

Psychology and Social Services

Sue Cavill visited Ruth Nissim, a Chartered Educational and Clinical Psychologist with Oxfordshire Social Services*, for our occasional series 'Psychology in practice'.

SOME of the most disadvantaged children in Britain, those within the care system, are also the least likely to receive the help they need, according to Ruth Nissim, a Chartered Educational and Clinical Psychologist who works in the Children's Services section of Oxfordshire Social Services. Children's Services provide a range of services for children aged from birth to 19, from preventative work through to dealing with very severe problems. For example, on an informal level they provide family centres where parents can get support and advice, and more formally they can remove children permanently from their parents and place them in long-term substitute care.

With just a handful of psychologists in the country working exclusively within Social Services, Ruth feels that there is enormous scope for more psychologists to become involved with children in care, whether they be in children's homes or in foster or adoptive families. (Contrary to the popular perception, more than 70 per cent of children in care are with substitute families, rather than in children's homes.) 'We are trying to bring psychology into a Social Services department in a systematic fashion across Children's Services.'

The Psychology Service was set up in

1990 in the aftermath of the 1989 Children Act, which created a great shift away from institutional care and back towards family-based care. It emphasized maintaining children in their own families or in substitute families. In the development of Social Services carried out to implement the Act, the then Director of Oxfordshire Social Services was persuaded that it would be good to have planned psychological services specially tailored to the work of Children's Services.

Many psychologists of course work with children, employed either by education or health authorities. But because they have to wait for children to be referred to them, some of the children they could help are missed. The service offered by Ruth and her colleagues is more proactive, allowing the psychologists to have direct contact not only with children and their carers, but with the other professionals who work with them, particularly social workers.

Specialities

Ruth and fellow Principal Psychologist Anne Peake work with Senior Psychologist Dr Maureen Castle, and they each have particular specialities. Ruth concentrates on fostering and adoption, Anne works particularly in the field of child abuse, and Maureen specializes in disability. They also each do 'something of everything' to retain a window on practice, and all work in the areas of early years, mainstream social work and youth justice. They all find themselves working with children where abuse, disability and fostering are issues. But also they have developed their particular specialities to give a high level of expertise in their chosen area.

A major part of Ruth's work is direct — with families, foster and adoptive parents and with social workers. On two half days a month, Ruth meets with carers who are having particular problems, to help them find ways of solving them. She runs this service with another psychologist, Kirsten Blow, brought in specifically for this purpose. 'Being in care is not necessarily and of itself a psychological problem,' says Ruth, but

* see 'stop press' at end



Left to right: Anne Peake, Ruth Nissim and Maureen Castle

Oxfordshire social worker Debbie Jones is a service manager who until recently managed the county's fostering and adoption services and now manages disability services. She says, 'At the time the Psychological Service was introduced, people were fairly sceptical about what could and could not be achieved. But having the psychologists has allowed a lot of very interesting initiatives, including keeping families together who would otherwise have fallen apart long since.'

She feels that the psychologists have brought new perspectives, and different ways of working with young people. They are more accessible than psychologists who can only be contacted via referral and this means that they are able to offer more. They have also been able to help the department make difficult placements with confidence, and on occasion given staff new skills. So when staff

were having problems caring for a child with Prader-Willi syndrome (a genetic condition usually associated with learning disability, aggressive outbursts and no normal inhibition of appetite, so the individual has to be stopped from overeating) who was in short-term residential care, 'one of the psychologists was able to give the staff the necessary advice and triggers to reinforce their own skills'.

Debbie says that the number of other local authorities bringing in psychologists, even when budgets are squeezed, is evidence of increasing recognition of their value.

Day-to-day contact with psychologists has given Debbie a 'more down to earth' view of psychology. 'What has made a difference is not "psychology" as an abstract thing, but as a practical one. Having another discipline working alongside us means that the whole is greater than the sum of its parts.'

nevertheless, many of the children in care have behavioural difficulties as a result of the disrupted lives they have led. In the 90-minute sessions with Ruth, foster carers and adoptive parents can be helped towards new insights and approaches. Social workers may also be involved in these meetings. A further aspect of this is that occasionally Ruth has been able to act as a go-between between carers and social workers where working relationships have all but broken down. Following the meetings, Ruth prepares a detailed report for all participants.

An unusual feature of the service is that the carers can refer themselves. Ruth says, 'It's a bit of a lottery what help carers may get if they go to the health service. They may see a psychologist who has little knowledge or experience of Social Services and foster care.' By contrast, if carers in Oxfordshire need some help with a particular problem, they can simply make an appointment. Ruth's service is therefore highly valued and has a waiting list of around 10 weeks.

A typical example of this direct work was a woman seen recently by Ruth,

The Society's Special Group for Psychologists in Social Services has a membership of around 150. One of the Special Group's aims is to promote a more coherent service by psychologists to the particular clients served by Social Services. This has major implications for the way psychologists are trained both pre- and post-qualification.

who had been adopted, and now wanted to adopt a child herself. She was experiencing problems between her natural child and the child she was hoping to adopt. Ruth saw her alone and was able to help her decide what to do next.

Another example was a larger consultation between Ruth, two social workers, and the two foster carers of a boy who was behaving in a very infantile way. A number of explanations for his behaviour were explored, and the carers came to the conclusion that his babyishness was designed to get the maximum help and attention from them, rather than being caused by his learning difficulties. The social workers were able to see links between his childlike behaviour in foster care and his very adult role in his family of origin, where he is the oldest child and a kind of pseudo-partner to his single mother. Following this consultation, a copy of Ruth's letter explaining his behaviour was sent to the boy's school and was followed up by the foster parents, as the school too had been accepting his immaturity and giving him lots of extra time and attention. The social workers decided to change the contact arrangements between the boy and his mother and to work specifically on their inappropriately adult relationship.

Ruth has since heard that, six months on, the boy has made great improvements. As she said, 'Perhaps he has come to see that rather than being too adult or too babyish it is possible to function at his real age and to be valued and rewarded for doing just that'.

In parallel with the direct work Ruth organizes, her colleague Maureen Castle runs an inter-agency learning disability

consultation service and Anne Peake runs a child sexual abuse consultation service with a child protection training officer and an NSPCC training officer.

Training and research

Ruth and her colleagues also provide training. Typically, they may meet with teams of social workers and give them research-based information about a particular issue. At the time of *The Psychologist's* visit, Ruth had recently worked with three different family placement teams in Oxfordshire telling them about research into transracial fostering and adoption, and helping them understand the issues in developmental terms, from the child's point of view. The research evidence she gave the social workers surprised them because it showed that transracial placements often actually have very good outcomes. Ruth then had a discussion with the service manager because she found that many of the placement teams were wrestling with the issue and were not sure what to do.

The next step was for Ruth to do a presentation, looking at common themes and issues, and trying to map out a policy for the department. In this case, staff training fed into policy-making, where the psychologists also have an important input.

All three psychologists are engaged in research projects. Ruth is currently looking at a group of children approved for long-term fostering and adoption in 1995. She is following up the 63 children approved in that year, and her project is unusual in that it is not retrospective. In the course of her research she has developed a number of materials that will feed into the department's fostering and adoption panel process.

Ruth says, 'As part of my research I carried out a review of literature on fostering and adoption. From this I extracted the characteristics of children and foster carers which linked to better or worse outcomes when a child is placed with a foster family. I have organized these factors into a series of lists: so, the characteristics of children which can lead to worse outcomes include children being older when placed, children who have been in the care system a long time already, and children who have already had many different placements. Characteristics of foster carers which can lead to worse outcomes include: where the carers' own children are under five, where the carers have limited or no experience before they start the placement, and where the home children are close in age to the child who is placed with them.' Ruth has also developed other lists relating to the child's relinquishing family, and the social workers. In addition, she is now working on lists of

mitigating steps which can be taken to make placements less high-risk.

Within residential children's homes, the psychologists carry out direct work with the children, but also work with staff looking at regimes and issues such as managing violent behaviour. Ruth has helped one home run a therapeutic group, and the psychologists have helped form policy on matters such as restraint.

Mixed reactions

The social workers with whom the psychologists work have had a mixed reaction to them. 'Some social workers found it difficult to accept that psychologists might be helpful. One of the things we found early on was that it was a major task creating a niche for ourselves where we were listened to and taken notice of. We were very dependent on the managers in the department to support us. Also, one of the problems for psychologists in Social Services is the repeated reorganizations. We are about to undergo the third reorganization in the lifetime of the service, and that is a very unstable context.'

Ruth believes that the psychological approach is uniquely helpful in a number of ways. 'What we've been able to add to the department is a much more data-led approach. We like to have good information, good evidence, for the things we do. I would say our approach is more precise; we try to use evidence and draw on theoretical frameworks. Also, Social Services have a very large proportion of people who are untrained or have limited training, therefore it is quite common for workers not to have a very detailed grasp of child development — the nineness of a nine-year-old. That knowledge is a very significant part of the contribution psychologists can make.' Ruth is a United Kingdom Council for Psychotherapy-Registered Family Therapist and uses the theoretical model from the family systems approach.

Ruth says that she has 'changed hugely in terms of my specialist area'. She has learnt about fostering and adoption from the inside, through sitting on panels, with groups of carers, with social

workers and through the research. 'I have got an understanding of what the issues are that you don't get if you are in an outside position.'

The best thing about the job for her is, 'helping to see that children can be brought up in their own homes or in really good substitute families'. The worst thing is the perilous financial position that Social Services departments are in.

She would like more psychologists to work in her own department, with more time to offer therapeutic help such as family therapy, but she would also like to

see all Social Services departments providing high quality psychological services to the most disadvantaged children and their families.

Ruth recognizes that working for Social Services is difficult and challenging, but is convinced that psychologists from all client specialities should be prepared to consider it as a significant part of their work. As Ruth says, 'It may be tough, but it's also unbelievably rewarding and worthwhile.'

Sue Cavill is the Society's Press Officer.

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Since this article was prepared, Oxfordshire County Council has hit a severe funding crisis. A budget shortfall for 1997/8 of £22 million is anticipated, of which Social Services' share is approximately £5 million. Cuts identified include the entire Psychology Service, which was dismantled in August 1997. This has been a devastating blow both personally and professionally, but Ruth remains convinced of the need for this service and others like it to continue.

She said: 'It is clear that we have fallen foul of a difficult political and economic situation rather than being judged by our results. The irony is that we have strong evidence from user feedback that, not only have our services been valued and respected, they have also been cost-effective.'

Service users have identified financial savings in all the following areas as a direct result of the work of the Psychology Service:

- preventing family breakdown so children don't have to enter the care system;
- rehabilitation from care, either back to their home or to their extended family;
- maintaining children in foster care placements which would otherwise have broken down;

- preventing loss of carers by supporting them;
- preventing full-time residential care for children with disabilities by supporting their parents to care for them part-time;
- supporting residential staff caring for children and preventing these placements from breaking down;
- bringing children back from expensive out of county placements, to be placed in foster or residential care within the county.

In addition, colleagues have highlighted the positive impact of the service on staff morale — an outcome more difficult to cost, but no less valued by many.

Ruth says she still wants this article to be published, with her additional comments, so that the situation can be brought to the attention of a wider group of people.

'The current practice of elements of a service being bought in and delivered by individual psychologists simply does not reach the spot in the way that a planned, dedicated service delivered by an experienced team of psychologists does. This raises the wider question for the profession of how best to provide psychological services to disadvantaged people.'