



National Centre for Excellence in Residential Child Care

The utility of the concept of Containment in contracts and commissioning of children's services.

We have written this because in talking with people recently when mentioning the term 'psychological containment' people have not known about it. We think it's an essential concept to have active in all contracts and commissioning work whether from a local authority or provider perspective. Work with a twin focus on effectiveness and efficiency, and also administration and finance, could be missing a valuable ingredient.

Two experiences

Talking with someone who is emotionally present and you'll know it by the other person's active listening, what they are doing and saying are making you feel safe with freedom to explore. Compassion and empathy – but you're experiencing more than that.

Talking with someone who is distracted, what they are doing and saying aren't centred on you and your situation but elsewhere, they wander off from the focus, they might interrupt or interject with their own situation. You feel less comfortable in your ability to say what you want to say, maybe missing important aspects out as you feel exposed and vulnerable. You find yourself thinking, 'This isn't the right person to tell my story to ...'

The utility of containment

The concept of containment allows insight into what's happening beneath and between people and role and organisations.

Having a wider and deeper understanding of human functioning beyond the task in hand allows us not to get drawn into ways of interacting that can come when we're dealing with anxiety making matters. We can easily experience being overwhelmed and react with fight or flight or dependency.

These effects are results of organisational processes that we construct in order to 'do business'. Doing business is one thing that is occurring, but there is more too. Knowing what's happening we can see the issues and dynamics, though at that moment things don't seem very clear, knowing what they are, together, we can find a way through what is understood as common.

We have been continually struck by the ways commissioning strategies are constructed, category management, tiers, lots, and more. Not only is there often loose definition of what is included but that the language is impersonal and dehumanising. Following on from this opening largely drawn from work in other areas, often health, the 'instructions' have little connection to young people and their needs.

Isabel Menzies Lyth, writing of hospitals, described alienating processes that fail the personal needs of patients, the psychological needs of individual nurses, the educational requirements of the nursing workforce, and the efficiency of the wider hospital system. (Menzies Lyth, I (1988) *Containing Anxiety In Institutions* Vol 1, Free Association Books, London).

Her historical text is considered to be the foundation stone of contemporary organisational consulting.

What she connects is that the failure of the hospital to care for its staff was deeply interconnected with its failure to develop an effective working culture.

Understanding Commissioning as an organisational system

Commissioning culture has been developed organisationally and rapidly over a decade. It has done so largely without reflection or critique of its practices from those internal to it or externally, other than maybe to analyse costs. Relationships and dynamics have had little consideration. Where this has been so it has often been at the level of organisational efficiency, often by external consultants using a model that sees providers as interchangeable. Interestingly the relationship, seen as the vital aspect of care, has less value has been placed on it in placement making and supporting, finance often trumps all else even legislation regarding children's care. For example, the development of outcomes frameworks seems less linked to the maximising of care and welfare and more to the minimising of cost. If gratitude were considered for a job well done currently it might be looked on as cause for a bonus payment rather than a professional appreciation.

The 'commercial' has become an integral part of decisions and delivery of care. The purchaser and provider is an artificial split in that it does not need to be played out as we are currently doing. Evidentially it has been seen that far from being efficient commissioning processes are costly and highly disorganised, neither delivering the matching of the most appropriate placement nor the most effective value. To do that will require strategic planning from a needs analysis with data we currently do not have.

However, we carry on 'doing what we have to do' anxious to give the appearance of efficiency. In the midst of our busyness we are often oblivious to the dysfunctionality of what we are doing, and when we are less close to it we worry until the next urgent matter displaces it.

The potential for the relational to be core to commissioning both in its placement making and its interrelationships has had less potential the more the urgency for control and command have been needed. If 'the market' has not been created or shaped then what there is must deliver. Procedures have split purchaser and provider, transactions increase inefficiency. Currently we do not have one team dealing with scarce resources, we are not bonded into effective work teams.

Commissioning as a defence against anxiety

Caring for the most vulnerable young people is emotionally, psychologically, intellectually, and physically exhausting work. Commissioning is one aspect of this work. Menzies Lyth argued that carers and systems, including commissioning, have to create the ability to be impersonal out of an unconscious desire to block out distressing feelings and ward off anxiety. Commissioning has multiple anxieties, the needs of the young people, working with social work colleagues and other agencies, working with providers, its awareness of its vulnerability, ineffectiveness and inefficiency and that there is a projected magic and miracle expectation of their work. Little wonder that we carry on trying with our utmost reason to make that technical development that will 'cure' the anxiety of all in the system.

If there were a technical tweak wouldn't we have found it by now?

Menzies Lyth argued that managers can assist the confronting of anxiety-evoking experiences through developing the capacity to deal with them more effectively, rather than sweep them under the carpet. She proposed that the "success and vitality of a social institution are immediately connected with the techniques it uses to contain anxiety."

At the core of the explanation is that people approach their primary task, the care of young people, with passion and energy. By the very undertaking of the task they encounter primary risk. This risk can be channelled into productive work or into dysfunctional activity. What determines which path is taken is unchecked anxiety when staff start blocking out their distress and trying to remain disconnected from the tasks they are doing. They get caught up in devising dysfunctional processes and inhibiting structures – which lead to distorted perceptions, poor decisions, and destructive team dynamics.

Effective work happens when staff are able to connect at a more human level with their colleagues and service users. This is possible when:

- Staff are invested with an appropriate level of authority - the freedom to act within an agreed set of boundaries. And they choose to take up their authority.
- Staff have a facilitating structure which enables them to be mindful of anxiety without being overwhelmed by it, so they can use it wisely to guide their decisions.

Having a clear thinking structure goes some way towards supporting staff psychologically, but it isn't enough. Without that sense of feeling contained people can't engage rationally in analytic tasks like horizon scanning or strategic planning – their views will be distorted by their defensive reactions to anxiety and they will unconsciously sabotage the planning process (such as: denial of looming financial crises; grandiose ideas about winning huge contracts or running miracle .. campaigns; helpless resignation to closure; furious battles or blaming or organisational problems.¹

Containment

The concept of “containment” is widely used in human relations consulting to describe a psychological state where people feel robust, secure and resourceful. They have the presence of mind to think clearly, can tolerate their difficult thoughts and feelings, and know that these anxieties will pass. They can modulate the way they express their feelings, and know when and where it is safe to discharge them. If they know that they can take care of themselves, or if they understand how the organisation will take care of their needs, they are freed up to tend to the needs of the organisation.

What helps containment?

Here are some examples:

- Ensuring organisational clarity through rigorous analysis of vision, values, mission, and strategic direction, with regular reviews to ensure these are fit for purpose.
- Clear communications reinforce the core messages.
- Ensuring role clarity and appropriate role authority for each job, and supporting staff teams and divisions to manage relationships across the boundaries of their roles.
- Providing as much structure and consistency as possible.
- Holding your role authority and managing the boundaries.
- Challenging boundary breaches and ‘speaking truth to power’.
- Involving others in developing these so they feel a sense of ownership through clear consultation processes with clear timescales.
- Being clear about the bottom line for what has to change and what will not change
- Modelling steady stewardship - by being thoughtful, being confident and competent. Bringing the temperature down when so that you feel robust and contained yourself.
- Describing your feelings when appropriate but not “emoting” or relying on staff for your own emotional support.

¹ Containment - finding the psychological space for change James Barrett
http://www.cass.city.ac.uk/_data/assets/pdf_file/0003/133653/Containment.pdf

- Fostering a supportive culture which is mindful of difficult feelings, and which encourages peer support. Developing emotional literacy in the organisation by carefully naming the feelings that staff might be experiencing.
- Facilitating and enabling team discussions. Being clear about the task, helping the team to structure their thinking processes, and synthesising different perspectives into a coherent decision. Having agreed ground rules, and if necessary surfacing difficult issues, supporting the team to say what is unspeakable in a managed way, and to reach a resolution.
- Providing agreed spaces and opportunities where staff can let off steam and express their frustrations, especially during times of organisational change.
- Arranging ongoing structured psychological support for staff whose work is routinely stressful, so they can deal with the anxieties, projections and frustrations (e.g. counselling, clinical supervision, case conferences, staff support groups, debriefing sessions, or line management supervision etc.)

The “soft” skills of containment are complemented by the necessary tough things of commissioning. At its root commissioning is about resource management, there are decisions about deployment to be taken. These are containing if they are carried out in a way that reinforces the established values and principles, and in a way that is sensitive to the emotional impact that they may have. Paradoxically, people may not agree, but internally they will also have a sense of security from knowing that the organisation is in a safe pair of hands.

This paper is based on, draws from, and revises some aspects of

Containment - finding the psychological space for change

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http://www.cass.city.ac.uk/_data/assets/pdf_file/0003/133653/Containment.pdf