasingly extended experiences, under the watchful support of their carers. However, the national policy of driving young people toward leaving care transitions at 16 – 18yrs is to effectively rupture these stories by the sudden imposition of entirely new workers with whom they have no familiar relationship and cannot be attuned.

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