

## **Chapter 7 – Conclusion**

“The End” is a phrase which refers to the completion of a story, or the final moment of some accomplishment, such as a secret errand, or a great deal of research and indeed this thirteenth volume marks the completion of my investigation into the Baudelaire case. (Snicket, 2006, p. 287).

### **7.1 - Introduction**

In considering the implications of this ‘great deal of research’ its uniqueness and contribution to the field of Looked After Children must be considered. This study began with a description of the limited research available in the area of therapeutic decision making with respect to Play Therapy and Theraplay. Here it ends with a presentation of this study’s contribution to these fields and to that of Looked After Children; a population arguably which has long been misunderstood and overlooked for appropriate service provision. In presenting these findings it is hoped that greater insight might be gained by other researchers in this field, as well as by professional practitioners who work with children and their families as they struggle with the day to day reality of learning to be part of a new family.

In this chapter:

- these findings will be summarised to highlight the potential contribution of this work to understanding in this field and its implications for professional practice,

- the impact this study has already made on the practice of the therapist, Project and the Team,
- consideration will be given to future research which, at the close of this study, presents as relevant to the ongoing exploration of the needs of LAC children and their families.

## **7.2 – Summary of Findings and Their Implications**

A number of findings emerged from this research, which have been discussed in the preceding chapters. The most important findings to emerge were:

1. Play can be an effective intervention when working with LAC Children and appears to contribute to stronger attachment relationships through the therapeutic alliance.
2. Theraplay was reported by parents and professionals to have been a useful intervention with LAC children and evidence emerged that it contributed to increased closeness and confidence in the parenting role.
3. The tools in standard use for the assessment of children before, during and after professional intervention were found to be effective screening measures although some questions arose in relation their sensitivity as effective monitoring and outcome measures specifically for LAC children.
4. Therapeutic decision making was found to be evolving and dynamic within the project, in response to the unpredictable, emerging needs of the LAC child as they settle into new families and move through different stages of development and life events.
5. The changing therapeutic needs of this child population required ongoing and

responsive assessment, the potential for which may be compromised by inadequate communication and levels of engagement amongst professional agencies.

The present study offered a unique opportunity to consider the researcher's own practice it was designed to explore the in-depth and intensive nature of the processes of these therapeutic modalities. The primary consideration was the needs of the children and necessities of the dual role of the therapist-as researcher were key determinants in shaping the nature of the study. While appropriate safeguards and balances have been configured into the design and execution of the study, its limitations, are recognised, most significantly that it relates to the practice of one therapist. The study uses a very small sample of child case studies from which to draw conclusions and it is recognised that the true value of this study may lie in being a benchmark for comparisons with future work carried out by other researching therapists in the field in days to come.

The dual researcher/practitioner role and the challenges it posed have allowed the development of unique techniques such as time lines. These pioneering methodological ideas can now be made available for future research and in practice. To support families and professionals as they reflect upon their experiences, adding to professional and service development towards the ultimate goal of clinical excellence for Looked After Children and in other related child care fields.

This dual role also had implications for the therapists own working practices and those of the Project. At the close of Phase One an eight point plan was implemented to change

service provision and at the conclusion of this study the implications of these changes were most clearly seen in the views, comments and learning of parents, carers and professionals closest to the child. This highlights the wealth of available material, knowledge and skill within therapeutic settings. It emphasises the need for more reflective, research minded practice, whilst also drawing into sharp focus the lack of time and opportunities often made available to therapists to fulfil this dual role.

This study tentatively concluded that Theraplay is a useful intervention, suggesting that it works directly on a child's attachment relationship as evidenced through the Marschak Interaction Method (MIM) video assessment (Marschak, 1960) and oral reports of carer/professionals. It also highlights the need for a standardised scoring facility within the MIM assessment to allow further quantitative and qualitative research to be undertaken in a meaningful way. This study also suggests that Play Therapy is a useful intervention based upon outcome measures presently available and oral reports of carer/professionals. It has postulated that Play Therapy works to build a child's attachment relationship and reconfigure the traumatic experiences, as evidenced through literature presently available.

This study has shown therapeutic decision making within the project to be a dynamic and evolving process as evidenced through therapy reviews and oral reports of parents, carers and professionals who were interviewed. It has highlighted the need for ongoing assessment throughout therapy and, challenges the more traditional view that change in the therapeutic modality may compromise therapeutic integrity. Decision making was

found to be influenced by the child's clinical presentation, carer characteristics and perceptions of their role, carer views and external life events which were all thought to impact upon the presenting needs of the child and inform ongoing assessment.

The management of the therapeutic process, as well as its content and decision-making, emerges as important. This study concurs with the findings of Lord Laming (2003) and highlights the importance of regular communication. Several professionals who commented on the importance of regular therapy reviews to facilitate clear, effective communication have already incorporated these principles into their own practice. For example, Inga carried on regular therapy reviews for Fergus in her ongoing work with the family once Play Therapy had ended. Additionally, the relationship between the therapist and professionals and the therapist and carers were found to be important, both as a source of advice and as a means of building confidence in the process and trust in the recommendations of the therapist at key decision making points. This trust enabled some carers to try out recommendations, for new or changed ways of the therapist working with their child, or for different approaches for them to take in their parenting role, where otherwise they might have feared change destabilising the situation.

This study would appear to corroborate the findings of other research to date, suggesting that existing assessment tools are effective as screening measures for the LAC population. This is evidenced in the consistency between questionnaire data generated and oral reports received from parents, carers and other professionals directly involved in the care of the child prior to the outset of intervention. However, little research exists into

the effectiveness of existing assessment tools as outcome measures within the LAC population. This study questions their effectiveness based on the disparity of questionnaire scoring throughout therapeutic intervention and oral reporting, (as recorded in therapy reviews and during interviews undertaken). It also highlights the frustrations for carers and professionals of completing multiple forms which seem to ask the same questions or questions inappropriate to their situation and the disincentive this can create for frank and full responses.

Recent research into cognitive fluency (Bennett, 2010) has also shown the importance of questionnaire design, even in relation to technical aspects such as font or typeface, in encouraging open and honest responses from participants. The implications of this research have yet to be fully developed in terms of questionnaire design and administration, but attention will be paid to work in the emerging field in the compilation of future outcome measures.

Interviews with parents and professionals highlighted the importance of establishing realistic expectations of change and of developing ways that both expectations and outcomes can be most effectively measured. These findings, when presented in national Looked After Children's forums have influenced discussions already taking place, as many of those working directly with LAC children throughout England have anecdotally confirmed the disparity reported in this study.

An important finding of this study is that formal outcome measures are not reflective of changes in the child as perceived and reported by those with parental, caring or

professional responsibilities towards the child. This finding potentially has implications for the assessment and harvesting of outcomes which at present cast doubt upon the effectiveness of traditional therapeutic modalities in working with the LAC population. If the outcome measures do not actually quantify the changes in children then their value and significance is diminished. By continuing to rely on these measures, policy and funding bodies potentially create unrealistic targets and compromise services to children and their families. Further research is clearly needed in this area to see if these findings are replicated and to examine possible explanations such as the operation of ceiling effects.

The findings of Ford *et al.* (2007) and Richardson and Lelliott (2003) and the recommendation of the Children in Mind Audit Commission Report (1999), that specialist services be developed within mental health provision to directly address the needs of LAC children is endorsed by this study. At present, the nature and quality of provision varies significantly across local authorities and health boards. Oral reports of those interviewed clearly demonstrate the knowledge and skill they have assimilated through the support, training and consultation offered by the Project/Team. The study also suggests that through the work of this Project/Team, children and their families have been supported to form closer attachment relationships, thus enhancing placement stability, shown to be the greatest influencing factor in positive outcomes for LAC children. It has directly influenced the decision to increase training available to carers, and is presently informing debate as to whether this training should be made available in

video format, to allow more people directly involved in the care of the child to share this knowledge, including extended family and schools.

This study has also potentially contributed to theoretical thinking in the fields of Theraplay, Play Therapy and therapeutic decision making. The views and experiences of the child are represented indirectly by those closest to them (orally and through questionnaire material), and directly by the therapist through ongoing observation and interaction. In considering the experiences of the child in relation to research presently available, a number of possible mechanisms for change through the therapeutic process have presented themselves. Each child is thought to have experienced their caregiver and therapist as a secure attachment figure. As their distorted limited sense of self is reflected through the other in the process of inter-subjectivity, through close attuned relationships and safe playful containment, therapist and parent provide a new reflection tempered with warmth and positive experience of the child, the same but not the same. The child begins to experience themselves as loved and lovable, able to bear the 'bad' parts of themselves as well as the good, without becoming overwhelmed and projecting the bad into the other, thus reducing attacking behaviour. The child, possibly for the first time, has his/her emotional state read and translated by the other, making this meaningful to them and allowing them to begin to relate to the emotional states of those around them. This process has been described previously in the work of many psychotherapists, including Case (2005) and Siegel (2003), but to date there have been few systematic research studies in the areas of Theraplay or Play Therapy. This conception of the change process fits very comfortably with the idea of 'earned secure attachment' by which the child's



experience of the self is re-framed through the other, thus reducing the need for unhelpful, entrenched defence strategies, whilst building upon the child's inherent resilience and providing a sense of internal security.

A longer term view of Play Therapy intervention has been possible through this study, with particular regard to consideration of the impact of trauma on the child. This study found that the children involved were able to access and express their trauma through the process of symbolic play, thus externalising and seeing their internal world at a distance. Through the process of reflection and acceptance (with an awareness of the unconscious), the child's view of their experiences and self are very gently and sensitively challenged. They are encouraged to access their own creative, restorative capacity and experience their internal world, reflected through the therapist, as not only bearable but also acceptable. Thus, the child is supported in play to re-frame the trauma, and reflect a more realistic sense of self, which is thus integrated into conscious memory. These findings correspond closely with much of the conventional thinking of theorists such as Winnicott (1971) and Rogers (1965). However, the systematic gathering of evidence from those closest to the child has potentially added substantively to what has historically been a largely anecdotal evidence base for the proposed mechanisms of change within the Play Therapy process.

Finally, this study has highlighted the lack of research literature presently available to assist in the therapeutic decision making process, that which does exist tending to emphasise the importance of training, skill and experience in clinical rather than

therapeutic settings. By going beyond this approach and exploring the role of the therapist as decision maker and the role of the wider professional system, this study has shown that ongoing assessment and collaborative discussions throughout therapeutic intervention improve decision making and disseminate learning that strengthens the confidence in and commitment to the therapeutic process by stakeholders, and shapes their interactions with the child externally.

This finding in turn has influenced the decision to offer a support group and training to teachers and other school staff working with children presently within the Project to raise the level of their engagement and commitment to the child and to extend the network of consistency in managing the child. The educational experience of the children in this study was in line with the extensive research available highlighting the difficulties experienced by LAC children in schools, and the need for effective support in class as evidenced through recent literature.

### **7.3 – How this Study Confirms, Expands and Differs from Related Research.**

This study draws on findings in similar fields such as those of Case (2005) and Holmes (1999) in psychotherapy to tentatively confirm the hypothesis that Therapy can support children to re-integrate a more secure attachment construct through the therapeutic alliance and expands these ideas into the field of Play Therapy. It draws on the earlier work of Snipp (2004) and confirms the suggestion that Theraplay is a useful intervention for Looked After Children and expands this thinking by directly exploring the experience of parents and other professionals. However, it differs from all previous studies in that it

is the first study of its kind in the UK to rigorously and systematically explore the processes of Play Therapy and Theraplay for Looked After Children.

It is also the first study of its kind to explore the use of present assessment tools as monitoring and outcome measures in the Theraplay and Play Therapy modalities. This study confirms the data from previous studies (Meltzer *et al.* (2003), Whyte and Whyte (2008) , Ford *et al.* (2007), Chisholm (1998), Mainemer *et al.* (1998), Jacobson and Miller (1998), Kelly (2006), Harrison *et al.* (2000), Whitley *et al.* (1999) and Heywood (2002) suggesting that these assessment tools can act as effective screening measures but also joins the present (largely anecdotal) debate which questions the validity of these measures as outcome and monitoring tools for the Looked After Child population.

This study is also the first of its kind to consider the therapeutic decision making process within the Play Therapy and Theraplay modalities when working with Looked After Children. It confirms the very limited research already in existence (Patel *et al.*, 2001; Leprohon & Patel, 1995; Falzer, 2004; Falvey, 2001; Watts, 1980; Cloitre *et al.*, 2004; Chethik, 2001) highlighting the need for clinical skill, training and intuition expanding upon this thinking to emphasise the importance of communication, ongoing assessment and flexibility to meet the evolving needs of Looked After Children as they move through different developmental stages and life events.

Much of the early research of Murray-Parks (1997), Bowlby (1973) and Kubler-Ross (1970) describes the process of grief and loss in linear terms of stages and resolution.

This study questions this process for LAC children and instead confirms the more cyclic response described in terms of integration and adaptation by Walter (2005). This study expands on this research to consider the impact of multiple re-traumatising life events on each child and has significant relevance for the psycho-education of professionals and families most closely caring for each child.

#### **7.4 – Application and Impact**

As more information and knowledge has been gained through therapeutic work with LAC children in this ‘great deal of research’, the need to share this knowledge with others has also grown. One of the greatest challenges has been finding appropriate, practical, experiential and creative ways to discuss and disseminate new and often complex research in a form accessible to a wide audience.

As mentioned above, the study has led to a support group for teachers of children in the Project. As the difficulties experienced by LAC children at school became increasingly apparent within the Project, and liaison with school became more regular, ways of extending this training and support to schools were explored. A support group for teaching staff has been piloted to offer training, peer support and group consultation around the mental health needs of LAC children in the classroom setting. This group has proved to be very successful, consistently receives positive feedback, and it is planned to run again in the next academic year. However, several schools have not accepted the invitation to join, and it seems that these appear to be those with the most fixed, unhelpful views of the LAC child. New ways of approaching these schools are being considered,

and video training could be one way of trying to promote new thinking and lay the foundation for collaborative working.

In addition, two new courses have been developed for parents and professionals, alongside existing Attachment Courses provided by the Project, looking at Play, Attachment and Development and at Defence Strategies and the Looked After Child. As a result of the work coming from this study, all three of the existing courses draw on attachment, social construction, child development and narrative theories as well as much of the newly published relational and neurological research such as affect synchrony, mind mindedness and attunement, which have been shown to be fundamental to the development of secure attachment relationships. The work in this study has suggested that when these principles are applied not only therapeutically, but also within the home and across the professional system, the LAC child potentially has the greatest likelihood of a positive outcome. The importance of training as a basis from which to begin work with parents, carers and other professionals is now better understood and given more attention.

The training, shaped by the insights emerging from this study considers what is lost to the LAC child when the early attachment relationships are disrupted, and the impact not only on emotional, but also physical and cognitive development. Thought is then given to strategies for allowing the child to have some of these early experiences, thus giving them a firmer base from which to grow, learn and develop new relationships. Defence strategies are then explored, and ways of caring or working with the LAC child which

allow them to relate on a deeper level. The belief systems of those caring for the child are also very gently challenged to allow more appropriate communication and prevent unnecessary conflict. This training has been made available to a wide variety of professionals and to all carers/parents receiving a service from the Project. Feedback has been consistently positive, including from some of those interviewed for this study.

The main gap in outcome measures highlighted by the study was their failure to reflect the impact of external events. All six children were repeatedly exposed to ongoing adverse life experiences, and the impact of external events around them produced global deterioration in their presentation noted at home, school and in therapy. These life events were also reflected in oscillating questionnaire scores, but were not directly accounted for in these conventional outcome measures and could lead to the supposition that therapeutic input is of limited benefit. This possible explanation was directly contradicted by the oral reports of those interviewed, who noted marked changes not reflected by the questionnaires. The consensus emerging from the interviewees was that the questionnaires did not allow distinction between a baseline presentation for the child and acute but short-lived exacerbations linked to life events. Interviewees reacted positively to the idea of a life events scale within or to accompany screening tools, feeling that at present these events had a significant effect which was not accounted for in the minimal changes reported for the child.

One suggestion to explain the discrepancy between questionnaire scores and reported perceptions was a possible 'ceiling' effect in the questionnaire measures. Interviewees

reacted positively to the idea of a severity and frequency scale, feeling that this would allow for greater sensitivity in these measures, when behaviour has reduced or become less extreme. Interviewees also reacted positively to the idea of space to comment on the more individual presentation of their child which may, potentially, go some way to bridging the gap between ‘naturalistic’ and ‘clinical’ reporting. Individual comment could also be used to inform the development of screening tools, as comments would potentially reflect what carers felt they could not answer in a closed question. Ultimately, this could lead to questions being revised to reflect more accurately the perceptions of this very traumatized client group. This would also allow greater scope for the use of screening tools in formative assessment. Not only would the score be taken into account as a way of discussing possible change, but carers’ views could be elicited and considered prior to further discussion.

These issues relating to screening tools as outcome measures for the LAC population are a growing concern for professionals working within this field. A group of psychologists specializing in work with Looked After Children, from agencies throughout England, who share these concerns are working to develop and pilot alternative questionnaire formats for this child population. The findings of this study were used to inform discussion around the structure of questionnaire material, and gave rise to the suggestion that a life events scale be added to any alternative questionnaire format. The oral reports of those interviewed would appear to lend support to the suggested severity and frequency scales, and space for individual comment proposed by Dr Silver in a model she has devised described as ‘The Berri’. This format (with added life events scale) is

presently being piloted by selected psychology departments offering services to LAC children in several Local Authorities throughout England.

### **7.5 – Future Study**

In considering the effectiveness of Theraplay and Play Therapy, this study was able to focus on a small group of children, which provided a richness of material from longer term and in-depth case studies. Interviews allowed a cross section of opinion to be sought from parents and professionals. It would be useful to explore these ideas and hypotheses further in a larger client population, to secure findings which are more generalisable. The logistical, ethical and therapeutic considerations of managing such a study suggest that this would have to be carried out across a larger agency or by a group of agencies.

Although Heather, Fergus, Angus, Kirsty, Callum & Eilidh were all regularly asked for verbal feedback prior to therapy reviews, their views are not formally presented in this study. This was a deliberate decision, where it was felt therapeutic considerations outweighed research ones due to the nature of work undertaken, the level of difficulties these children already experience, and the ethical implications of adding an additional burden of enquiry by the therapist or introducing a neutral unknown interviewer. It may be useful in future studies to directly ascertain the views of the child, but this would require very careful planning and a study specifically designed to facilitate this without compromising the therapeutic process.



As noted, the focus on the work of one practitioner who was combining the role of therapist as interviewer will have influenced the reporting of respondents in this study. Consideration could be given to undertaking future studies with a neutral third party as interviewer, although the logistics of this would have to be devised in a way that did not create additional pressure on parent or child through the introduction of a further professional.

Consideration could also be given to the study of different client groups, which may provide further insight not only into the mechanisms of therapy, but also into the specific experience of the LAC child, as well as further consideration of the impact of adversity within a more diverse clinical population, for example children with learning disabilities or other diagnosis such as conduct disorder.

The support that parents and carers received was, in their view, key in their ability to carry on offering homes to Heather, Fergus, Kirsty, Callum & Eilidh and in containing the stress of external life events. These findings would appear to underline the responsibility of the State not only for the child, but also for carers and families in promoting placement stability, as well as the contribution of extensive focused support to building carer commitment and confidence. This may in turn suggests the need for future studies into how responsiveness to the views and perceptions of parents/carers promotes positive outcomes and how this can be incorporated into planning, policy and service delivery for Looked After Children.

Finally, this thesis and the indications from it for further study and different approaches to research, have directly led to discussions with the British Association of Play Therapy to start exploring liaison with employers to promote research within the workplace. Play Therapists operate in data-rich environments, and at present much of this data is not utilised for systematic exploration. Several professions currently have time dedicated to research within the working week protected within job descriptions, and if there is any hope of promoting further research within this therapeutic modality, similar dispensations will be needed for therapists.

### **7.6 - Reflection**

In 2003 The Attachment Project was expanded, and a few months later integrated into the work of the Looked After Children's Team within the mental health provision of the Local Authority. In the seven years of working with this child population, the knowledge and understanding surrounding Looked After Children has grown, as has the knowledge and understanding of those working within the Team and Project. Workers are now recognised for their skill and expertise, as strong professional links have been established. Families are responded to with the confidence, efficiency and speed that often provide immediate relief to families feeling distressed, overwhelmed or hopeless in the care-giving task.

Understanding of the full complexity of the needs of the LAC population is still emerging, as new research develops in attachment, trauma and neurobiology. Even within the Team and Project, there is wide consensus that the referring issues are often only the

tip of the iceberg. It is perhaps reflective of the role of mental health provision that only the most severe cases are referred. This being the case, a strong argument is now emerging for the provision of services dedicated to this group of children; professionals who can gain this level of insight and understanding will move rapidly with the family when most needed.

Several of those interviewed within this study have reflected upon the importance of support, training and consultation, describing the stabilising impact these aspects of the therapeutic intervention often have upon the family. Work now begins with detailed assessment and consultation to new families and professionals. In gaining insight into the impact which trauma and adversity have on their children, parents, carers and other professionals can better understand the internal world of the child, and be supported to view their child's situation differently. This shift in perception is fundamental to any work which subsequently takes place, as it facilitates increased understanding, attunement and empathy for the child, factors so essential in all ongoing attachment work. 'Attachment is like Velcro, each side of the relationship has to develop the appropriate attaching mechanism' (Leslie, 2009).

The importance of the relationship between therapist and caregivers emerged as crucial in this study. Not only can the therapist support the development of the parents' skills and confidence, but also the relationship gives the therapist insights to decisions made regarding parental suitability to engage in direct attachment based interventions such as Theraplay. The foster/adoptive parents' own attachment history (as well as that of birth

parents) is explored, as both are increasingly shown to have a significant influence upon the child's later attachment patterns. It is also important that parents/carers understand the impact which direct therapeutic input can have upon them, especially in the light of any unresolved attachment issues they themselves may have.

The study informed the Project's understanding of the relative effectiveness and suitability of the two modalities, which in turn will inform decision making in this area in future. Through the comments of those interviewed, and to a lesser extent through questionnaire material, Theraplay was thought to be a useful intervention for Fergus, Kirsty and Eilidh. Morag's comments regarding Theraplay intervention for Heather allowed consideration to be given and ultimately changes made to service provision for children in short-term placements. Those interviewed describe an increased emotional closeness to their child, which suggests that Theraplay went some way to addressing attachment related difficulties. This closeness may also indicate the start of more reciprocity in the parent/child relationship. This is essential not only to the child confused and denied these consistent, reciprocal experiences in birth families, but also within the fragile, emerging role of their caregivers. Through Theraplay caregivers are learning to relate to their child, who is often very rejecting, controlling or attacking, so different from their hopes and fantasies of family life and their role as parents. Reciprocity, by the very nature of mutual exchange between parent and child, starts to build an altered dynamic and, however small, starts to give something back to weary, disheartened parents.

Play Therapy was also thought to have been a useful intervention as indicated by all those interviewed, and through changes noted in questionnaire material. Play Therapy is of course a longer term therapeutic intervention and, as the process begins, so does the need to consolidate support for parents, carers and professionals as they face a road which is at times long and laborious; and at other times dramatically twists and turns with sheer drops either side into the unknown. At times there are unexpected road works and at others natural disasters threaten to dissolve its very foundations. It is along this road that child, therapist, family and professionals must all travel together. The therapist will often act as guide, the social worker/parent as driver, the school as instructor and the child, who can remain most firmly sandwiched in the middle, is most supported to withstand the terrifying cliffs and the natural disasters.

As the road stretches on there is a tendency to become disillusioned, tired and disheartened. It is during these long, dark stretches that most of the work is done. Once the initial crisis has been resolved and thought processes gently challenged to support the child, the real work of patient, slow change begins. The work then becomes tolerating the pain, coming alongside parent/carer in their despair, providing insight and light to keep going. Even at times when there is little relief to be offered or few words of wisdom, when the therapist struggles to find meaning or insight, the very act of being with the parent/carer, allowing, validating, bearing this level of difficulty is often enough. To hear and to hold as carers/parents cry or rage, not to be overwhelmed, to run, to turn a deaf ear or impose a solution prematurely; to provide reflection, compassion, empathy and when ready, start to reactivate the parents' own problem-solving capacity.

Back on the road, if discord breaks out the car will lose momentum, may start to veer dangerously, be pulled in different directions or break down altogether on some uncharted, deserted stretch of road. As those surrounding the child move further apart, the child is tossed around in the back, pulled in different directions and increasingly exposed to the elements around them. The more fearful they become, the more likely they are to try and take the wheel and the less trust they will have in any adult who tries to regain control.

Alternatively, when supplies run low and tolerance is at times stretched to its limit by the constant, unrelenting, overwhelming needs of the child, by a wrong turn or poorly thought out route, it is the opportunity to stop, top up on supplies and think which allows the journeyers to continue refreshed.

It is this role which therapy reviews have been described as fulfilling, and why they were felt by everyone interviewed to be so essential in the therapeutic process. Parents, carers, professionals and therapist are provided with a space to stop and think, information is gathered and shared but, most importantly, this information is considered rather than reacted to. This environment becomes reflective rather than reactive, and for many is likely to be the only space of its kind they are provided with. Difference can also be considered, and in doing so the tension in professional roles addressed, thus limiting potential splits within the system.

In the present study, decisions made were found to be creative and evolving. Each decision was made in accordance with the needs of the child and their families. There is no set pattern to the decision making process and to suggest one would be to deny the individuality of the child and their family, minimising their shared experience. As suggested in existing literature, creative and intuitive decision making was thought to be most effective when informed by the therapist's training and experience in the context of the therapeutic alliance. No one therapeutic modality was thought to be of greater or lesser importance when working with the LAC child. Instead, each therapeutic modality was seen for its value in responding to the child's needs as they varied throughout their time in placement, and in accordance with their developmental needs.

The concept of action research was invoked to characterize the evidence-informed changes made to practice made prior to Phase 2 of the study. Since completion of the study there has been further impact on practice in that the researcher as therapist has now incorporated more refined techniques of reflection and engagement to allow children more scope to experience their own internal emotional states and a positive sense of self both in Play Therapy and Theraplay. She has used experiential learning to devise appropriate training packages and the team are now piloting new screening measures thought to be more appropriate for the LAC population.

### **7.7 - Epilogue**

At the conclusion to this study, the impact of therapeutic mental health services dedicated to Looked After Children can most clearly be seen in the positive outcomes for all six

children and their families. At a time of increasingly bleak national statistics (despite an often very perilous journey!) all six children are with permanent families, attending school in provisions thought to be appropriate to their needs, and managing relationships far in excess of those expected. The journey for all six children continues, all have ongoing challenges and difficulties yet to face, but they will face these difficulties equipped with newly internalised emotional resources and insight. They will face them in homes and systems more able to perceptualise, understand and tolerate their difficulties. But above all else, they will face them in families more able to love in a realistic way, mindful of all that is lost as well as the prolific and enduring implications of this loss. Equipped with the knowledge of the incredible potential and resilience of each child, these quite exceptional families will continue this journey together. To have been a small part of that journey and to have been able to reflect on it is a privilege.