



SUPPORTING YOUNG PEOPLE'S TRANSITIONS THROUGH RELATIONSHIPS MIKE FARRINGTON AND PATRICK TOMLINSON (2022)

Introduction

The importance of relationships has become a part of the mainstream narrative in trauma-informed care in recent times. And with good reason. We are aware of the healing power of relationships in our own lives and the lives of those we support. To quote Bruce Perry (2006: 230),

Relationships are the agents of change and the most powerful therapy is human love.

The ongoing care review in the UK acknowledges the need to reposition relationships at the heart of care. Josh MacAlister (2021: 3) states,

One of our most fundamental obligations to children in care should be that they grow up and grow old with a strong loving tribe of people around them. We are currently not meeting this most basic of obligations.

Yet even with the best intentions, and the most relationally focussed of organisations and service delivery models, we often continue to fail young people. There tends to be a short-term approach to relationships that does not consider a young person's future, post-care, or post-intervention. This can be both short-sighted and damaging or, at worst, re-traumatising. To put relationships at the heart of our services for young people requires a re-orientation and change in thinking. It needs a paradigm shift in service delivery with a lifelong perspective. This article explores approaches that look to increase the relational strength around our most vulnerable young people and sustain these for the long, long, long term. Highlighting the importance of why this is needed, Osborn and Bromfield (2007, cited in Tomlinson, 2021, p.2017) argue research shows,

...that young people leaving care are one of the most vulnerable and disadvantaged social groups.

Context

Welfare systems perennially struggle to place relationships at the heart of service delivery. As Hilary Cottam (2018: 205) points out,

Relationships were allowed no place in the welfare state because they were thought at best not to matter and at worst to be a hindrance to social progress...Today the welfare

state concentrates on the efficient delivery of inputs and outcomes, trapping us in the cultures and mechanisms of transaction and limiting human connection.

The care system in the UK fails to account for the importance of relationships. Multiple placement moves, young people being located a long way from family, and the care 'cliff edge' at 18 – often conspire to break rather than build relationships. Yet this is far from a problem limited to state intervention or state-sponsored/aligned intervention, or indeed the care sector. Nor is it limited to purely transactional models of intervention. It can be argued that any intervention, which limits relational involvement in the life of a young person, for the reasons above, without consideration of the need for lifelong bonds does not truly understand the importance of relationships in recovery from trauma.

Admittedly, this is a bold claim and a little unfair. Short to medium term interventions can have merit. Especially when focussed on acute issues or helping young people develop the character, skills, and security to create relationships in the present and sustain them in the future. Nevertheless, even in these scenarios, along with much excellent delivery that triumphs a relational approach, there still needs to be a changed perspective. There must be a focus on incorporating lifelong relationships of support. The rationale, borne out in research and literature, is threefold:

- Firstly, and most obviously, good relationships are imperative to mental, emotional, spiritual, and physical health and better outcomes. In a recent report on care leavers in the workplace, Furey and Harris-Evans (2020: 404) identify the importance of 'emotionally supportive networks',

Uniquely, we argue that emotional support, drawn from such networks, is the key factor that facilitates young people navigating towards such resources, leading to successful outcomes.

Importantly, we must avoid the misnomer that young people will become fully independent adults without the need for ongoing support. None of us is fully independent. The concept is both unrealistic and damaging. More helpfully the goal must be to foster inter-dependence. Young people need access to a network of mutually supportive relationships. Ones that can support them as they journey through the 'ups and downs' of life.

- Secondly, many vulnerable young people and particularly those that have been involved in the care system suffer from acute relational poverty. A recent report by the Rees Centre at Oxford University suggested that 1 in 10 young people in or leaving care have either no one or not enough people to turn to (Holmes et al 2020).
- Thirdly, relationships are vital to healing and recovery for those with trauma histories. In the healing of trauma, just as in ordinary development 'it takes a village to raise a child'. Or as Perry and Szalavitz (2006, p.231-232) explained and where he says children, we believe the same applies to young people,

As a result, recovery from trauma and neglect is also all about relationships – rebuilding trust, regaining confidence, returning to a sense of security and reconnecting to love... What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships. What helps is consistent, patient, repetitive loving care.

To provide the kind of loving relationships referred to above - we must re-evaluate our current models of delivery. We need to assess how they can increase the “quality and number” of relationships in a young person’s life. We must also investigate models that consider systematic approaches to developing these relational networks. Further on, we will evaluate two existing initiatives. These look to proactively engender lifelong networks of relational support. We will also propose an additional model, that though in development, may provide a platform for further thinking, debate, and discussion.

Relationships and Transitions

As Tomlinson (2021, p.222) has said,

Transitions happen within a context of relationships. It may be that a transition is primarily about a change in relationship(s).

A transition may happen with someone else within the context of a caring relationship. Such as a family moving home. It may happen because of a loss, such as death or being taken into care. When these losses happen hopefully there are relationships we can fall back on for support. Or it may be a planned transition from one relationship to another. Such as leaving a care home to a supportive lodging. Transitions such as these, even with a supportive relationship is challenging for anyone. It is especially challenging for young people who do not have a family to support them, and who may have experienced many losses and relationship breakdowns. Schimmer (1999) refers to the protective and supportive connections as “inoculations against adversity” (in, Cook et al., 2003, p.21). Van der Kolk et al. (2007, p.432) elaborate further,

Emotional attachment is probably the primary protection against being traumatized. People seek close emotional relationships with others in order to help them anticipate, meet, and integrate difficult experiences. Contemporary research has shown that as long as the social support network remains intact, people are relatively well protected against even catastrophic stresses. For young children, the family is usually a very effective source of protection against traumatization, and most children are amazingly resilient as long as they have caregivers who are emotionally and physically available (Van der Kolk et al., 1991; McFarlane, 1988).

Therefore, we must recognize the great challenge for young people who are transitioning into adulthood with little, if any support. By providing a secure and comfortable home with a caring relationship(s) we can greatly improve the outcomes for this vulnerable group of young people and adults.

Improving the Relational Networks of Young People – Existing Models

1) Family Finding <https://www.familyfinding.org/>: The Family Finding model (Campbell 2010) involves a six-stage process,

- Discovery
- Engagement
- Planning
- Decision-making
- Evaluation
- Follow-up supports

It aims at finding and developing enduring natural support networks for young people who are in or on the edge of ‘the system’. The emphasis is on developing relationships with related family

members. The scheme aims to locate at least 40 relatives. There is, importantly, also an acknowledgement, and engagement, of 'fictive kin'. This includes dedicated teachers, coaches, church members etc. who can act as an extra layer of relational support to young people. In the words of the National Institute for Permanent Family Connectedness,

The goal of the Family Finding approaches is to create a robust asset base of support for every young person and family touched by the child welfare system, and that the asset base is respectfully engaged, welcomed, and encouraged to participate in the support of the young person while developing and determining the plans for their future. This can be achieved for every child in danger of or entering the system, as well as for children languishing in the system.

This model has received particular attention in the US. Though empirical studies of outcomes are limited, a 2016 study by Leon et al. (2016) found that the intervention generated close to 75% more connections with relatives than in a control group.

2) Lifelong Links <https://frg.org.uk/lifelong-links/>: Lifelong Links is a programme pioneered by The Family Rights Group in the UK. Like the Family Finding model, it aims to engage with, and develop a support network around children in care that can last for a lifetime, or at least well into adulthood.

As part of this scheme, trained, and importantly, independent (of the local authority at least) Lifelong Links coordinators work alongside a child. The aim is to find out who is important to them, who they would like to be (back) in touch with and who they would like to get to know. Again, the emphasis is on family relations but not exclusively. It includes other positive persons. Particularly, those who have been involved in the care of the child, such as social workers, residential staff, and foster carers. The model is very much child-centric. The child dictates the direction and pace of the programme. Having identified and been in touch with the relevant people the coordinator brings them all together in a Lifelong Links family group conference. This makes a support plan with, and for, the child. The plan is then embedded in the child's care or pathway plan.

The Lifelong Links initiative was trialled in 7 local authorities from April 2017. It has already shown positive impacts on the children who have taken part in it. An evaluation report commissioned by the Department for Education and conducted by the Rees Centre Oxford (Holmes et al.) found that 78% of children reported an improved sense of identity. There was a statistically significant difference in placement stability between the Lifelong Links group of children and a control group. Almost three-quarters (74%) of the referred children remained in their placement in the year following Lifelong Links, compared to 41% for the control group.

Improving the Relational Networks of Young People – Proposed Model

Adults Who Care www.concreterose.co.uk: Concrete Rose's 'Adults Who Care' initiative looks to build on both the Family Finding and Lifelong Links model. In addition, it recognises that long-term supported relationships are needed by all young people facing relational poverty, not just care leavers. These relationships can be found from professional and semi-professional avenues alongside family relations. It looks to provide a framework involving professionals (youth workers, teachers etc.) and relevant community leaders (sports coaches, pastors, dance teachers etc.). The aim is to support people who have a positive relationship with a young person to continue their relationship in a safe, open, and accountable way even when their formal involvement may end. This is based on the understanding that many vulnerable young people, including those in care, will have professional and semi-professional involvement from those mentioned above among others.

Whilst the nature and quality of these relationships will vary there are undoubtedly some connections formed that are strong, mutually beneficial and, potentially, life-changing. Nevertheless, they are often curtailed either by circumstance or by the complexities in navigating the 'grey' areas of personal/professional boundaries. Notably, this includes fears around public perception and contravening safeguarding rules. These are valid concerns. However, the results are either the severing of potentially life-changing relationships, for example, at the end of a youth work intervention, or of relationships continuing clandestinely.

The 'adults who care' framework looks to both legitimise these relationships and safeguard both parties from harm and false allegations. Like other mentoring schemes (other than the fact that the relationships already exist, and they are not time-limited) both the young person and the adult must sign-up to the programme. They are then subject to a series of 'checks and balances', including:

- Enhanced DBS check and references for anyone over 18
- Initial phone interviews with both parties
- A joint meeting with a facilitation worker outlining expectations
- Consent from wider families. Including, anyone with parental consent for a young person and spouse or partner of the adult mentor
- Training on self-care and complaint/reporting routes for both parties (independently)

From this point forward, there is an annual check-in with both young people and adult mentors, independently and together. DBS checks and consents are revisited every three years. This scheme is in the development stage, and as such scrutiny and feedback are welcomed.

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There are undoubtedly obvious risk factors such as,

- Facilitating unhealthy relationships of dependence.
- Legitimising harmful and abusive behaviour.

These risk factors, although present in any context that looks to support young people, are further accentuated by the 'light-touch' nature of the oversight. Nevertheless, there is some innate mitigation given that,

- a) The relationship is already in place and therefore there is the opportunity to assess it for its appropriateness.
- b) Consent from the scheme must come from both parties and their wider relationships ensuring absolute transparency and openness.
- c) Both parties can access support including routes to report harmful or potentially abusive behaviour.

Conclusion

For too long young people in, and on the periphery of care have simply been problems to manage. Nevertheless, and with the burgeoning literature around trauma-informed responses, there has been a growing emphasis on the importance of placing love, care, and relationships at the heart of service delivery. Many excellent providers of care and 'edge of care' services take a relational approach that emphasises the inherent value and worth of young people. After all, by creating a relationship with a young person, it implies that they are worth creating a relationship with. The recognition of oneself by others is the condition for personhood, self-knowledge, and self-understanding (e.g., Gergen, 2011; Chen et al., 2011; Laidlaw, 2014).

However, even the best of approaches too often have a narrow view of relationships, focused on a specific period of intervention or support. Whilst this is important it does not recognise or sufficiently emphasise, the need to proactively engender lifelong relationships of support around young people. We need to re-evaluate our models of delivery to build young people's long-term relational capital. We must also investigate other means and services to proactively develop relational networks.

The natural starting point for this is to build on existing relationships or connections. Particularly, those with family relatives, as with models referred to above. Yet we also contend that more can be done to facilitate other professionals and adults from the community to have positive and lifelong interactions with young people. Especially, if we can find the mechanisms to help them successfully manage the grey area between personal and professional life. The grey area must be engaged with, legitimised, and even encouraged in a transparent and accountable way.

This is not necessarily new thinking but simply creating the ongoing opportunity to remain emotionally involved in the lives of those who need it most. If we go back in time, there has even been a culture where social care workers have been advised and trained to not get emotionally involved in their work. Donald Winnicott (1947, p.63), the English Psychiatrist and Paediatrician, was right when he said,

It might be asked why ...get emotionally involved? The answer is that these children....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's wise words from 1947 are reaffirmed by the research on relationships referred to in this article and remain vitally important today. At Concrete Rose we are determined to make a difference in the lives of young people and adults. We aim to do this by supporting host families and individuals to be positively involved with young people who are making challenging transitions in their lives.

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Mike recently founded the Community Interest Company, Concrete Rose www.concreterose.co.uk, to respond to the need for nurturing, trauma-informed accommodation placements for vulnerable young people as they leave home and care. He also

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Patrick Tomlinson Brief Bio: Patrick has worked in services for traumatised children since 1985 beginning as a therapeutic residential care worker. He has held roles as team leader; senior manager; Director; CEO; consultant and mentor. His organisation development services have been provided in Australia, Japan, the UK, Ireland, Romania, and Portugal, among others. Therapeutic models that Patrick has worked on have gained widespread recognition. He is the author of numerous papers and books including, Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-informed Model for Practice (Barton, S., Gonzalez, R. and Tomlinson, P., 2011). Patrick believes strongly in the need to greatly improve support for young people

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