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BETWEEN LOVE AND BEHAVIOUR MANAGEMENT: THE PSYCHODYNAMIC REFLECTIVE MILIEU AT THE MULBERRY BUSH SCHOOL

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Abstract

This article presents findings from a qualitative research study of the Mulberry Bush School (MBS), a therapeutic residential primary school caring for children with severe social, emotional and behavioural difficulties. The article notes the challenges of working with children who have experienced traumatic relationship breakdown, and reviews ideas and practices developed at MBS to support the children's development. There is a discussion of the research study's methodology and main findings. The researchers argue that the therapeutic milieu at MBS maintains a creative tension between a secure, playful context and one where emotional disorder and disturbance are not suppressed. The study describes how a particular psychodynamic model of reflective practice has been successfully

instituted at MBS to create a ‘staff therapeutic milieu’ supporting the group living and group learning through which therapy principally occurs. The article closes with comments on the applicability of this model to residential child care practice generally.

Keywords Mulberry Bush School; therapeutic milieu; relationship-based; reflective practice; reflective culture; psychodynamic; residential child care

Introduction

Some of the most disruptive, disturbing children and young people are in residential child care, often viewed as a placement of ‘last resort’ after multiple family-based placement breakdowns (Narey, 2016). The children arrive with feelings and behaviours that test to the maximum their carers’ efforts to empathise, to stay emotionally committed, to hold limits in a non-retaliatory way and to bring about change. The Mulberry Bush School (MBS) is one such placement of ‘last resort’, a therapeutic residential special school caring for primary-aged children with severe social, emotional and behavioural difficulties. Children at MBS return to their foster, adoptive or birth families for some weekends and outside term time, although from autumn 2018, MBS will also be providing 52 week care. The children’s experiences of neglect, abuse and loss inform the nature of MBS’s therapeutic work with them and with their families during the three-year placements at the school.

In what follows, the typical challenges facing residential child care staff are noted and the history and development of psychodynamic therapeutic provision at MBS, designed to address these challenges, is outlined. The article then reviews the University of East London's research study of the school's principles and practices (Price, Herd, Jones & Sampson, 2017). Our research methodology is explained before we move on to review the research findings. The article closes with a short commentary on the applicability of the findings to residential child care practice generally.

The challenges of residential child care

Residential care for children has been subject to controversy with fears that institutionalisation, neglect and abuse are more likely in such care. The Department for Education's 2015 'Guide to children's homes regulations' now states that 'children in residential child care should be loved' (Department for Education, 2015, p. 7), emphasising the importance of their positive relationships with adults. An NSPCC report (Bazalgette, Rahilly & Trevelyan, 2015) also called for everyday relationships with carers to be placed centre stage as 'treatment' for looked after children's mental health difficulties. One key concept emerging from the attachment research and training literature is the importance of empathy on the part of carers (Hughes, 2012; Fonagy & Bateman, 2016). Empathic care can give traumatised children some sense that another human being can see past their difficult behaviour in order to be in touch with the child's emotional experience, either in the moment or in the past.

As Elliott (2013) for example has noted, there are many obstacles to empathising with traumatised children. The behaviour of the children can be challenging and upsetting and external agencies will often favour behaviourally-based reward-punishment strategies and limit-setting. And whilst there is some research and policy recognition that forming and maintaining appropriate relationships with traumatized children in residential (or foster and adoptive) care is very difficult work (Selwyn, Frazer & Quinton, 2006; Selwyn, Wijedasa and Meakings, 2014; Rock, Michelson, Thomson & Day, 2013; Narey, 2016) there is less written about how to actually *do* the work, and how to support practitioners or carers in going beyond day-to-day coping. It is not enough to assume that ‘love’ or ‘dedication’ will fill the gap left by this question (Bettelheim, 1950), or that carers can just use ‘intuition’ (Ward & McMahon, 1998) to supplement (or in some cases, take the place of) their theoretical understanding of the children’s attachment needs.

History and Development of the Mulberry Bush School

In addressing this problem, the founder of the Mulberry Bush School, Barbara Dockar-Drysdale, used psychoanalytic ideas about the protectiveness of defences to help her understand the behaviour of children who were hard to reach. She and her husband initially took in evacuees during the Second World War, and in 1948 they set up a residential school for troubled young children, going on to meet regularly with the psychoanalyst Donald Winnicott, who was carrying out group work with children at Paddington Green Hospital (Reeves, 2002).

Dockar-Drysdale characterised the behaviour she encountered in terms of particular psychological constellations. The ‘frozen child’, for example, was a child in a state that might be understood as a precursor to an adult ‘psychopath’, whose violent and delinquent behaviour could wreak havoc despite presenting a rather charming persona to those around them. She saw that ‘frozen’ children’s difficulties stemmed from trauma, leaving them unable to understand their feelings; instead, they could only act on them. Such a child is ‘unable to be afraid – he panics; he is unable to be sad – he is in despair’ (Dockar-Drysdale, 1993, p. 18). Dockar-Drysdale believed that the children needed a sufficiently safe and containing environment to allow them the chance of a ‘primary experience’, to facilitate the development of a capacity to reflect on events rather than simply react. These insights and principles now have support from neuroscientific research (see, for example, LeDoux’s (1998) discussion of reactions to threat seated in the amygdala, bypassing cognitive processing and becoming habituated. See also Fonagy & Bateman’s (2016) account of the importance of mentalization and mentalization-based therapy).

Dockar-Drysdale provided less theorisation concerning the therapeutic significance of the community elements of the school (Menzies-Lyth, 1990). Winnicott was more explicit about these, having been influenced by an early experiment in community therapy at ‘Hawkspur’, a ‘Q Camp’ in Essex for ‘maladjusted’ young men. At Hawkspur, David Wills, a psychiatric social worker, operationalised the fundamental principle that the experience of group living could allow individuals who had problems of adjustment and delinquency to learn from proximity and interaction with others. The experiment ended in 1939 when war broke out, but has had a sustained influence within academic and clinical worlds subsequently (see Jones (2016) for a discussion).

When attention shifted to working with children whose difficulties were being exposed through the process of evacuation, Winnicott joined Wills in 1940 in organising a home for evacuee children who were ‘difficult to billet’ in a former workhouse in Bicester, north Oxfordshire. This was to be highly influential for Winnicott (Fees, 2010); whilst he had previously believed in the exclusive therapeutic power of the 50 minute hour and in making ‘smashing interpretations based on deep insight’ (Winnicott, 1984a, p. 221), the work with Wills changed his views. He realised that the therapy was being done

...in the institution, by the walls and the roof, by the glass conservatory which provided a target for bricks...by the cook, by the regularity of the arrival of food on the table, by the warm enough and perhaps warmly coloured bedspreads, by the efforts of David [Wills] to maintain order in spite of shortage of staff and a constant sense of the futility of it all, because the word ‘success’ belonged somewhere else, and not to the task asked of Bicester Poor Law Institution (Winnicott, 1984a, p. 221).

Thus the institution and community itself came to be understood as the therapeutic milieu and the maintenance of the coherence of the children’s experience was recognised as paramount. For example, one powerful lesson drawn was that future schemes should integrate the schooling of the children alongside therapeutic residential care (Hawkspur Camp notes, n.d.).

Winnicott came to understand that his role as therapist was not the treatment of individuals, but ‘to give moral support to the superintendent...to explain to them [the staff] the reasons for the bewildering things that happen in the management of anti-social types’ (Hawkspur Camp notes, n.d.). This was important, given that the staff needed to be emotionally involved:

...these children, who are seeking a primary home experience, do not get anywhere unless someone does, in fact, get emotionally involved with them. To get under someone's skin is the first thing these children do, when they begin to get hope (Winnicott, 1984b, p.72)

This brief historical sketch provides the context for the three fundamental principles retained by the Mulberry Bush School (MBS) today. These are i) taking a *psychodynamic approach*, including reading '*behaviour as communication*'; ii) using a *reflective culture*; and iii) maintaining *collaborative working* (The Mulberry Bush School, 2018).

Researching the Mulberry Bush School

The qualitative research study based at the University of East London was commissioned by MBS as a complement to University College, London Institute of Education's quantitative research study, also discussed in this special issue (Gutman, Vorhaus, Burrows & Onions, 2018). Whereas the Institute of Education's study focussed on outcomes, the UEL study considered process.

In designing the study, we were influenced by Ward's (1998) psychodynamic 'matching principle' for staff training in residential community settings. These authors suggest that 'good practice' underpinning therapeutic provision for children should be mirrored in provision for staff. This does not necessitate therapy for staff, but requires them to use a supportive environment to read their own behaviours and reactions, individually and collectively, as a form of communication about dynamics in the setting. As psychosocial qualitative researchers, we

made use of this principle by employing a research supervisor who was also a group analyst and former children's residential care practitioner. He met with us monthly as a team.

A core dimension of the UEL study which was also congruent with the MBS philosophy was the use of naturalistic psychoanalytic observation, developed within psychoanalytic child psychotherapy and extended for use in relationship-based social work (Bick, 1964; Le Riche & Tanner, 1999; Hingley-Jones, Parkinson & Allaine, 2017) and psychosocial research (Hollway, 2015). The focus for the observer is on taking in, and recalling, the detail of intimate family interactions. The method contains a strong experiential element in that it puts the observer in touch with powerful and potentially distressing states of mind. Cooper (2017, p. 177) discusses the psychoanalytic observer's use of 'soft eyes' (the title of an episode of *The Wire* (Simon, Mills, Burns & Moore, 2006)), where the reference is to the police detective's discipline of softening one's focus to catch hold of the apparently incidental.

As part of the research process, the UEL team obtained informed and ongoing consent from the children being observed, providing opportunities for discussion of the project individually and in a whole school meeting as well as with the children's School Council. Their advice clarified ways in which the children could ask the researchers to stop observing, and times when researchers should be sensitive to the

importance of making themselves absent, even when not being explicitly asked to do so. Staff also gave consent to be observed and before participating in interviews¹.

In addition to the completion of 30 process-recorded observational records from visits conducted over a 15 month period, the project's data set included field notes, 8 interviews with children about to leave the school, 13 interviews with frontline staff, 8 interviews with senior staff, 7 interviews with professionals from external agencies linked to the Mulberry Bush's outreach service, and documentary and archive material. Pupil interviews were conversational in style and included questions about what was good about MBS and what was not so good and how they thought MBS was different or similar to past placements. Staff interviews introduced topics such as the individual's reasons for working at MBS, challenges faced at MBS with the children and the organisation and support put in place to assist them. The children's interviews ranged from 5 – 20 minutes and the staff and agency interviews averaged about 50 minutes.

Observational data was subject to considerable reflection and discussion within the research supervision group. Interviews occurred later in the research process, and we then spent time familiarising ourselves with the interview recordings and transcripts and comparing them with observational records and our notes from the supervision meetings. Observations and then interviews were subsequently coded systematically, matching and grouping data under each code. The codes were clustered into potential themes (Braun & Clarke, 2006, p. 87). We then further

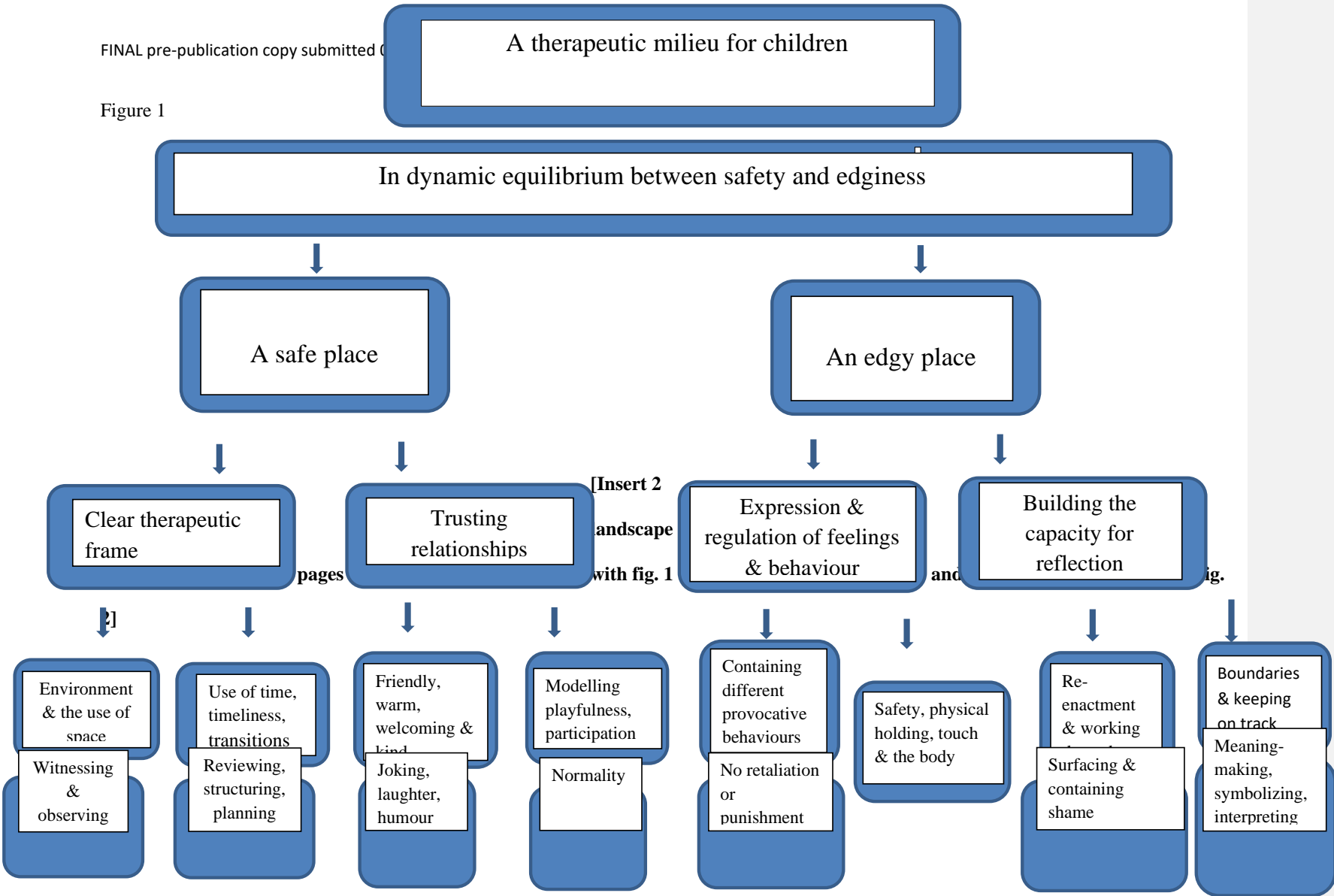
¹ Informed consent was obtained from children and their parents and carers for the interviews as well as the observations. In what follows, efforts to protect anonymity have been made in terms of what is and isn't included in direct quotes. Participants were aware, before consenting to participate, that MBS would be named and that therefore anonymity could not be guaranteed.

reviewed our themes and revised them in light of how well they fitted with coded data extracts, and also, the overall data set. This generated a final thematic map (Braun and Clarke, 2013, pp. 230-233) showing first, second and third order codes, with the latter being closest to the data. Our approach was iterative, and deductive in the sense that we were informed by a prior theoretical framework congruent with that of MBS (psychosocial, psychodynamic), an analysis of the therapeutic community approach, a related literature review and theoretically-grounded ideas emergent from reflection on our experiences in the supervision group. However, analysis was also inductive in that new emergent themes without a particular theoretical 'location' were identified.

In the final stage of analysis, we generated two overarching themes which captured our findings about the key processes at work at MBS (see Price, Jones, Herd & Sampson (2017) for the full report). They are discussed below in depth in the main 'findings' section. We have not attempted to explicate and illustrate each sub-theme in detail. Our approach has been anthropological, with the aim of '...craft[ing] a persuasive text in which the relationships across themes of interest and the lived experience of the research are foregrounded in the narrative' (Reay, Zafar, Monteiro & Glaser, forthcoming, p. 11). We hope this conveys the richness of the data at '... an almost experiential level', putting readers '...in the thick of it' (Reay, Zafar, Monteiro & Glaser, forthcoming, 2019, p. 9). This approach is consistent with our objective of exploring the emotional challenges of residential child care work with severely traumatised children, but we have also included our thematic mapping in figs. 1 and 2 below to signal our analytic commitment to systematicity, breadth and structure (Reay, Zafar, Monteiro and Glaser, forthcoming, 2019, p. 9).

Thematic Mapping

Figure 1



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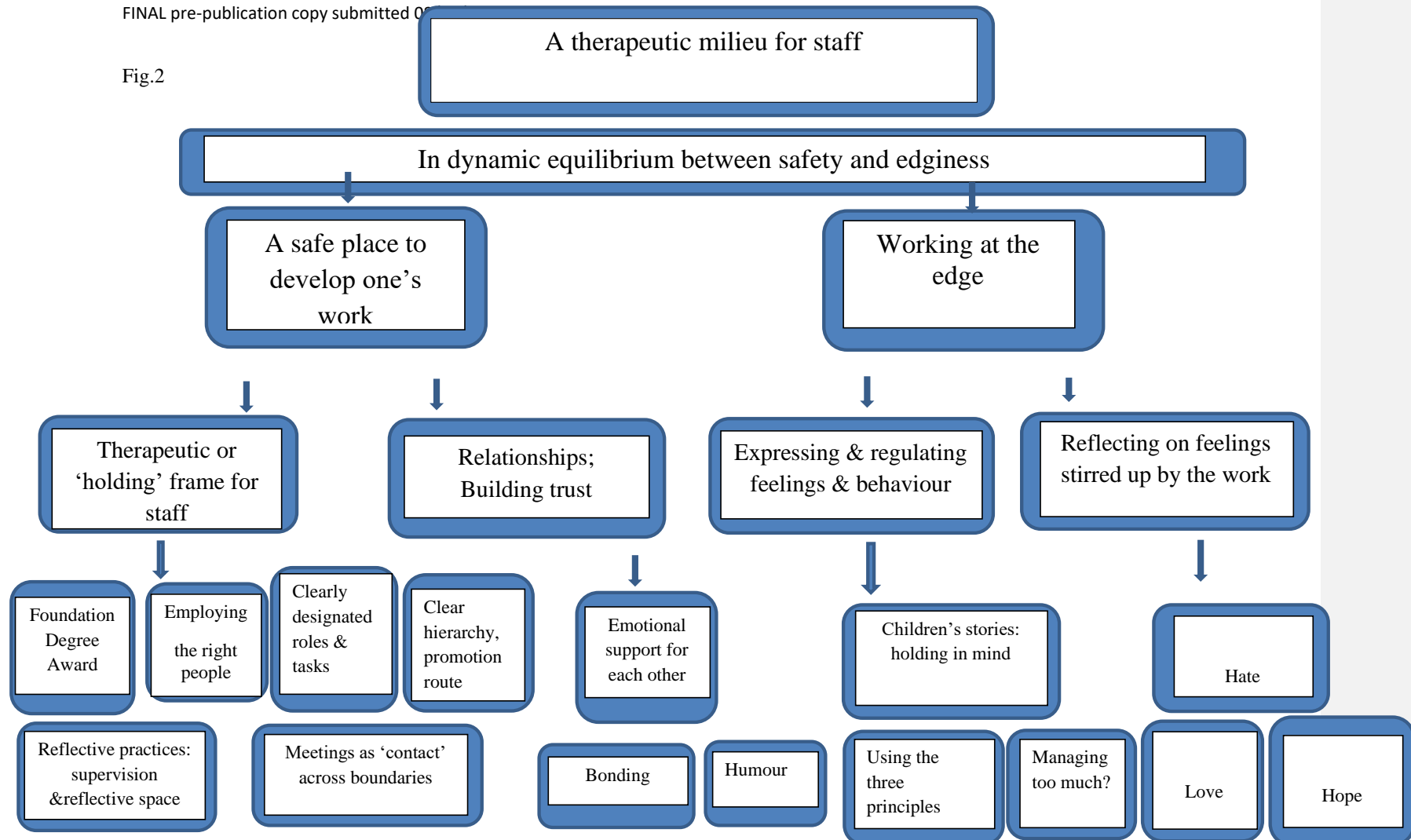
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Findings

Introduction

Our first key finding related to the school's distinctive therapeutic support, delivered primarily through group living and group learning. We highlighted how the therapeutic milieu provided for the children actively maintains a *dynamic equilibrium between safety and edginess*. The researchers noted many examples of staff attempting to hold a moment-by-moment balance between maintaining the setting as a safe and secure base for the children, whilst also being willing to work with the children's very disturbed and angry feelings. This created edginess and tension. A willingness to work with potentially dangerous and explosive feelings is linked to the staff's training in reading behaviour as a form of communication of inner, unconscious or hard-to-process emotional states. Our two overarching, organising themes, making sense of the whole dataset, were therefore of MBS as '*a safe place*' on the one hand and '*an edgy place*' on the other (see fig. 1 above).

The second key finding of our research was that the Mulberry Bush, as an organisation, provides a milieu for its staff that contains elements of therapeutic provision paralleling those provided for the children. Ward and McMahon, referred to above, discuss why it is good practice in children's residential group living environments to provide an environment for staff that aims to be as curious, non-judgemental and supportive as that provided for the children (Ward & McMahon, 1998, p. 1 - 3). In this climate, staff can make sense of their own behaviours and reactions and see them as a source of information about the dynamics in the setting. Our thematic analysis of the staff milieu paralleled our

account of the children's milieu, using the core conceptualisation of the milieu as maintaining a dynamic equilibrium, being both a '*safe place to pursue one's work*' and somewhere where one was '*working at the edge*' in a number of senses (see fig. 2 above).

In what follows we look firstly at the therapeutic milieu provided for the children, and then at the parallel support provided for the staff.

The Children's Milieu: 'a safe place'

The setting of the school is immediately striking. MBS consists of a large central green area with attractive family houses grouped around it. At first glance they might be part of an up-market Oxfordshire estate. A larger main building contains the school, which has multisensory and soft play areas and classrooms with large gardens as well as a wild nature area. The grounds are well kept, the centrally-placed children's climbing tower on the green creates an 'eyrie' from which to view the whole estate, and the multi-purpose sports areas are in fine condition. Everything is accessible to the children in their free time. Damages are quickly attended to, giving a quiet but insistent message that damage is reparable and the children and their environment are valued. As Winnicott (1984a) observed many years earlier, the buildings of the institution itself are a substantial part of the therapeutic environment (and 'environment and the use of space' was one of our first codes, eventually grouped under the second order conceptual theme, 'a clear therapeutic frame' – see fig. 1).

In the mornings children emerge from the houses with their carers in small groups, dressed in standard school sweatshirts, to make their way over to the on-site primary school. At first sight it is a calm and very 'normal' scene. Their carers accompany them into the classroom and stay for a while to make sure they are settled. The 'hand-over' to educational staff is accompanied by a friendly but honest account of the

evening, night and morning the child and group has had. All transitions to new settings and tasks, and changes in the setting or timetable, are managed carefully so that the children can begin to engage with, tolerate and eventually cope with these more successfully. There is a gentle but noticeable particular observational stance adopted by the adults, who listen carefully and frequently comment and ‘wonder aloud’ about states of mind and explanations for behaviour. These elements, relating to the management of time, structuring of experience and taking an observational stance, were later also grouped under the theme ‘a clear therapeutic frame’.

Caryn Onions, a therapist at MBS, also noted in an informal discussion the importance of interludes that are not about ‘therapy’ or ‘treatment’ of one sort or another, but simply times in the day when children can just begin to live their lives. There is a strong emphasis throughout the day on play, modelled by the adults. Humour is very evident and used to diffuse the emotional impact of situations. Staff are consistently warm and the researchers were made consistently welcome (noteworthy, given our day-long visits over a fifteen month period). These elements were coded and grouped under the theme, ‘trusting relationships’.

The Children’s Milieu: ‘an edgy place’

The research team came to appreciate how much work was going into creating this environment. Any visitor would soon notice there would be outbreaks of quite difficult, disturbing or even violent behaviour. This behaviour would be quickly but calmly dealt with. The child might be quickly held to prevent them harming themselves or someone else. As soon as possible the child would be let go and they would be encouraged to get on with what they were supposed to be doing. Choices were made about whether to remove a child from the situation,

balancing the child's ensuing sense of exclusion against the potential high arousal generated for the other children. Children 'kicking off' were never subject to punishment or retaliation. It was only through careful observation that we came to understand the therapeutic efforts underlying these processes that seemed on the face of it to be about maintaining control and calm (see our codes under the theme, 'expressing and regulating feelings and behaviour', in fig. 1).

The notion that 'behaviour is communication' emerged as almost a mantra shared throughout the staff group. There was a clear willingness to work with potentially dangerous and explosive behaviour that could be read as a form of communication of inner, unconscious or hard-to-process emotional states. As a senior practitioner noted, some of the behaviour that triggered restraint could be understood very straightforwardly as a plea to be held:

I think for some children, it's about, 'I'm emotionally out of control, if I'm physically out of control, will you step in and rescue me? My language is aggression and then I know that you will physically hug me, stop me, hold me'. (Senior Practitioner 1)

Incidents like the one below occurred repeatedly in the researchers' 30 observations, and therefore, it is safe to assume, repeatedly over the course of any given day:

Ellie tells Paul (staff) to fuck off and hits him on the arm. He says, 'Oh! Oh!' in a reproving kind of way and puts himself between her and the others. She barges into him and he holds her gently, reproving her. She swears more and begins spitting onto the floor and then onto his arm. Paul says, 'Oh no you don't!' quite angrily and asks her to sit down. She ignores him and picks up a chair, holding it over

her head, looking at him in a challenging way. He gently takes the chair from her and she hits him again. He restrains her calmly so that she has her back up against him.

Whilst the Department for Education's Guide to the children's homes regulations requires that residential care staff understand how 'previous experiences and present emotions' can be communicated through behaviour (DFE Guide, 2015, p. 37), the observations of the research team were that the MBS understanding went beyond an awareness that traumatised children might 'act out', to a willingness to allow children's feelings to surface and stir up other people's feelings, including their own. There was then the challenge for staff of how to influence the 'pace' of this emergence, and how to relate to the emergent feelings, in the child, in the group and in themselves. When interviewed, another senior practitioner noted:

Yes, well I think what we - the thing we use a lot with teams is you need the pot to be bubbling – not flat, you need things to happen [...] If everything just stays the same, we keep a lid on it, we don't take risks with the kids, nothing changes, we're just - this is sort of behaviour modification isn't it? It's just sort of - we're just controlling rather than actually working through some of the - so that's what we say to staff, 'Yes, it may go wrong tonight but if it goes wrong tonight then what can we learn from it, what can we move on in relationships?' (Senior Practitioner 2)

This point about the school allowing for a therapeutic milieu where feeling states and behaviour might be allowed to bubble up rather than be flattened appeared to be an important function of the organisation. Simply allowing feelings to be expressed would not be enough; they also have to be thought about and worked with. Children are unlikely, as Winnicott implied some decades earlier, to be able to use direct verbal interpretations from staff about their feelings or behaviour when they are in the midst of distress. Most of the therapeutic activity therefore takes place following behavioural ‘acting out’. One particular observed technique was that staff might discuss children’s preoccupations or dilemmas in their presence and for their benefit, but not directly with them. This allows the child to listen and think without feeling directly shamed by the potential exposure of feelings.

Our observations suggested that a sensitivity to shame was an important aspect of the work of the school. One of our key recommendations to MBS was to surface the staff group’s implicit awareness of the significance of it. We also think that the topic deserves further discussion and research in relation to support for severely traumatised children in residential childcare, because it is an important component of what lies beneath their frequent diagnoses of ‘conduct disorder’ or ‘oppositional defiant disorder’ (American Psychiatric Association, 2013). Our own reflections on the observations suggested to us that whilst non-retaliation is the stance the DFE Guide recommends, MBS staff indicated an awareness that punishment or disapproval would overwhelm children with feelings of shame so that any processing of feeling would then be impossible. Our understanding of shame here is consistent with Schore’s theorisation of shame as a primitive alarm felt at the threat of abandonment, triggered by experiences of, or anxiety about, disapproval or failure (Schore, 1994). Gilligan (2003) uses a concept of shame consistent with Schore (see Jones, 2008) to argue that shame can be a highly toxic trigger for aggression and violence.

An observed example illustrates this. One boy's quite alarming violent behaviour was understood to have been triggered by his anxieties about his place in the minds of staff being usurped by another, younger, child. Despite very disruptive behaviour in the classroom, it was felt important to keep him in the room so that he did not feel excluded. The member of staff describes how she came to understand his feelings:

There was one day that I had scooped him aside and was saying, 'No, I'm thinking about you and I can see you're finding things difficult. You've got a face that's looking very cross. I think you're feeling angry or sad or worried.'[...] he turned his back to me and said 'I can't say this while I look at you [...] but I'm worried about James moving in. I'm worried you're going to forget me.' So, that was quite remarkable he was able to say that. (Practitioner 1)

The influence of shame seems clear here as the child could not experience being looked at whilst he spoke of his feelings, but he was able to expose them nevertheless, having an experience of trusting someone enough to share them. Quite extreme efforts were made to keep the boy in the classroom despite his disruptive behaviour; to have removed him would, it was feared, confirm his fears about being unwanted.

This example, and the other examples cited above, identified a key dimension of the MBS approach in the therapeutic milieu - the attempt to build children's capacity to reflect on their feelings, following an experience of bringing them out into the open. We conceptualised this theme as 'building the capacity for reflection', and grouped initial codes relating to 're-enactment', 'boundaries', 'shame' and 'meaning-making' under it (see fig. 1).

We turn now to look at the milieu provided for the staff.

The Staff Milieu: 'a safe place to develop one's work'

In making sense of our observations, we were struck by the quality of reflective culture in the staff community – a culture which had several tangible component parts. All staff members working directly with the children undertake a free, mandatory Foundation Degree Award (FDA) part-time, delivered *in situ* by senior members of the Mulberry Bush training and consultancy team. The FDA is primarily psychodynamic in focus but incorporates perspectives from neurodevelopmental theory, attachment theory and special education. It is described by frontline staff as important for giving them a concrete measure of how the institution values them. It also provides the theoretical underpinning for the idea of 'behaviour as communication', core in making sense of a child's behaviour, particularly when the going is very tough. The degree is aimed at increasing self-awareness and providing a supportive group context in which to make sense of the task of learning experientially from practice:

...our group became – you became almost like a support group to each other [...] there's a lot of reflective practice and you kind of think oh – you start to think well why do I work here, well why do I do that, why do I present in that way and what do the children get from me? (Practitioner 2)

When discussing the FDA, one senior practitioner noted that its aim was to help staff to apply and use the ideas in practice. From analysis of the interview data, there was evidence to suggest that the studying also created a powerful bonding effect that clearly appeared to increase trust

between staff, particularly as many of the assignments under group discussion centred around self-reflexive journals or experiential learning. The 'Foundation Degree Award' was one of several initial codes, grouped with other codes under the higher order theme, 'a therapeutic or holding frame for staff'; 'bonding' was another initial code, grouped with others under the related theme of 'building trust' – see fig. 2.

In addition to the psychodynamic knowledge base to aid staff in thinking and communicating reflectively and with deeper insight about the children, a commitment to self-reflection was conveyed in the staff culture. In interviews, senior staff members were at pains to explain the need for this, because of their understanding of the intensity and strain of the work and the depth of the confusion and exhaustion it could generate. All had worked frontline as teachers, therapeutic care professionals or child and adolescent mental health workers for considerable lengths of time. In different ways they suggested that in order to remain authoritative, open-minded, kind and empathic in the work, frontline staff needed to be open to developing personally. This involved confronting and working with aspects of themselves and their personal histories that would normally be considered private.

All senior staff stressed the importance of the ongoing reflective spaces of different kinds for the whole organisation, and all frontline staff interviewed discussed the support offered by 'reflective space' groups and individual and group supervision. These were distinguished from meetings for appraisal and target-setting. The number and intensity of such spaces, on top of a range of daily and weekly planning meetings, was relatively high (at least twice a week). Senior staff nevertheless justified these spaces as essential for enabling staff to confront the potentially painful dimensions of the work safely:

Generally, if we've got a child who is really violent it will come into a reflective space [...] for staff to look out for each other. In a way, if it can be done in their same level [in the hierarchy of MSB], it feels less punitive or hostile or threatening or that they think it's going to be a discipline issue. Particularly if they've really shouted at a child or been a bit rough - or not too rough, that kind of - if they want to say 'Actually, I really wanted to slam their head into the ground', or whatever the feeling might be that they've got. (Senior Practitioner 3)

The Staff Milieu: 'working at the edge'

It was evident that it was understood across the institution that staff would have feelings that might threaten to boil over in uncontrollable and exposing ways, but that the experience of having to work something through by admitting these feelings in public and hopefully finding that others have them too is rendered normal, survivable and not the whole picture. As with the children, if staff can be helped, over time, to share these experiences and be heartened by witnessing others doing so, the reflective spaces provide an important place for therapeutic working through, allowing for personal growth. Understanding behaviour as a form of communication, maintaining a collaborative approach to the work, and a reflective culture were the three principles of the school's model for practice, and we used these as an initial code under the second order theme of, 'expressing and regulating feelings and behaviour' – a task as important for the staff as it was for the children (see fig. 2).

As well as the supervisory and reflective spaces, staff also attended a great many team and cross-disciplinary meetings. As with the children, the priority with the staff seemed to be about building and maintaining relationships and sustaining a high degree of 'conductivity' –

that is, face-to-face contact, and up-to-the-minute transfer and use of information – across the organisation. The emphasis on team working and the observational and witnessing stance staff take up towards each other was felt to be personally demanding yet integral to a culture of responsibility rather than blame. In discussing a member of staff who had ‘lifted a fist’ to a child, and was therefore on a risk assessment procedure, another senior practitioner commented:

He [the staff member] had been hurt and threatened and raised his fist back. Obviously the child complained and other people observed this [...] [at the end of the safeguarding process] we would do restorative work with that child but also then working with that adult about why he ended up in that position [...] This guy, he's a - the kid is a big kid and a lot of people shy away from challenging him. He felt that the team were leaving him to do it a lot, so the team that he was working with on shift were leaving him to do the challenging [...] so he then needed to take that back into the team. (Senior Practitioner 4)

This idea of ‘taking it back into the team’ was a recurrent one when thinking about how individual staff members could maintain a frame of mind which was receptive to the children, and not be pulled out of position by a combination of their own and the children’s ‘stuff’. Thus in this example the feeling that one staff member had about wanting to retaliate was not allowed to rest within that person; instead, the group had to think about how they had come to put that staff member in such an exposed position.

In most staff interviews, collaborative working was emphasised as essential. Keeping everyone ‘in the loop’ also avoided ‘splits’ in the organisation, or between MBS and networks outside it. The emphasis on the importance of reflection on feelings, including negative and

potentially destructive feelings, was taken seriously right through the organisation. In his interview, John Diamond, the CEO at the time, spoke about his own personal experience of self-reflection in the spirit of attempting to explain why remaining in touch with feelings was core to the work of MBS:

I think even at my level in the organisation a sense of being irrelevant, useless, is at times with me during the day. I reflect on those feelings. I think some of those feelings do belong to me. I think some are passed on down the line from the trauma of the children [...]
The more I think by knowing my own anxieties, existential angst, limitations, my emptiness and being in touch with that, the more I feel the school is contained actually. That's a weird oppositional leadership role if you like [...] It's not about knowing and I read a lot of stuff by CEOs which is about power and knowing and very much driven by financial concerns. (CEO)

The extract conveys that reflection is therapeutic work, rather than simply musing; that it is the work of the CEO to lead in doing it – reflection is not something supervisory that only those lower down should do; and that, paradoxically, staying with difficult feelings provides a source of knowledge and information of a different kind, and at least as useful, as more obvious sources of authority and leadership.

Finally, then, the commitment to self and group reflection in the staff culture, embedded in a rich and multi-faceted reflective milieu at MBS, was analysed under the important theme of ‘reflecting on feelings stirred up by the work’, with feelings of love, hate and hope all ubiquitous in the work. This is represented at second order level in fig. 2.

Concluding Discussion

Earlier, we noted Winnicott's view that residential child care staff need to 'get emotionally involved' with the children. Through discussing our research, we have reviewed one approach to doing this – a therapeutic community approach modelled on relationship-based, reflective practice, a reflective culture and 'group living and group learning' at the Mulberry Bush School. We have noted that the psychodynamic approach taken does not rely on 'love' or 'intuition' in its staff when they build relationships with the children. It deliberately does not emphasise one-to-one 'special' bonds. Equally, the reliance is not upon behaviour modification in creating a calm, ordered, secure environment. Although both these elements (of love and intuition on the one hand, and behaviour modification on the other) might make a contribution, the research did not find these components to be central in this milieu. Instead there was a requirement that staff place themselves empathically within the children's own emotional and relational field, whilst still maintaining a reflective, observing distance. This was to enable staff to 'read' the children's behaviour for meanings beyond the emotionally obvious. This is not easy and takes time, training and a whole-school approach. From this basis, staff can support each other to assist the children to reflect on their feelings and actions, to know themselves better and to have more self-restraint and self-respect.

The Mulberry Bush is well-resourced, with high staff-child ratios, specialist training and clear boundaries around its task and setting. Are elements of its practice transferrable to other settings? Obviously, many elements of the provision at MBS are held in common with other residential child care providers who also have excellent OFSTED ratings and known good practice – calmness, a restorative approach to 'justice', emotional warmth, a stimulating curriculum and well-kept environment, a clear ethos and good leadership and training. The research

team noted that other elements of MBS good practice, and the labour it involves, might be rather invisible. The MBS approach of not suppressing disturbance can be misinterpreted. The approach is not manualized and is hard to measure. It is work 'on the ground', paced by staff, who exercise their professional judgement as individuals in the moment, and as part of a treatment team and staff group working with the child over time. The work is subtly context-, knowledge- and relationship- dependent, although staff are conducting 'therapy' in an open community of everyday trusting relationships and an everyday busy living environment.

The UEL qualitative research project was independent but has clearly been conducted from within a theoretical psychosocial tradition that dovetails with the MBS's own approach. Other qualitative researchers using a different framework would have analysed the milieu differently. What the psychodynamic approach has always recognised is the emotional difficulty of therapeutic work for those who provide it. MBS staff mostly do not have psychotherapy, are not psychologists, therapists, social workers, or teachers in the main, and do not come to MBS with substantial experience with this child population. But with psychodynamically-informed reflective training and reflective spaces, they are able to hold a balance between empathising with each other's failings and being critically curious about them, so as to teach and support each other. This is in many respects at the heart of the work. Such a reflective practice model is potentially transferrable to other settings outside MBS.

Without the right kind of individual and group support for residential child care staff in place, there is a very real risk of staff experiencing feelings of demoralisation and inadequacy in their roles. There is also the risk of collusion with, or involvement in, cycles of violence with the children. Moreover, staff may simply become numbed to the impact of the children's extreme behaviours, experiencing

‘empathic failure’ (see Elliott, 2013)) or suffering secondary trauma and burn-out (Adlam, Aiyegbusi, Kleinot, Motz & Scanlon, 2012). There is then an additional organisational cost in staff turnover. It is important not to idealise staff working with highly traumatised children; the ‘resilience and moral strength’ Martin Narey recommended for residential childcare workers (Narey, 2016 p. 60) is not a pre-given, unchanging quality that staff arrive with, but a potential they have, needing further development and sustenance.

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