Identifying elements within the context of residential care in Malta that contribute to the well-being and resilience of looked after children and young people – field perspective.

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Doctoral Dissertation Defense

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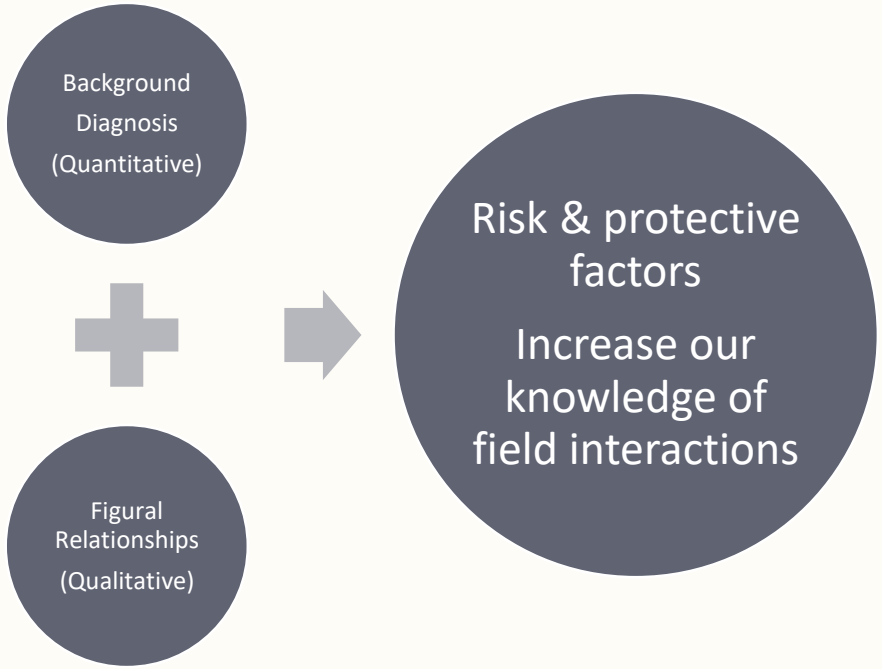
Introduction

- Research is based on the assumption that:
- there is considerable potential for therapeutic intervention that can contribute to resilience-enhancing factors in the daily interactions of a residential facility for looked after children.
- The study aims to explore these phenomena using a mixed methods design.



Main objectives and research questions

Quantitative Research Question

- What is the profile that looked after children present with in terms of their development, mental health and cognitive abilities; and what is their level of life satisfaction given the circumstances they live in?

Qualitative Research Question

- What is the lived experience of Care for those who live and work in it? What elements of the relational field that is co-created are crucial to a child's development and his/her potential to become a resilient, well-adjusted individual?

Mixed Methods Research Question

- In what ways is the experience of residential care as a relational-field-phenomena, connected to the well-being of looked-after children and their development of resilience, when considering both risk and protective factors?

Rationale of the study

- Follows a core gestalt principle that growth happens when there is "**relatedness at the boundary**".
- The organism assimilates from the environment whatever it needs for its growth and any manifest symptom is inherently reflecting a field that has been somehow disrupted or interrupted.
- By understanding and learning to be sensitive to the processes happening in the relational field (in terms of presence and absence), the therapist / key worker can provide specific support in the form of a reparative experience, so the child / young person can arrive at a new perception of their contact boundary.
- To support that which has not normally been supported: the fulfillment of the intentionality of contact.

Some background to the study:

- 469 children living in Alternative Care
- 206 in residential or community care
- Childhood and adolescence are considered 'crucial years' in the human developmental life span.
- **Setting:**
- St.Patrick's school and residential home
- 1 of 12 homes offering alternative care
- It features a person-centred caring approach influenced by a Salesian ethos, as well as Gestalt and Systemic principles.
- In-house and interdisciplinary therapeutic intervention team which is unique to a residential facility providing looked after care in Malta.

Participants:

A cohort of 30 children and young people currently in Care took part in the quantitative study. 5 Social support workers, 5 therapists, and 5 past residents (over 18+) took part in the qualitative interviews that were analyzed using IPA.

The study used **Composite analysis** (Yardley & Bishop, 2008): exploring the same phenomena from multiple perspectives.

My positioning as a Researcher-Practitioner:

Balancing 'situated learning' with openness for new insights & moving between different personality functions + ethical considerations.

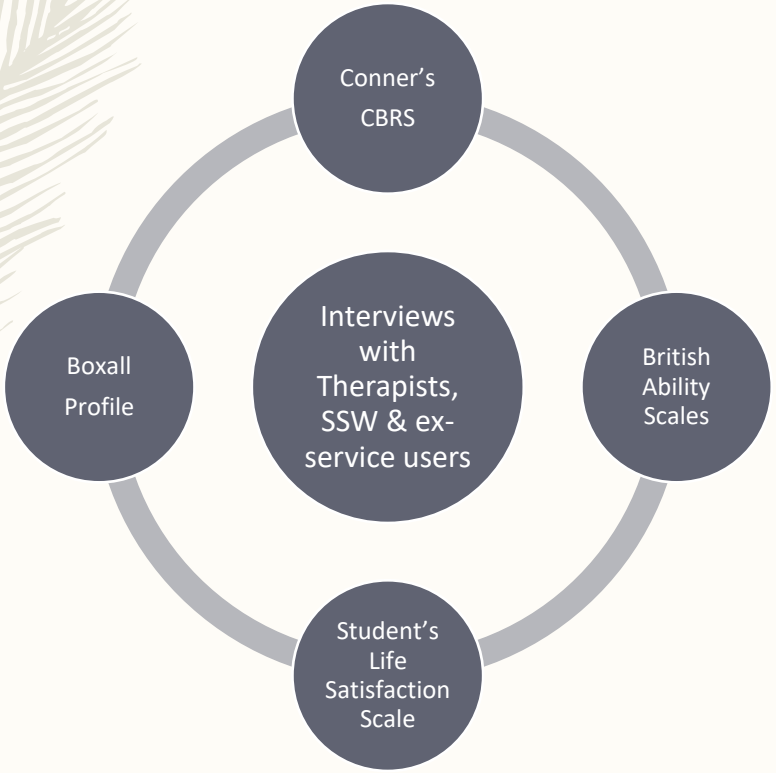
Ethical Considerations

- Ethical approval for the current study was obtained from the Research Ethics Committee of EAPTI-GPTIM, as well as by the Management of St.Patrick's School and Residential Services.
- The research procedures were in line with the EAPTI-GPTIM research ethics standards and guidelines; as well as the EAP, EIATSCYP and EAGT statements for ethical principles.
- The study was based on the core ethical principles of:
- ***voluntary participation, informed consent, anonymity & confidentiality, and beneficence***
- Considerations included the fact that looked after children are considered a vulnerable population, as well as methodological issues, and ethical dilemmas such as dual relationships, power relations with participants and the need for critical distance on the part of the researcher.
- Participants in the Qualitative study had means of accessing additional support should this be needed.

Theoretical & Epistemological Framework

- ‘there is no way to know a field, except from within’ (Latner, 1992).
- Field theory will provide the main theoretical framework.
- The epistemological framework supporting this study is ‘Contextualism’ (Tebes, 2005) and its basic premise is that human activity does not develop in a social vacuum but within a socio-historical and cultural context of meanings and relationships.
- In addition Critical Multiplism (Shadish, 1993) suggests the validation of a pluralism of theories and methods; whilst Perspectivism (McGuire, 1986) is based on the assumption that although there is a ‘mind-independent reality’, all knowledge about that reality is ‘situated’ or contextual.
- The study supports the incorporation of diverse voices into the research process, and supports the use of multiple theoretical frameworks including Gestalt Field theory, Attachment theory, Developmental theory and Resilience theory.

Validity and reliability of the research



- In an attempt to increase confidence in the findings, triangulation has been used by using a mixed methods design combining findings from both quantitative and qualitative methods.
- Within each method, further triangulation was used by using multiple assessment tools and multiple data sources.
- The tests used are standardized tests with established validity and reliability.

Research Methodology

Quantitative Method

- The data was gathered through the administration of 4 tests: the Conners CBRS (administered to residents, teachers and carers), The Boxall Profile (administered to carers), the British Ability Scales (administered to residents and scored by an Educational Psychologist) and the Student's Life Satisfaction Scale (administered to residents).
- Following individual scoring, the data was exported/inputted to Excel in order to perform analysis using the Statistical Package for Social Sciences (SPSS).
- Analysis on Demographic information and other general characteristics were completed using Descriptive analysis.

Qualitative Method

- A number of subset questions were put forward using a semi-structured, in-depth qualitative interview with each participant.
- The interviews were digitally recorded and the data gathered transcribed in full.
- Any quotes used were faithfully translated into English.
- Method of Analysis: Interpretative Phenomenological Analysis
- A final table of 5 master themes and 22 superordinate themes was created
- This was translated into narrative accounts using illustrations from the participants' verbatim extracts.

Results

Quantitative Research Findings

- **Connor's CBRS**
- **Boxall Profile**
- **British Ability Scales**
- **Students' Satisfaction Life Scale**

Qualitative Research Findings

- **Focus on Self**
- **Focus on Relationships**
- **Focus on Psychotherapy**
- **Focus on the Lived Experience of Care**
- **Focus on the Wider Field**

Connor's CBRS

- Taking in consideration high average scores, elevated and very elevated scores, the majority of children in care (93.3%) scored as having difficulties with Generalised Anxiety Disorder. This is followed by Separation anxiety (86.7%), Major depressive episode (83.3%), Manic episode (76.7%), Obsessive compulsive disorder (76.7%), Oppositional defiant disorder (70.0%), Social anxiety disorder (66.7%), ADHD Inattentive type (60%); ADHD Hyperactive type (53.3%), Conduct Disorder (46.7%), and lastly Autism Spectrum disorder (43.3%).

Boxall Profile

The following are the results for the first tier of the Boxall profile:

Developmental Strands

- Developmental Strands deals with developmental factors underpinning the individual's ability to engage effectively in the learning process. This section is then divided into two parent scales: Organisation of Experience and Internalisation of Controls.

- 43.3% lie few strands outside the norm
- 36.7% lie many strands outside the norm
- 20.0% lie several strands outside the norm.

Diagnostic Profile

- Diagnostic Profile deals with any behavioural characteristics that may inhibit or interfere with the child's social and academic performance. This section is divided into three parent scales: Self-Limiting Features, Undeveloped Behaviour and Unsupported Development.

- 70.0% lie many strands outside the norm
- 23.3% lie several strands outside the norm
- 6.7% lie few strands outside the norm.

The table below depicts the second tier of the Boxall Profile, which is broken down into 5 scales:

- It shows that the majority of the children lie outside the norm,
- with 60.7% for internalization of controls,
- 85.0% for self-limiting features,
- 83.3% for undeveloped behaviour and
- 84.0% for unsupported development.
- On the other hand, for organization of experience, the majority of the children 56.7% were classified within the norm.

Boxall Profile	Within the norm	Outside the norm
Organization of Experience	17 56.7%	13 43.3%
Internalization of Controls	12 39.3%	18 60.7%
Self-limiting features	5 15.0%	26 85.0%
Undeveloped Behavior	5 16.7%	25 83.3%
Unsupported Development	5 16.0%	25 84.0%

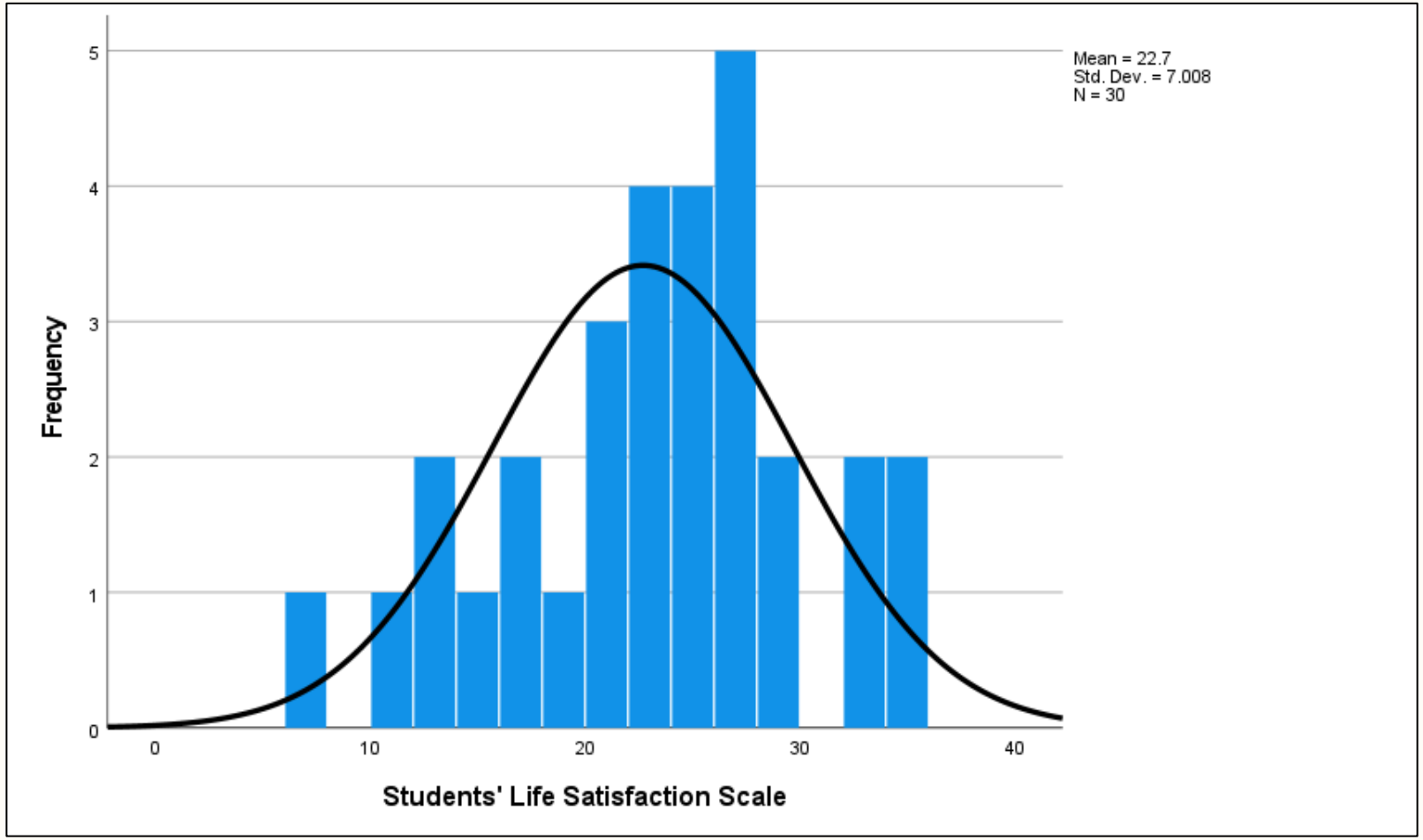
British Ability Scales

- In Verbal ability 83% scored below average; of those almost 37% scored in the 2nd percentile, whilst on the other hand 3.3% scored over the 75th percentile (above average).
- In Non-verbal reasoning ability, looked after children scored slightly better, with 33.3% scoring as average, and 66.7% as below average (of the latter a further 33.3% scored as very low).
- In Spatial ability, the scores improved further with 50% of the sample scoring between average to High, and the other 50% between below average to very low.
- These scores point towards a greater difficulty of looked after children in the verbal domain; that is their ability to understand and use spoken words and language.

	Very Low	Low	Below Average	Average	Above Average	High	Very High
	1st-2nd Percentile	3rd-8th Percentile	9th-24th Percentile	25th-74th Percentile	75th-90th Percentile	91st-97th Percentile	98th-99th Percentile
Verbal Ability	36.7%	16.7%	30.0%	13.3%	3.3%		
Word Definitions	43.3%	16.7%	20.0%	16.7%	3.3%		
Verbal Similarities	26.7%	13.3%	36.7%	16.7%	3.3%	3.3%	
Non-Verbal Ability	33.3%	16.7%	16.7%	33.3%			
Quantitative Reasoning	23.3%	26.7%	20.0%	26.7%	3.3%		
Matrices	26.7%	10.0%	26.7%	20.0%	10.0%	6.7%	
Spatial Ability	13.3%	16.7%	20.0%	33.3%	13.3%	3.3%	
Recognition of Designs	6.7%	16.7%	26.7%	40.0%	3.3%	3.3%	3.3%
Pattern Construction	10.0%	6.7%	20.0%	46.7%	16.7%		
Recall of Digit Backwards	6.7%	20.0%	20.0%	43.3%	6.7%	3.3%	
Recall of Digits Forward	40.0%	13.3%	16.7%	26.7%	3.3%		
General Conceptual Ability (GCA / IQ)	36.7%	20.0%	13.3%	30.0%			
***Special Non-Verbal Composite (SNC)**	25.0%	10.7%	25.0%	28.6%	7.1%	3.6%	

Students' Satisfaction Life Scale

- On average this cohort of looked after children are satisfied with their life as indicated by scores on the statements: 'My life is going well', 'My life is just right', and 'I have a good life'. On the other hand, the scores on the statements 'I have what I want in life' and 'My life is better than most kids, indicated that looked after children mildly disagreed with these statements. Most of the responders agree that 'I would like to change many things in my life' and 'I wish I had different kind of life'.
- The overall mean score of the sample resulted to be 22.70, which is close to the score between mildly disagree and mildly agree, indicating that the sample are mildly satisfied with their life.
- 25% of the respondents got a score less than 17.75, indicating that they are less likely to be satisfied with their life while another 25% of the sample got a score higher than 27.00, implying that they are more likely to be satisfied with their life.



The Students' Satisfaction Life Scale is composed of 7 items. Items are scored on a scale from 1 (strongly disagree) to 6 (strongly agree).

– The total score ranges from 7 to 42, where the higher the score, the more the student is satisfied with his/her life, whereas the lower the score, the more likely the person is dissatisfied with his/her life.

– Internal consistency for each subscale was checked using Cronbach's Alpha, which resulted to be 0.813, indicating an excellent internal consistency.

- The kind of presence offered by the therapist needs to be qualitatively different when working in residential care: It also includes liaising with staff, bearing witness to children's experience, supporting reflexivity, and helping them make sense of their story. SSW see their role as front liners in providing care and nurture, at times being like parental substitutes. Residents speak of their experience in care as a journey, helping them find themselves better.

- Activities provide opportunities for development and empowerment. They expand the life space, and stimulate young people to dream about the future and to discover motivating factors. It was important for young people to feel trusted, develop responsibility, realise they have some choice, and for their voice to be given its due weight.

- The home provides the tools and materials, but they acknowledge that there is individual choice and responsibility as well. Therapy was experienced as helpful in discriminating what is their responsibility and other people's responsibility.

Focus on Self

Perception of Self

Choice and Empowerment

Taking Responsibility

Focus on Relationships

- The need for containing spaces for adults to process and reflect in order to remain receptive, thoughtful and attuned to children. Significant attachments develop into reparative relationships, offering consistency, stability, and a sense of belonging . The need for connection emerges as figural, balancing affection with adequate boundaries, fostering a culture of openness and communication.

- Transference and countertransference can act in facilitative or destructive ways. Care is experienced as an emotionally charged environment. There are some risks of projective identification and confluence – children can also be mistrustful in building new relationships.

- Children & youths are inspired by people they meet in care, they learn through observation and modeling highlighting the importance of guidance and mentoring. The narratives we create about being in care, also send important messages to young people.

- Contact with key persons is often maintained beyond the young person's stay in residential care – the bonds formed often go beyond the call of duty for staff as well. Such a meaningful connection with a supportive adult is an important factor for resilience. This highlights the important role of aftercare by someone they share a connection with, rather than just a referral to a different service.

The Need for Containing Relationships

Transference and Countertransference

Good Role Models

The Person-to-Person Relationship

- The profiles and needs of children in care vary a lot: they include interrupted psychological capacities, trauma, disorganized attachment, deprivation, a compromised ability to play, difficulties in verbal expression, cognitive and emotional difficulties, and developmental delays – the pace of therapy can be experienced as very slow. The therapist needs to be flexible, moving between what is figural and the child's background; supported by a therapeutic conceptualization of the child's difficulties.

- Factors influencing engagement include a mistaken perception that therapy is about 'talking about your past' and occasionally the therapist's gender. There was mixed feedback with regard to using the therapy room. There are benefits when therapeutic provision is fully integrated into the care program: providing individual therapy, intervention with families, support to staff, supervision, and intervention on a group level. This facilitates communication, promotes therapeutic care, and takes into consideration the field around the child.

- Personal growth and the development of self-awareness are key to breaking out of old creative adjustments and to un-do or unlearn certain schemas and narratives. Therapy can help the child move from sensation to awareness, supporting the expression of emotions, processing of incidents, and providing benign containment. An increased ability to self-reflect and to understand one's own process promotes self-regulation, providing clarity and direction.

- The majority described therapy as a place where they felt understood and where painful material can be accessed and processed. It helped them 'join the dots' thus building a coherent narrative that could be integrated. This helps break family cycles and intergenerational patterns. Parents' involvement and support in therapy is often crucial to make this qualitative leap.
- Rapport with therapist emerged as more important than therapeutic modality – therapist's presence, playfulness, and creativity are key. The therapist's ability to nurture the relationship, and respect the child's pace by providing safety, consistency, trust and predictability, supports the process of contact making.

Focus on Psychotherapy

Understanding the Child's Profile

Engaging in Therapy

Developing Awareness and Self-regulation

Making Sense of One's Story & Breaking the Cycle

Modality of Psychotherapy

Focus on the Lived Experience of Care

- Basic needs are generally well met, the consistency of daily routines help create a sense of safety particularly around food and nurture (like eating together); a good balance between group experiences and individual pursuits is appreciated. There is a commitment to provide holistic care (meeting psychological and spiritual needs as well as physical needs).
- Preparation for life includes mastering daily living skills as well as discussions about life, processing incidents, and individual time. There was mixed feedback about the learning value of consequences.
- Transitioning in and out of care are both profoundly stressful; care leavers speak of missing family, confusing emotions, despair, feeling small and alone, their adjustment process, and the need for proper closure and support.
- There are pros and cons to life in care; living away from family is the most difficult, yet often needed; the trauma of separation, small daily losses, limitations of Care, and broken attachments due to staff turnover. At the same time Care provided them with opportunities, support, structure & safety.
- The group atmosphere emerges as a cocreation between children and workers, often resulting in a sense of community. Despite the limitations Care is considered by many as providing a 'second family'.

Daily Life in Care

Learning Skills for Life

Transitions: Adjusting In and Out of Care

Losses and Opportunities

Care as a Second Family

Focus on the Wider Field

- It is important to consider the wider field when assessing a child; this includes the system around the child in all its complexity, as well as power dynamics in the field. It emerged as figural to protect confidentiality, the neutrality of therapy, and to use feedback channels properly. The risks are fragmentation of services due to different kinds of pressures.

- Changes in the system, people or policies can result in organizational trauma that changes the atmosphere of the home. These result in unstable attachments and anxiety about the future. Some dynamics between staff and children at times risk becoming ingrained patterns. Children may impinge on each other's sense of safety. There is still stigma associated with residential care.

- Residential care in Malta is generic, however children's needs are very varied. Placements need to better consider the level of disturbance, emotional dysregulation, and the potential of bullying or abuse between children. Other themes include long-term vs short-term care, different sub-cultures, value systems, and a cohort that is becoming multi-ethnical and multi-cultural. There is a lack of professional acknowledgment for 'care work'.

- Interdisciplinary work supports new ways of understanding the child's behaviour by sharing feedback, and providing continuity. It helps create a containing and supportive network around the child featuring dialogue, co-reflection and shared responsibility for care plans.
- The intensity and immediacy experienced in residential care call for more reflexivity such as how to position oneself in the field, or moving in and out of personality functions. Supervision supports reflective practice.

Engaging with the Wider Field

Factors Influencing the Provision of Care

The Lack of Specialised Services and Training

Interdisciplinary Work

Supervision and Reflective Practice

Summary of Salient Findings and Contributions to Knowledge

This study points towards the need to hold the Gestalt principle of cocreation as a basic principle, including and involving looked after children in their own assessment and diagnosis, in the care plans and decisions that involve all aspects of their life, such as schooling, contact with parents, extra-curricular activities, and other important decisions that will influence their future. We need to start thinking about looked after children not just in terms of their vulnerability, but also in terms of their resilience, putting them at the heart of the intervention.

The next section points towards the salient findings from the study in terms of the three main research aims and their contribution to new knowledge.

Contribution to knowledge:

- This study continues to confirm that the majority of looked after children present with complex mental health, cognitive and developmental needs when compared to the general population.
- There is a high prevalence of psychiatric disorders in this population, with 93.3% experiencing difficulties with Generalised Anxiety, in addition to a problem of comorbidity and significant difficulties in cognitive performance that lead looked after children to under-achieve in many other domains.
- These difficulties often prevent them from being able to organise, and to communicate their experience effectively, leading to difficulties in their contact boundary, such as in their engagement with the world, and their awareness of self and others.
- Surprisingly however, a number of looked after children in this population performed well in many key domains, cautioning against the over-generalisation of these results.
- The majority of looked after children are either satisfied or mildly satisfied with their life, with less than 18% indicating that they are less likely to be satisfied.

Research aim:

The quantitative inquiry aimed to identify the profile of looked after children in terms of their development, mental health, cognitive abilities and their level of life satisfaction.

Contribution to knowledge:

- The study highlights the need for rapport and the importance of relationships for looked after children. Despite the criticism that is often attributed to residential care, many looked after children manage to build an adequate sense of belonging, considering the residential unit as their 'home' and the staff and other peers as 'a second family'.

- Thus, ensuring long-term, adult-child nurturing relationships in residential care emerges as an important priority. This points towards a crucial need to have available containing and supportive structures that create a resilient community whilst in care, adequate living and working conditions, and a work place that is committed to processing and reflexivity.

- Inviting children in a horizontal relationship with us, with a genuine sense of enquiry and curiosity, and facilitating their ability to give testimony to their experiences can allow us to challenge our paradigms about what they might need, or what is best for them.

- It emerged as very important for looked after children to be empowered, to be treated as knowledgeable, and to be trusted; as well as to have choices over decisions that determine their future, to participate in day-to-day decisions that are pertinent to their daily life in care and other leisure or educational activities, as well as to be supported to make meaning out of the circumstances that led them to become looked-after.

Research aim:

The qualitative inquiry aimed to elicit the lived experience of care for those who live and work in it, as well as identify which elements of the relational field are crucial to children's development and resilience.

Contribution to knowledge:

- In this study, the rapport built between children and staff was considered as an important protective factor, somewhat mitigating some perceived short comings of residential care.

- Rather than the modality of therapy, the true support is provided by the rapport with the therapist and his/her skill in attuning to the child, providing an experience of presence, holding and containment, where there has been absence at the contact boundary.

- The 'in-house' provision of therapeutic intervention seems to be brim with opportunities that need to be studied further. With some modifications to the typical psychotherapy boundaries, an 'in-house' therapist has better possibilities of intervening with different persons within a child's system of care, thus impacting the field or system around the child. Such multi-layered levels of interventions (although more complex) help bring into awareness the child's ground experiences, that many children might not be in a position to verbalise during their therapy session. Such processes enable trust and emotional expression by creating a culture of safety, where children's communication of embodied sensations can be contained and made sense of.

Research aim:

A further aim of this research was to explore the experience of residential care as a relational-field-phenomena, and how this is connected to the well-being of looked after children when considering both risks and protective factors.

Discussion: Implications of the Study

- When we reflect on how the field surrounding a looked-after child contributes to outcomes, it frees us to think about what changes in the environment may proactively influence outcomes. This includes preventive interventions, the need to reflect on policies, procedures and structures, and to assess whether they truly support or undermine those factors that are 'vital' to child development, such as placement stability, and continuity of care (Coman & Devaney, 2011).
- The following are some ideas about how resilience-enhancing factors can be operationalized within both care and the therapeutic context:

Resilience in relationship

- The development of resilience as a psychological capacity begins with the development of the ego, and the development of particular domains continues throughout the course of one's life (Spagnuolo Lobb's Polyphonic Development of Domains). Thus the internal representations that a child holds, are open to revision.
- This opens up tremendous opportunities for survivors of abuse and neglect since some functions can be recovered through environmental provision.
- Support to develop a more positive sense of the world, the self and others.
- Staff need support through training and supervision to 'attune' to these children.
- The presence offered by their care givers can help them move from a place of insecurity to a greater emotional openness to trust, reach out, connect, and sustain meaningful relationships.

Resilience as Reflectivity

- Ego-integration is a pre-requisite for the development of resilience: the ability to reflect upon one's experiences in order to organise emotional experience, make sense of it (assimilate it) and integrate it.

- Through the experience of being recognised by another, the child becomes in turn able to recognise, reflect on, and make sense of those feelings for him/herself. This 'Mentalization' (Fonagy and Target, 1998), forms the basis for the ability to reflect on and respond to the feelings of other people.

- Children who have difficulties verbalising their feelings will often communicate them unconsciously.

- Workers themselves require a containing working environment: 'what is happening between us, and why'?

- Awareness of the 'process' becomes crucial in identifying and understanding what is happening in the here and now of the situation, and how this might be related to the child's experiences and the feelings that they still carry with them.

- Winkler (2014) termed this: 'resilience-as-reflective capacity'.

Resilience in the Life-Space

- Stability in placement, consistency in the persons working with them and the safety of daily routines.
- A strong enough ego that has the capacity for reflexivity is 'the necessary precursor of the ability to make use of other positive experiences' (Winkler, 2014).
- Recreational activities are intrinsically rewarding and self-healing: effects of sports, creative activities, and engagement in outdoor activities.
- Involvement in community activities help children feel included, promotes interests and hobbies, and may provide important positive role models, both in terms of peer influence and supportive adults.
- The possibility of therapy moving out of the therapy room; to be stimulated differently in order to get in touch with particular sensations or memories.

Resilience in Intervention

- The results of this study invite us to reflect on the complex interplay between looked after children and their environments. Adopting a field perspective towards intervention seems to hold promise in targeting interventions more effectively and efficiently.
- Interventions aimed at reducing risks and difficulties, need to be balanced by interventions that focus on resources, both those of the child, his/her family, and the community where he/she is living – including the residential home.
- There is great variance in both the needs and resilience of looked-after children: different kinds of interventions need to be made available to different sub-groups in an attempt to target their needs more consistently and effectively.

- One needs to consider factors that are proximate to the placement itself, to the care system in general, to national children's services, as well as intra-and-inter agency dynamics, not to mention the societal and cultural level.

Limitations of the Study

- Complex histories, heterogeneity of difficulties, small numbers of participants in each residential home, and the different ways of working represent serious challenges to any outcome study.
- It is difficult to isolate variables in order to conduct rigorous research, or to prove a 'causal link'. As a result, many questions about the complex interplay of factors will remain unclear.
- Participants in this study are not a representative or randomised sample of all the local looked after population; even though they make up about 15 % of all looked after children in Malta.
- As a result of these factors we cannot generalize outcome results.
- Despite the limitations, it is hoped that this study can contribute to the existing body of literature on looked after children and young people, particularly since it includes their voice.
- The examination of the interactions between the risk and protective factors can still provide important insights into how we can operationalize the factors that enhance resilience for looked after children.

Recommendations

– In light of the findings and limitations, the literature review and the feedback gathered in the interviews, a number of recommendations can be put forward that seek to bring about changes in the field to in fact support important processes in the context of residential care. These include:

- **Engaging children and young people**
- **Assessment of risk factors**
- **Investing in protective factors**
- **Investing in research, policies, and funding**
- **Working in partnership with other agencies**
- **An improved commitment to the recruitment, training, and supervision of staff**

Concluding Reflections

- By combining the results from both the quantitative and qualitative part of the study, we can better understand what is happening at the 'contact boundary', where the individual 'organism' meets the environment or the field. Through a better understanding of the child's profile and individual strengths and difficulties, risk and protective factors; as well as an awareness of the 'lived experience of care' and other processes happening in the field, we can improve our ability to intervene effectively by modulating our presence and absence at the contact boundary, in order to co-create opportunities for healing and transformation.

Thank you
for your Attention!